General

Common Present on Admission Diagnosis

[] Present on Admission	Details	
[] Abdominal pain	Details	
[] Back pain	Details	
[] Chest pain	Details	
[] Cough	Details	
[] COVID - 19	Details	
[] Dizziness	Details	
[] Fall	Details	
[] Fever	Details	
[] Headache	Details	
[] Hypertension	Details	
[] Nausea	Details	
[] Shortness of breath	Details	
[] Vomiting	Details	
[] Weakness-generalized	Details	

Admission or Observation (Single Response) (Selection Required)

() 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.
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
) Outpatient in a bed - extended recovery	Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments:
	Admitting Physician:
Patient has active status order on file	Admitting Physician: Level of Care:
Patient has active status order on file	Admitting Physician: Level of Care: Patient Condition:
Patient has active status order on file	Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Patient has active status order on file	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
Patient has active status order on file	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
Patient has active status order on file	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
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.
 Patient has active status order on file Admit to Inpatient Outpatient observation services under general 	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician:
Patient 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. Admitting Physician: Patient Condition:
 Patient has active status order on file Admit to Inpatient Outpatient observation services under general supervision 	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician: Patient Condition: Bed request comments:
Patient has active status order on file () Admit to Inpatient () Outpatient observation services under general	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Admitting Physician: Patient Condition:

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.
Code Status	
[] Full code	Code Status decision reached by: Post-op
[] DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
 [] Airborne isolation status [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Details Once, Sputum, Post-op
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status Precautions	Details
[] Aspiration precautions	PACU & Post-op
[X] Fall precautions	Increased observation level needed: PACU & Post-op
[] Latex precautions	PACU & Post-op
[] Seizure precautions	Increased observation level needed: PACU & Post-op
[] Spinal precautions	PACU & Post-op
Nursing	
Vital Signs (Single Response)	
(Y) Vital signa T/D/D/DD	Pouting Dorupit protocol DACLLS Doct on

Adding	
[] Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
[] Up with assistance	Routine, Until discontinued, Starting S
	Specify: Up with assistance
	PACU & Post-op
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	PACU & Post-op
[] All meals out of bed	Routine, Until discontinued, Starting S
	All meals out of bed, PACU & Post-op
[] Head of bed 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees PACU & Post-op
[] Head of had flat	
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
	PACU & Post-op
	17.00 41 03:00
Nursing	
	Deutine Even Oheum
[X] Assess operative site	Routine, Every 8 hours
	For bleeding, reinforce dressing, notify physician., PACU &
	Post-op
[X] Assess for pain	Routine, Every 4 hours Assess: for Pain
	PACU & Post-op
[] Neurological assessment	Routine, Once
	Assessment to Perform:
	PACU & Post-op
[] Straight cath	Routine, Every 6 hours
	If unable to void after second attempt, insert Foley and call
	physician., PACU & Post-op
[] Insert/Maintain Foley and Notify	
[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
	PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
	PACU & Post-op
[] Notify Physician if unable to void after	Routine, Until discontinued, Starting S, PACU & Post-op
second attempt at straight cath and Foley	
inserted	Dauting Orace
[] Surgical/incision site care	Routine, Once Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
	PACU & Post-op
[] Reinforce dressing	Routine, As needed
	Reinforce with:
	If saturated., PACU & Post-op
[] Cervical collar - soft	Routine, Once
	Type of Collar to Apply: Soft cervical collar
	Special Instructions: obtain from central supply
	PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
[X] No anticoagulants INcluding UNfractionated hepa	
	Reason for "No" order: Neurosurgery Functional Procedure
	PACU & Post-op

Activity

[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Post Neurosurgery Functional Procedure PACU & Post-op
Notify	
[X] Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician for itching	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician bleeding at site	Routine, Until discontinued, Starting S, PACU & Post-op
[X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S, PACU & Post-op
Diet	
[X] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes
	Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Full liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S
[]	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Heart healthy	Diet effective now, Starting S
[]	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - 2000 Kcal/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:
[] Diet	Foods to Avoid:
[] Diet	Foods to Avoid: PACU & Post-op
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s):
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s): Other Options:
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated?
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency:
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:
[] Diet	Foods to Avoid: PACU & Post-op Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids

muscle spasm relief following administration of other agents, Post-op Indication(5): Other Specify: Muscle Relaxant Antiemetics X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron ODT (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication OR if a faster onset o action is required. [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication OR if a faster onset o action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) tablet 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able 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, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 pat	Sodium chloride 0.9 % with potassium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous potassium chloride 20 mEq/L infusion - for NPO Patients Medications 500 mg, intravenous, continuous intravenous, continuous intravenous, continuous potassium chloride 20 mEq/L infusion - for NPO Patients Muscle Relaxants (Single Response) 500 mg, intravenous, for muscle spasms, Postco 10 methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hous potential emuscle spasms, Postco 10 methocarbamol (ROBAXIN) tablet O diazepam (VALIUM) injection 2.5 mg, intravenous, every 8 hous specify: Muscle Relaxants - Refractory Treatments (Single Response) () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hous specify: Muscle Relaxa () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, ne disintegrating tablet (X) ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel (X) ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, ne disintegrating tablet (I) promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, is tolerate oral or rectal medication. (I) promethazine (PHENERGAN) tablet 12.5 mg, intravenous, every 6 hours PRN, is tolerate oral or rectal, medication. (I) promethazine (PHENERGAN) tablet 12.5 mg, intravenous, every 6 hours PRN, is tolerate oral medication.	s, Post-op
influsion intravenous, continuous, Post-op intravenous, continuous, Post-op intravenous, continuous, Post-op Wedications 500 mg, intravenous, for 60 Minutes, every 8 hours PRN, muscle spasms, Post-op intravenous, continuous, Post-op 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op intravenous, continuous, Post-op 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op intravenous, coral, every 8 hours PRN, muscle spasms, Post-op 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op indication(s): Other 2.5 mg, intravenous, every 8 hours PRN, muscle spasms, Post-op indication(s): Other Specify: Muscle Relaxant XI ondansetton (ZOFRAN) V or Oral (Selection Required) "Or" Linked Panel IX ondansetton (ZOFRAN) V arg 2m Linjection 4 mg, intravenous, every 6 hours PRN, nausea, vorniting, Post-op Indication(s): Other Specify: Muscle Relaxant I promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel I promethazine (PHENERGAN) V or Oral or Rectal "Or" Linked Panel I promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel <	infusion intravenous, continuous i) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients intravenous, continuous Wedications intravenous, continuous Wuscle Relaxants (Single Response) 500 mg, intravenous, for muscle spasms, Post-Context (Single Response) i) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hous i) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hous i) oviclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 hous i) diazepam (VALIUM) injection 2.5 mg, oral, every 8 hous i) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours Specify: Muscle Relaxa i) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours Specify: Muscle Relaxa i) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours SPRN, ng Give if patient is ubable to tolerate oral muscle spasm relief fol Post-op Indication(s): Other Specify: Muscle Relaxa i) diazepam (VALIUM) tablet 4 mg, oral, every 8 hours PRN, ng Give if patient is Ubable to tolerate oral is patient is Ubable to tolerate oral control (ZOFRAN) 4 mg/2 mL injection 4 mg, oral, every 8 hours PRN, ng Give if patient is Ubable to tolerate oral or rectal medication [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, oral, every 6 hours PRN, ng Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication [X] promethazine (PHENERGAN) 12.5 mg IV	· ·
potassium chloride 20 mEq/L infusion - for NPO Patients Muscle Relaxants (Single Response)) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op) oryclobenzaprine (FLEXERL) tablet 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op Muscle Relaxants - Refractory Treatments (Single Response) 2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasme relief following administration of other agents, Post-op) diazepam (VALIUM) injection 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op (X) ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) M or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) N or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) 12.5 mg IV "Intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to Tolerate oral or rectal med	potassium chloride 20 mEq/L infusion - for NPO Patients Wedications Wuscle Relaxants (Single Response)) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB 500 mg, intravenous, for muscle spasms, Post-o 500 mg, oral, every 8 houts 5 mg, oral, every 8 houts 9 diazepam (VALIUM) injection) diazepam (VALIUM) injection 2.5 mg, intravenous, event indication(s): Other Specify: Muscle Relaxats 2.5 mg, oral, every 8 houts 9 diazepam (VALIUM) tablet) diazepam (VALIUM) tablet 2.5 mg, intravenous, event indication(s): Other Specify: Muscle Relaxat 2.5 mg, oral, every 8 houts 9 diazepam (VALIUM) tablet) diazepam (VALIUM) tablet 2.5 mg, intravenous, event indication(s): Other Specify: Muscle Relaxat 2.5 mg, oral, every 8 hours PRN, ne disintegrating tablet (X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel (X] ondansetron (ZOFRAN) 4 mg/2 mL injectior (X] ondansetron (ZOFRAN) 4 mg/2 mL injectior (X] ondansetron (ZOFRAN) 10 or Oral or Rectal (Y] promethazine (PHENERGAN) 12.5 mg IV (Y] promethazine (PHENERGAN) 12.5 mg IV (Y] promethazine (PHENERGAN) 12.5 mg IV (Y] promethazine (PHENERGAN) tablet 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. [] promethazine (PHENERGAN) tablet 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, inclay every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository	· ·
