### General

**Common Present on Admission Diagnosis** 

Common resent on Admission Diagnosis	
[] Acidosis	Post-op
] Acute Post-Hemorrhagic Anemia	Post-op
] Acute Renal Failure	Post-op
] Acute Respiratory Failure	Post-op
] Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
] Anemia	Post-op
] Bacteremia	Post-op
Bipolar disorder, unspecified	Post-op
Cardiac Arrest	Post-op
Cardiac Dysrhythmia	Post-op
Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
Electrolyte and Fluid Disorder	Post-op
Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
Obstructive Chronic Bronchitis with Exacerbation	Post-op
Other Alteration of Consciousness	Post-op
Other and Unspecified Coagulation Defects	Post-op
Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	
<u>.</u>	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 R	Response)
) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	PACU & Post-op
) Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmer
	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)	

() 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	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	PACU & Post-op Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments:
	PACU & Post-op
() Transfer patient	Level of Care:
() Transfer patient	
	Bed request comments:
() Deturn to provious had	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:
] DNR (Do Not Resuscitate) (Selection Required)	Post-op
[] DNR (Do Not Resuscitate) (Selection Required)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Post-op Briority:
	Priority: Beasen for Consult?
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:

[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
<ol> <li>Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.</li> </ol>	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	
[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
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated PACU & Post-op
[] Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance PACU & Post-op
[] Up in chair for meals	Routine, Until discontinued, Starting S Specify: Up in chair Additional modifier: for meals
[] Head of bed 30 degrees	Up in chair for all meals, PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees
[] Head of bed flat	PACU & Post-op Routine, Until discontinued, Starting S Head of bed: flat PACU & Post-op
Nursing	
[] Telemetry	"And" Linked Panel

[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
	PACU & Post-op
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100 High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
	PACU & Post-op
[X] Assess operative site	Routine, Every 8 hours, PACU & Post-op
[X] Assess for nausea	Routine, Every 4 hours
	Assess: for Nausea
	PACU & Post-op
[X] Neurological assessment	Routine, Every 4 hours
	Assessment to Perform: Spinal exams
	Perform: Motor exam of extremities, Sensory exam of
	extremities
	Area: Lower
	PACU & Post-op
[] Peripheral vascular assessment	Routine, Once, PACU & Post-op
[X] Assess pain	Routine, Every 4 hours
	Assess: pain
	PACU & Post-op
[X] Intake and output	Routine, Every shift, PACU & Post-op
[X] Height and weight	Routine, Once For 1 Occurrences
	On admission, PACU & Post-op
[] Assess cath site	Routine, Once, PACU & Post-op
[] Surgical/incision site care	Routine, Once
	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air? PACU & Post-op
[] Deinforce dressing	
[] Reinforce dressing	Routine, As needed Reinforce with:
	If saturated., PACU & Post-op
[X] Drain care	Routine, Until discontinued, Starting S
	Drain 1: Hemovac
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	Specify location:
	Drainage/Suction: To Compression (Bulb) Suction, Other
	(specify)
	Flush drain with:
	Specify: To Compression suction for 2 hours and Gravity for
	2 hours;
	PACU & Post-op
	·