Muscle Relaxants (Single Response)) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB 500 mg, intravenous, for 60 Minutes, every 8 hours PRN, muscle spasms, Post-op) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op) octobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op) diazepam (VALIUM) injection 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op X] ondansetron (ZOFRAN) V or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication. [] promethazine (PHENERGAN) 1/V or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 1/V or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 1/V or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 1/V o	Muscle Relaxants (Single Response) 500 mg, intravenous, fc methocarbamol (ROBAXIN) 500 mg in sodium chloride 500 mg, intravenous, fc methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hou cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 hou Muscle Relaxants - Refractory Treatments (Single Response) diazepam (VALIUM) injection diazepam (VALIUM) tablet diazepam (ZOFRAN) 4 mg/2 mL injection for diasetron (ZOFRAN) 4 mg/2 mL injection for ansetron (ZOFRAN) 4 mg/2 mL injection for diasetron (ZOFRAN) 12.5 mg (Taru	s, Post-op
) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9% 100 mL IVPB 500 mg, intravenous, for 60 Minutes, every 8 hours PRN, muscle spasms, Post-op) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op) cyclobenzaprine (FLEXERIL) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op ////dextor 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op ////dextor 2 forg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op ////dextor 2 forg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op ////diazepam (VALIUM) tablet 2 forg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op ////diazepam (VALIUM) tablet 2 forg, oral, every 8 hours PRN, nausea, vomiting, Post-op Indication(s): Other ////diasetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel //// ondansetron (ZOFRAN) M mg/2 mL injection 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is ublet to tolerate oral medication //// ordansetron (ZOFRAN) V or Oral rectal "Or" Linked Panel //// promethazine (PHENERGAN) 12 mg /// mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is ublabit to tolerate oral medication /// promethazine (PHENER) methocarbamol (ROBAXIN) 500 mg in sodium chloride 0.9 % 100 mL IVPB 500 mg, intravenous, for muscle spasms, Postco 500 mg, oral, every 8 ho) methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 ho) cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 ho //uscle Relaxants - Refractory Treatments (Single Response) 2.5 mg, intravenous, every inadequate muscle spa- other agents, Post-op Indication(s): Other Specify: Muscle Relaxe) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours Post-op Indication(s): Other Specify: Muscle Relaxe) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours Post-op Indication(s): Other Specify: Muscle Relaxe (X) ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) V or Oral (Selection Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) Mg/z mL injection 4 mg, oral, every 8 hours PRN, na disintegrating tablet Give if patient is able to tolerate o Give if patient is UNable to tolerate action is required.] promethazine (PHENERGAN) 1V or Oral or Creatal (] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. <td></td>	
0.9% 100 mL IVPB muscle spasms, Post-op 0.9% 100 mL IVPB 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op 0 cyclobenzaprine (FLEXERIL) tablet 500 mg, oral, every 8 hours PRN, muscle spasms, Post-op // uscle Relaxants - Refractory Treatments (Single Response) 2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op // diazepam (VALIUM) injection 2.5 mg, intravenous, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op // diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasm relief following administration of other agents, Post-op // diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, muscle spasms, inadequate muscle spasms relief following administration of other agents, Post-op // diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op // indiansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel // (X) ondansetron (ZOFRAN) M or Oral rectal "Or" Linked Panel // (X) ondansetron (ZOFRAN) 4 mg/2 mL injectior 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op // ip romethazine (PHENERGAN) 1V or Oral r Rectal "Or" Linked Panel // promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op	0.9 % 100 mL IVPB muscle spasms, Postco 1 methocarbamol (ROBAXIN) tablet 500 mg, oral, every 8 houth 0 cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 houth #uscle Relaxants - Refractory Treatments (Single Response) 1 1 diazepam (VALIUM) injection 2.5 mg, intravenous, event adequate muscle spasmitication (S): Other Specify: Muscle Relaxants) 1 diazepam (VALIUM) tablet 2.5 mg, oral, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 1 diazepam (VALIUM) tablet 2.5 mg, oral, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 1 diazepam (VALIUM) tablet 2.5 mg, oral, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 1 diazepam (VALIUM) tablet 2.5 mg, oral, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 2 diazepam (VALIUM) tablet 2.5 mg, intravenous, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 3 diazepam (VALIUM) tablet 2.5 mg, oral, every 8 houther agents, Post-op Indication (S): Other Specify: Muscle Relaxants) 3 diazepam (VALIUM) tablet 2.5 mg, intravenous, every 8 houther agents, Post-op Indication (ZOFRAN) adverted to adverted	
Cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 hours PRN, muscle spasms, Post-op Muscle Relaxants - Refractory Treatments (Single Response) 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 () 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 Required) "Or" Linked Panel [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication OR if a faster onset o action is required [] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV [2.5 mg, oral, every 6 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) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN,	() cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, every 8 hou Muscle Relaxants - Refractory Treatments (Single Response) 2.5 mg, intravenous, evinadequate muscle spain other agents, Post-op Indication(s): Other Specify: Muscle Relaxe () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hou () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours (2) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours (2) diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hours (2) diazepam (VALIUM) tablet every 8 hours (2) diazepam (VALIUM) tablet every 8 hours (2) diazepam (VALIUM) tablet 4 mg, oral, every 8 hours (2) ordansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel (3) ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, oral, every 8 hours (3) ondansetron (ZOFRAN) 12.5 mg IV Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication (1) promethazine (PHENERGAN) tablet <td></td>	