[] Drain care	Routine, Until discontinued, Starting S
	Drain 1: Hemovac
	Specify location: Drainage/Suction: To Compression (Bulb) Suction,Other
	(specify)
	Specify: To Compression suction for 1 hour and Gravity for 3
	hours
	Flush drain with:
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	PACU & Post-op
] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt:
	PACU & Post-op
] Place antiembolic stockings	Routine, Once, PACU & Post-op
] Straight cath	Routine, Every 6 hours
	If unable to void after second attempt, insert Foley and call
X] Insert/Maintain Foley and Notify	physician., PACU & Post-op
	outine, Once
	ype:
	ize:
-	Irinometer needed:
	unable to void after second attempt at straight cath, insert Foley and ca
	hysician, PACU & Post-op
	outine, Until discontinued, Starting S
0	Orders: Maintain
	o gravity/bedside drain, PACU & Post-op
second attempt at straight cath and Foley	outine, Until discontinued, Starting S, PACU & Post-op
inserted	
[] TLSO Brace	Routine, Until discontinued, Starting S
	Left/Right:
	Gender Size:
	Sizes:
Patient position: lumbar sacral support	Obtain from orthotic provider., PACU & Post-op Routine, Until discontinued, Starting S
	Position:
	Additional instructions: lumbar sacral support
	Obtain from orthotic provider, PACU & Post-op
Call Raborn Orthotics at 713-349-8117 for application	
orthotic device	
[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S
	Reason for "No" order: High risk for bleeding
	PACU & Post-op
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: High risk for bleeding
	PACU & Post-op
Notify	
-	Deutine Until discontinued Starting & DACLL® Dest an
[X] Notify Physician if acute change in neurological statu	
[X] Notify Physician for itching refractory to available medication	Routine, Until discontinued, Starting S, PACU & Post-op
X] Notify Physician if bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more the	an 72 Routine, Until discontinued, Starting S, PACU & Post-op
hours	

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/225 gm Carb	Diet effective now, Starting S
[]	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	PACU & Post-op
Education	Deutine Orec
[] Patient education - Activity	Routine, Once
	Patient/Family:
	Education for: Activity
	PACU & Post-op
[X] Patient education - Deep breathing and coughing	Routine, Once
exercises	Patient/Family:
	Education for: Other (specify)
	Specify: Deep breathing and coughing exercises
	PACU & Post-op
	Routine, Once
[X] Patient education - Incentive spirometry	
[X] Patient education - Incentive spirometry	Patient/Family:
[X] Patient education - Incentive spirometry	

[X] Patient education - Pain management	Routine, Once Patient/Family: Education for: Other (specify) Specify: Pain management
] Patient education - Smoking cessation	PACU & Post-op Routine, Once Patient/Family: Education for: Smoking cessation counseling PACU & Post-op
X] Patient education - Wound care	Routine, Once Patient/Family: Education for: Other (specify) Specify: Wound care PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 2 infusion	0 mEq/L intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO	intravenous, continuous, Post-op Patients
Medications	
Steroids (Single Response)	
) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled, Post-op
() methyIPREDNISolone sodium succinate	40 mg, intravenous, every 6 hours scheduled, Post-op
<ul> <li>(Solu-MEDROL) injection</li> <li>() methylPREDNISolone (MEDROL PAK) dose page in AM)</li> </ul>	ck (start
THIS A PANEL. DO NOT EDIT.	
[] methyIPREDNISolone (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.
[] methyIPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses, Post-op All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses, Post-op
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses, Post-op
[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2, Post-op
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	40 mg, intravenous, daily at 0600, Post-op
chloride 0.9 % 10 mL injection	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
PRN Medications - Symptom Management	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Temperature greater than 101 F, Post-op
] Itching - Neurosurgery medications (Single Resp	oonse)
Avoid diphenhydramine use in patients over 70 y	ears old when possible.
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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() diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 12 hours PRN, itching, Post-op
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	2 tablet, oral, nightly, Post-op
(SENOKOT-S) 8.6-50 mg per tablet	
Antibiotics (Single Response)	
() Antibiotics - Neurosurgery - patients with surgical drains	site
[] Antibiotics: For Patients LESS than or EQUAL	to 120 kg
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours
	Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] vancomycin 15 mg/kg IV + Pharmacy Consult	
Required)	
[] 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
[] Dharmaoy concult to manage yearsomyein	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 Duration of Therapy (Days):
[] Antibiotics: For Patients GREATER than 120 k	
[] cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours
	Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
<ul> <li>vancomycin 15 mg/kg IV + Pharmacy Consult Required)</li> </ul>	
[] 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):
() Antibiotics - Neurosurgery - patients withOUT sur	
[] 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
1	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) [] 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):
[] Antibiotics: For Patients GREATER than 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
<ul> <li>vancomycin 15 mg/kg IV + Pharmacy Consult Required)</li> </ul>	
[] 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):
luscle Relaxants (Single Response)	
) methocarbamol (ROBAXIN) 500 mg in sodium ch 0.9 % 100 mL IVPB	loride 500 mg, intravenous, for 60 Minutes, every 8 hours PRN, muscle spasms, Post-op
) methocarbamol (ROBAXIN) tablet ) cyclobenzaprine (FLEXERIL) tablet	500 mg, oral, every 8 hours PRN, muscle spasms, Post-op 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op
luscle Relaxants - Refractory Treatments (Single	Response)
) diazepam (VALIUM) injection	2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
) diazepam (VALIUM) tablet	2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant
Antiemetics	
X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	
[] 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.
<ul> <li>scopolamine (TRANSDERM-SCOP) 1.5 mg (1 m days) - For Patients LESS than 65 years old</li> </ul>	g over 3 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op
PRN Medications - Bowel Management	
[X] polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, 2 times daily, Post-op
[X] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation, Post-op
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
[] magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses, Post-op
PRN Medications - Bowel Management	
[] saline, mineral oil, glycerin (S.M.O.G.) enema	180 mL, rectal, once, Post-op
PRN Medications - Pain - Pain Score (1-3) (Single	Response)
() traMADol (ULTRAM) tablet	25 mg, oral, every 4 hours PRN, mild pain (score 1-3),
	Post-op Maximum Daily Dose: 200 mg/day
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day
PCA Medications (Single Response)	
() morPHINE PCA 30 mg/30 mL	
[] 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 doors abange: then
	administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus
	administered or dose change; then
	<ul> <li>Every 4 hours until PCA therapy is discontinued.</li> </ul>
[] Pasero Opioid-induced Sedation Scale	- 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
	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	less
ronowing:	- Severe and/or recent confusion or disorientation
	<ul> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> </ul>
	- Excessive nausea or vomiting
	- Urinary retention
naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
, , <b>,</b>	respiratory rate 8 per minute or less OR patient somnolent and difficult to
0.2 mg	arouse (POSS GREATER than 3)., Post-op
	Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
	mg). If naloxone is needed, please call the ordering physician and/or
	CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3 times.
ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout:
PCA	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
5	- 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
	<ul> <li>Every 4 hours until PCA therapy is discontinued.</li> </ul>
	- 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 DCA pump and call ordering	Douting Until discontinued Stating C. Despiratory rate 10 per minute or
Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
physician and/or CERT team for any of the	less
	less - Severe and/or recent confusion or disorientation
physician and/or CERT team for any of the	less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse
physician and/or CERT team for any of the	less - Severe and/or recent confusion or disorientation
physician and/or CERT team for any of the	less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse
	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 PCA Vital signs - T/P/R/BP

<ul> <li>[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg</li> </ul>	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) 1500 mcg/30 mL	
[] fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: 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.**
	<ul> <li>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.</li> <li>Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:</li> </ul>
[] 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
[] Pasero Opioid-induced Sedation Scale	Routine, Once
[] Notify Physician (Specify)	<ul> <li>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</li> <li>Inadequate analgesia</li> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - 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
<ul> <li>[] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg</li> </ul>	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.
CA Medications - HMSL, HMW, HMSTC, HMST	J Only (Single Response)

() morPHINE 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
		<ul> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> </ul>
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
		- Immediately following PCA administration tubing change, Post-op
	Pasero Opioid-induced Sedation Scale	Routine, Once
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
		for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy
		- PCA pump discontinued by any service other than the prescriber
		responsible for IV PCA therapy, Post-op
1 0	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	physician and/or CERT team for any of the	less
	following:	- Severe and/or recent confusion or disorientation
		- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting - Urinary retention, Post-op
Π	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
		arouse (POSS GREATER than 3)., Post-op
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
		mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
() ł	ydromorPHONE PCA (DILAUDID) 15 mg/30 mL	
	hydromorPHONE (DILAUDID) 15 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout:
	PCA	Not Ordered < BR>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:
Π	Vital signs - T/P/R/BP	Turn Off PCA Continuous Dose (Basal Rate) At Time: Routine, Per unit protocol
[]		- Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
1		administered or dose change; then
		<ul> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change, Post-op</li> </ul>