Uscle 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 () 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 Required) "O" Linked Panel [X] ondansetron (ZOFRAN) a mg/2 mL injection 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication. [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication. [X] 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 medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] promethazine (PHENERGAN) tablet 2.5 mg, oral, every 6 hours PRN, nausea, vomiting	Muscle Relaxants - Refractory Treatments (Single Response) () diazepam (VALIUM) injection 2.5 mg, intravenous, evinadequate muscle spaother agents, Post-op Indication(s): Other Specify: Muscle Relaxe () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hermuscle spaor relief fol Post-op Indication(s): Other Specify: Muscle Relaxe () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hermuscle spasm relief fol Post-op Indication(s): Other Specify: Muscle Relaxe X] ondansetron OZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron OZOFRAN 4 mg/2 mL injection 4 mg, oral, every 8 hours PRN, na Give if patient is able to tolerate or give if patient is uNable to tolerate or give if patient is UNable to tolerate or Give if patient is UNable to tolerate or Give if ondansetron (ZOFRAN) 1V or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, oral, every 6 hours PRN, na Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication of I2.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication of I2.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate	ours PRN, muscle spasms, Post-op
) 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 Required) "Or" Linked Panel [X] ondansetron DDT (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication. [X] ondansetron (ZOFRAN) IV or Oral or Rectal "Or" Linked Panel [X] ondansetron (ZOFRAN) M mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is uble to tolerate oral medication. [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] promethazine (PHENERGAN) tablet 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. [] promethazine (PHENERGAN) tablet 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. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiti) diazepam (VALIUM) injection 2.5 mg, intravenous, evinadequate muscle sparother agents, Post-op Indication(s): Other Specify: Muscle Relaxa () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hermuscle sparother agents, Post-op Indication(s): Other Specify: Muscle Relaxa () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hermuscle sparother agents, Post-op Indication(s): Other Specify: Muscle Relaxa () diazepam (VALIUM) tablet 2.5 mg, oral, every 8 hermuscle sparother agents, Post-op Indication(s): Other Specify: Muscle Relaxa () diazepam (VALIUM) tablet () ordansetron ODT (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, na disintegrating tablet (X) ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours Give if patient is UNable to tolerate oral or is required. () promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. () promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. () promethazine (PHENERGAN) suppository 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. () promethazine (PHENERGAN) suppository 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. () promethazine (PHENERGAN) suppository 12.5 mg, oral, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication.	rs PRN, muscle spasms, Post-op
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 ************************************	inadequate muscle spa other agents, Post-op Indication(s): Other Specify: Muscle Relaxe 2.5 mg, oral, every 8 ho muscle spasm relief fol Post-op Indication(s): Other Specify: Muscle Relaxe 2.5 mg, oral, every 8 ho muscle spasm relief fol Post-op Indication(s): Other Specify: Muscle Relaxe Antiemetics X] ondansetron (ZOFRAN) IV or Oral (Selection Required) [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection [X] ondansetron (ZOFRAN) 4 mg/2 mL injection [X] ondansetron (ZOFRAN) 4 mg/2 mL injection [X] ondansetron (ZOFRAN) 4 mg/2 mL injection [] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 patch, transdermal, fc days) - For Patients LESS than 65 years old PRN Medications - Pain - Pain Score (1-3) (Single Response) [) traMADol (ULTRAM) tablet 25 mg, oral, every 6 hours PR Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho	
Antiemetics muscle spasm relief following administration of other agents, Post-op Indication(s): Other Specify: Muscle Relaxant Antiemetics "Or" Linked Panel [X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron ODT (ZOFRAN-ODT) 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 Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to 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, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is uble to tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg	Antiemetics muscle spasm relief fol Post-op Indication(s): Other Specify: Muscle Relaxe Antiemetics "Or" Linked Panel [X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron ODT (ZOFRAN-ODT) 4 mg, oral, every 8 hours PRN, na Give if patient is able to tolerate o [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours Give if patient is UNable to tolerate action is required. [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication (Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication (Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 25 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (sm relief following administration of
[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 or action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal *Or* Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to 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. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op Maximum Daily Dose: 200 mg/day () traMADol (ULTRAM) tablet 25 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day	X] ondansetron (ZOFRAN) IV or Oral (Selection Required) "Or" Linked Panel [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, ng Give if patient is able to tolerate o [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours Give if patient is UNable to tolerate action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication of Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication of Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 25 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response) 1 tablet	lowing administration of other agents,
[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 or action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal *Or* Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to 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. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op Maximum Daily Dose: 200 mg/day () traMADol (ULTRAM) tablet 25 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day	[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, na Give if patient is able to tolerate o 4 mg, intravenous, every 8 hours Give if patient is UNable to tolerate action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication of tolerate oral or rectal medication of give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolarnine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for PRN Medications - Pain - Pain Score (1-3) (Single Response) () traMADol (ULTRAM) tablet 25 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho	