[]	Pasero Opioid-induced Sedation Scale	Routine, Once
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia
		<ul> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op</li> </ul>
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse
_		<ul> <li>Sustained hypotension (SBP less than 90)</li> <li>Excessive nausea or vomiting</li> <li>Urinary retention, Post-op</li> </ul>
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
)_fe	entaNYL 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	<ul> <li>Routine, Per unit protocol</li> <li>Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then</li> <li>Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then</li> <li>Every 4 hours until PCA therapy is discontinued.</li> <li>Immediately following PCA administration tubing change, Post-op</li> </ul>
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[]	Notify Physician (Specify)	<ul> <li>Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason</li> <li>Inadequate analgesia</li> <li>Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy</li> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op</li> </ul>

ontinued, Starting S, - Respiratory rate 10 per minute or eent confusion or disorientation vel 4: Somnolent and difficult to arouse nsion (SBP less than 90) a or vomiting Post-op
s, once PRN, respiratory depression, as needed for er minute or less OR patient somnolent and difficult to EATER than 3)., Post-op 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 needed, please call the ordering physician and/or or vital signs (pulse oximetry, P/R/BP) every 15
oral, every 6 hours PRN, moderate pain (score 4-6),
oral, every 4 hours PRN, moderate pain (score 4-6), of codeine-containing products is contraindicated in LESS THAN 12 years of age. Is this patient OVER 12 age? Y/N:
ral, every 6 hours PRN, moderate pain (score 4-6), n Daily Dose: 200 mg/day
oral, every 6 hours PRN, moderate pain (score 4-6)
oral, every 6 hours PRN, severe pain (score 7-10), of codeine-containing products is contraindicated in LESS THAN 12 years of age. Is this patient OVER 12 age? Y/N:
oral, every 6 hours PRN, severe pain (score 7-10),
ral, every 6 hours PRN, severe pain (score 7-10), n Daily Dose: 200 mg/day
intravenous, every 2 hour PRN, other, pain (score:
adequate pain relief following administration of oral Post-op er after pain re-assessment for inadequate pain relief.
adequate pain relief following administration of oral Post-op
e r a o

VTE

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) VTE/DVT Risk Definitions URL:

Anticoagulation Guide for COVID patients

URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C

) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification			
(Single Response) (Selection Required)			
() Moderate Risk - Patient currently has an active order for			
therapeutic anticoagulant or VTE prophylaxis (Selection Required)			
[] Moderate risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	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:		
[] Disco convertial compression device (Cingle)	PACU & Post-op		
<ul> <li>Place sequential compression device (Single)</li> <li>Contraindications exist for mechanical</li> </ul>	• •		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following		
propriyiaxis	contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() Moderate Risk - Patient currently has an active	order for		
therapeutic anticoagulant or VTE prophylaxis (S			
[] 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:		
[] Diago acquiential compression device (Cingle)	PACU & Post-op		
<ul> <li>Place sequential compression device (Single)</li> <li>Contraindications exist for mechanical</li> </ul>	Response) Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
propriyiaxis	contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() High Risk - Patient currently has an active orde	er for		
therapeutic anticoagulant or VTE prophylaxis (S			
Required)			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
	Therapy for the following:		
Disconsticul as a second de la companya de la compa	PACU & Post-op		
[] Place sequential compression device (Single			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):		
	PACU & Post-op		
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op		
device continuous			
() High Risk - Patient currently has an active orde	er for		
therapeutic anticoagulant or VTE prophylaxis (S Required)			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
	Therapy for the following:		
	PACU & Post-op		
[] Place sequential compression device (Single	Kesponse)		

<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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 fac	tors
[] Low Risk (Single Response) (Selection Require () Low risk of VTE	ed) Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition	
contraindicated. One or more of the following medical conditions:	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	'S
Less than fully and independently ambulatory	
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul><li>[] Moderate risk of VTE</li><li>[] Moderate Risk Pharmacological Prophylaxis - S</li></ul>	Surgical
<ol> <li>Moderate risk of VTE</li> <li>Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>Contraindications exist for pharmacologic prop</li> </ol>	Surgical
<ol> <li>Moderate risk of VTE</li> <li>Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> </ol>	Surgical phylaxis <b>"And" Linked Panel</b>
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic</li> </ul>	Surgical bhylaxis <b>"And" Linked Panel</b> Routine, Once
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> </ul>	Surgical phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Surgical phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> </ul>	Surgical phylaxis <b>"And" Linked Panel</b> Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	Surgical Shylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op bhylaxis "And" Linked Panel
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop</li> </ul>	Surgical Shylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op whylaxis "And" Linked Panel Routine, Once
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	Burgical         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop</li> </ul>	Burgical         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	Burgical         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Burgical         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         No pharmacologic VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	Burgical         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Burgical         Shylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         No pharmacologic VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         Routine, Once       No mechanical VTE prophylaxis due to the following
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic</li> <li>[] Contraindications exist for mechanical</li> </ul>	Burgical         bhylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         bhylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No mechanical VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         Routine, Once       No mechanical VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No mechanical VTE prophylaxis due to the following contraindication(s):         PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Surgical         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         Routine, Once         No mechanical VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         Routine, Once         No mechanical VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         Donse)         40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prop BUT order Sequential compression device</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Place/Maintain sequential compression device continuous</li> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prop hylaxis</li> <li>[] Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for pharmacologic</li> <li>[] Contraindications exist for mechanical</li> </ul>	Surgical         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Continuous, PACU & Post-op         ohylaxis       "And" Linked Panel         ohylaxis       "And" Linked Panel         Routine, Once       No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         Routine, Once       No mechanical VTE prophylaxis due to the following contraindication(s):         PACU & Post-op       Routine, Once         No mechanical VTE prophylaxis due to the following contraindication(s):       PACU & Post-op         PACU & Post-op       Donse)

() 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	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; Post-op</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> </ul>
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<ul> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op
() warfarin (COUMADIN) tablet	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op
) MODERATE Risk of DVT - Non-Surgical (Selectic Required)	ท
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once, PACU & Post-op
Non-Surgical Patient (Single Response) (Selec Required)	xtion
() Contraindications exist for pharmacologic prop Order Sequential compression device	phylaxis - "And" Linked Panel
· ·	

(

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

One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	· · · · · · · · · · · · · · · · · · ·
Acute spinal cord injury with paresis Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi	Routine, Once, PACU & Post-op
<ul> <li>High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> </ul>	
() 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	onse)
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] 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
$()$ analysis $(  0 \rangle \langle FNOY \rangle   0 m \pi Doily at 1700$	Indication(s):
( ) enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 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 medicatio
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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
	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op
() warfarin (COLIMADINI) tablet	Indication:
() warfarin (COUMADIN) tablet	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() Pharmacy consult to manage warfarin	Indication:
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> <li>Contraindications exist for mechanical</li> </ul>	Indication: election Routine, Once
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> </ul>	Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
<ul> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> <li>Contraindications exist for mechanical</li> </ul>	Indication: election

or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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
<ul> <li>High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)</li> </ul>	Surgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): 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 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 CrCI 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):
<ul> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended</li> </ul>	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; r 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	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] Lligh Diak (Calastian Deguired)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>[] High Risk Pharmacological Prophylaxis - Hip c (Arthroplasty) Surgical Patient (Single Respon (Selection Required)</li> </ul>	or Knee
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<ul> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	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
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	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	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op
GREATER and 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, 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
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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.
<ul> <li>Rivaroxaban and Pharmacy Consult (Selectio Required)</li> </ul>	n
<ul> <li>rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li> </ul>	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
<ul> <li>Pharmacy consult to monitor rivaroxaban (XARELTO) therapy</li> </ul>	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) (Se Required)	lection
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
<ul> <li>Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)</li> <li>Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S</li> </ul>	order for
Required)	Pouting Once DACIL® Dest on
<ul> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	Routine, Once No mechanical VTE prophylaxis due to the following
<ul><li>prophylaxis</li><li>() Place/Maintain sequential compression</li></ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for
<ul> <li>prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection Routine, Once, PACU & Post-op
<ul> <li>prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (s Required)</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection
<ul> <li>prophylaxis</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)</li> <li>[] Moderate risk of VTE</li> <li>[] Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op order for Selection Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op

() Place/Maintain acquantial compression	Pouting Continuous PACI & Post on
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<ul> <li>High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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 R	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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
<ul> <li>High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	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	• •
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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 fact	tors
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Rec	quired)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Moderate or major surgery (not for cancer)	

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

<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous, PACU & Post-op	
MODERATE Risk of DVT - Non-Surgical (Selectio Required)	n	
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)		
<ul> <li>Moderate risk of VTE</li> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	Routine, Once, PACU & Post-op tion	
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel	
<ul> <li>[] Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
<ul> <li>enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li> </ul>	oonse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Surgical (Selection Required	
Both pharmacologic AND mechanical prophylaxis	
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surger	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Resp	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse)
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) 0 30 mg, subcutaneous, daily at 1700
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; in Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgit (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) O 30 mg, subcutaneous, daily at 1700 Indication(s):
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Resp () enoxaparin (LOVENOX) 30 mg Daily at 1700	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op ponse) O 30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; in 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</li> <li>[] High Risk (Selection Required) [] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) 30 mg Every 12 Homeson</li> </ul>	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op oonse) 0 30 mg, subcutaneous, daily at 1700 Indication(s): ours 30 mg, subcutaneous, daily at 1700 Indication(s):
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Resp () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) 30 mg Every 12 Ho [] enoxaparin (LOVENOX) injection	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op oonse) 0 30 mg, subcutaneous, daily at 1700 Indication(s): ours 30 mg, subcutaneous, daily at 1700 Indication(s):
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Resp () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) 30 mg Every 12 Ho [] enoxaparin (LOVENOX) 40 mg Daily at 1700	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op sonse) 0 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 0 40 mg, subcutaneous, daily at 1700 Indication(s):

()	fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1, PACU &amp; Post-op</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> </ul>
$\overline{()}$	hongrin (narcing) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
()	heparin (porcine) injection	Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	Place/Maintain sequential compression	Pouting Continuous RACIL® Post on
. ,	device continuous	Routine, Continuous, PACU & Post-op
HIC Hig Bo On Thr	device continuous GH Risk of DVT - Non-Surgical (Selection Require th Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIC Hig Bo On Thr or p Sev Ac Mu Ab	device continuous GH Risk of DVT - Non-Surgical (Selection Require th Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions:	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIG Hig Bo On Thr or p Sev Ac Mu Ab Aci	device continuous GH Risk of DVT - Non-Surgical (Selection Requ ph Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; n vere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIC Hig Bo On Thr or p Sev Ac Mu Ab Act His	device continuous GH Risk of DVT - Non-Surgical (Selection Required th Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; n vere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required)	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
HIC Hig Bo On Thr or p Sev Ac Mu Ab Act His	device continuous GH Risk of DVT - Non-Surgical (Selection Required) The Risk Definition the pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varied) protein S deficiency; hyperhomocysteinemia; in vere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op
HIC Hig Bo' On Thr or f See Ac Mu Ab Act His	device continuous GH Risk of DVT - Non-Surgical (Selection Required th Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; n vere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required)	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op Surgical
HIC Hig Bo' On' Thr or p Se' Ac Mu Ab: Ac His	device continuous GH Risk of DVT - Non-Surgical (Selection Required) The Risk Definition the pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varied) protein S deficiency; hyperhomocysteinemia; novere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-	uired) s must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once, PACU & Post-op Surgical
HIC Hig Bo' On' Thr or p Se' Ac Mu Ab: Ac His	device continuous GH Risk of DVT - Non-Surgical (Selection Required) th Pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; n vere fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required Contraindications exist for pharmacologic	uired)         s must be addressed.         ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C         nyeloproliferative disorders)         Routine, Once, PACU & Post-op         Surgical         I)         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op
HIC Hig Bo' On' Thr or p Se' Ac Mu Ab: Ac His	device continuous GH Risk of DVT - Non-Surgical (Selection Requised the pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; nover e fracture of hip, pelvis or leg cute spinal cord injury with paresis altiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis	uired)         s must be addressed.         ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C         nyeloproliferative disorders)         Routine, Once, PACU & Post-op         Surgical         I)         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op
HIC Hig Bo' On' Thr or p Se' Ac Mu Ab: Ac His	device continuous GH Risk of DVT - Non-Surgical (Selection Requised of Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; n vere fracture of hip, pelvis or leg cute spinal cord injury with paresis litiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis	uired)         a must be addressed.         ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C         nyeloproliferative disorders)         Routine, Once, PACU & Post-op         Surgical         i)         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         PACU & Post-op         sponse)         40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op

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

() enoxap	arin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxap	arin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
	arin (LOVENOX) syringe - For s 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	arin (LOVENOX) syringe - For s weight between 100-139 kg and REATER 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 CrCI GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
Patients	arin (LOVENOX) syringe - For s weight between 140 kg or ER and CrCl GREATER than 30	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 CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondapar	inux (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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (	porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
for patier	porcine) injection (Recommended hts with high risk of bleeding, e.g. 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.
	(porcine) injection - For Patients ht 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.
() Rivaroxa Required	ban and Pharmacy Consult (Selectio	
	aban (XARELTO) tablet for hip or hroplasty planned during this ion	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
	cy consult to monitor rivaroxaban .TO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin	(COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmac (COUMA	y consult to manage warfarin DIN)	STAT, Until discontinued, Starting S Indication:
] Mechanica Required)	al Prophylaxis (Single Response) (Se	election
	dications exist for mechanical xis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Ma device co	aintain sequential compression ontinuous	Routine, Continuous, PACU & Post-op
abs		

# Labs

Laboratory

[] Type and screen	
[] Type and screen	Once, PACU & Post-op
[] ABO and Rh confirmation	Once, Blood Bank Confirmation
[] CBC with platelet and differential	Once, PACU & Post-op
[X] Hemoglobin and hematocrit	Once In Recovery room., PACU & Post-op

[] Partial thromboplastin time	Once, PACU & Post-op
[] Prothrombin time with INR	Once, PACU & Post-op
[] Basic metabolic panel	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
[] Urinalysis screen and microscopy, with reflex to culture	Once
	Specimen Source: Urine
	Specimen Site:
	PACU & Post-op
Labs - AM	
[] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, Post-op
[] CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, Post-op
Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, Post-op
Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, Post-op
Labs - AM Daily x 3	
[X] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
Imaging	
СТ	
[] CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
X-ray	
[] Chest 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
[] Chest 1 Vw in AM	Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] XR Spine Scoliosos 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Please add 32 millimeter image calibration necklace to the
	field of view. AP and Lateral view that includes C2 and
	femoral heads in single shot with patient standing with hips
[] There is Chine 1 \/w	and knees extended., PACU & Post-op
[] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACL & Post-op
[] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Thoracolumbar Spine 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

## Respiratory

Respiratory

[] Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Simple Face Mask
	Rate in liters per minute: 6 lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
	Device 2:
	Device 3:
	PACU & Post-op
[X] Incentive spirometry	Routine, Every hour while awake For 2 Days
	Every hour while awake for 2 days., PACU & Post-op
[] Pulse oximetry check	Routine, Daily
	Current FIO2 or Room Air:
	PACU & Post-op

Consults For Physician Consult orders use sidebar

#### **Ancillary Consults**

[] Consult to Case Management for discharge planning	Consult Reason: Discharge Planning 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 Teat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: PACU & Post-op
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: PACU & Post-op
[] Consult to Spiritual Care	Reason for consult? PACU & Post-op
[] Consult to Speech Language Pathology	Routine, Once Reason for consult: PACU & Post-op
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult? PACU & Post-op