disintegrating tablet 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 or action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral 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. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op Maximum Daily Dose: 200 mg/day () traMADol (ULTRAM) tablet 25 mg, oral, every 6 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	disintegrating tablet Give if patient is able to tolerate o [X] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours [] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, oral, every 6 hours PRN [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 patch, transdermal, for days) - For Patients LESS than 65 years old 1 patch, transdermal, for () traMADol (ULTRAM) tablet 25 mg, oral, every 6 ho () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Stoop Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho PRN Medications - Pain - Pain Score (4-6) (Single Response) <td></td>	
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal "Or "Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op days) - For Patients LESS than 65 years old 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 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),	Give if patient is UNable to tolerat action is required. [] promethazine (PHENERGAN) IV or Oral or Rectal [] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository [] promethazine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 patch, transdermal, for [] promethazine (PHENERGAN) tablet [] promethazine (PH	
Image: Promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel Image: 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 medication. Image: 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. Image: Promethazine (PHENERGAN) suppository 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. Image: 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. Image: 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. Image: Supplement (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op Maximum Daily Dose: 200 mg/day Image: Vertical Additional Culture (ULTRAM) tablet 25 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day Image: Vertical Additional - Pain Score (4-6) (Single Response) 50 mg, oral, every 6 hours PRN, moderate pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day Image: Ver	[] promethazine (PHENERGAN) IV or Oral or Rectal "Or" Linked Panel [] promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication 0 [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 25 mg, oral, every 6 hours PR Ore Cop Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PR Ore Cop Maximum Daily Dose: 2 () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 hours PR Ore Cop Maximum Daily Dose: 2	
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 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 [] promethazine (PHENERGAN) suppository [] promethazine (PHENERGAN) suppository [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old PRN Medications - Pain - Pain Score (1-3) (Single Response) () traMADol (ULTRAM) tablet [] tablet, oral, every 6 hours PRN, miderate pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day	Give if ondansetron (ZOFRAN) is tolerate oral or rectal medication (12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is oral medication. 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is oral medication. 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. 13 scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 1 patch, transdermal, for days) - For Patients LESS than 65 years old PRN Medications - Pain - Pain Score (1-3) (Single Response) () traMADol (ULTRAM) tablet 25 mg, oral, every 4 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response)	
[] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op () traMADol (ULTRAM) tablet () 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 25 ong, oral, every 6 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 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day () traMADoL (ULTRAM) tablet 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day	[] promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN Give if ondansetron (ZOFRAN) is oral medication. [] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for days) - For Patients LESS than 65 years old PRN Medications - Pain - Pain Score (1-3) (Single Response) 25 mg, oral, every 4 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADol (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho	ineffective and patient is UNable to
[] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for 72 Hours, every 72 hours, Post-op PRN Medications - Pain - Pain Score (1-3) (Single Response) 25 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op () traMADol (ULTRAM) tablet 25 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Medications - Pain - Pain Score (4-6) (Single Response) 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),	[] promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PR Give if ondansetron (ZOFRAN) is tolerate oral medication. [] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, for PRN Medications - Pain - Pain Score (1-3) (Single Response) () traMADol (ULTRAM) tablet 25 mg, oral, every 4 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho	, nausea, vomiting, Post-op
 i) scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old i) patch, transdermal, for 72 Hours, every 72 hours, Post-op ii) patch, transdermal, for 72 Hours, every 72 hours, Post-op iii) traMADol (ULTRAM) tablet iiii) traMADOL (ULTRAM) tablet iii) traMAD	 scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old PRN Medications - Pain - Pain Score (1-3) (Single Response) () traMADol (ULTRAM) tablet () traMAD	
 () 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 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), 	 () traMADol (ULTRAM) tablet 25 mg, oral, every 4 ho Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho 	or 72 Hours, every 72 hours, Post-op
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 PRN Medications - Pain - Pain Score (4-6) (Single Response) 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),	Post-op Maximum Daily Dose: 2 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho	
 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum Daily Dose: 200 mg/day PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), 	 () traMADoL (ULTRAM) tablet 50 mg, oral, every 6 ho Post-op Maximum Daily Dose: 2 PRN Medications - Pain - Pain Score (4-6) (Single Response) () HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 ho 	
() HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),	() HYDROcodone-acetaminophen (NORCO) 5-325 mg per 1 tablet, oral, every 6 h	urs PRN, mild pain (score 1-3),
		ours PRN, moderate pain (score 4-6),

() acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	per 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum Daily Dose: 200 mg/day
() traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
PRN Medications - Pain - Pain Score (7-10) (Single R	Response)
() acetaminophen-codeine (TYLENOL #3) 300-30 mg	
tablet	Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum Daily Dose: 200 mg/day
Breakthrough Pain (Single Response)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, other, pain (score: 4-10) - inadequate pain relief following administration of oral agents, Post-op Administer after pain re-assessment for inadequate pain relief.
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratifica (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an active o therapeutic anticoagulant or VTE prophylaxis (Se Required) 	
	Routine, Once, PACU & Post-op
therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single Re	esponse)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Drinted an 4/00/0000 at 40:04 AM frame TOT Frankramera	

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

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

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
1 Madarata Disk (Solartian Dequired)	
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE 	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis -	
Patient (Single Response) (Selection Required	5
() Contraindications exist for pharmacologic pro	
BUT order Sequential compression device	· ·
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
1 Diago/Maintain acquartial compression	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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
() HERarin (narging) injection For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	Post-op
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	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	
) MODERATE Risk of DVT - Non-Surgical (Selection	on
Required) Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	nechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease Age 60 and above	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	rs
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select	ction
Required)	phylaxis - "And" Linked Panel
() Contraindications exist for pharmacologic pro Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 pro AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
 Contraindications exist for mechanical 	contraindication(s): PACU & Post-op
n ron bulovia	contraindication(s): PACU & Post-op Routine, Once
prophylaxis	contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following
prophylaxis	contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	contraindication(s): PACU & Post-op Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

Printed on 1/28/2022 at 10:24 AM from TST Environment

()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES
()	weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, 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:
R	Aechanical Prophylaxis (Single Response) (Se Required)	
• •	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op
• •	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	H Risk of DVT - Surgical (Selection Required)	
Bot One Thro or p Sev Ac Mul Abo Acu	h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; m rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas dominal or pelvic surgery for CANCER ite ischemic stroke cory of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
-	ligh Risk (Selection Required)	
]	High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgio Single Response) (Selection Required)	Routine, Once, PACU & Post-op cal Patient
	Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following

 () 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 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 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
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
() warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	Douting Ones DACI & Doct on
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Personse) (Selection Required 	
 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

() enoxaparin (LOVEN (Selection Required	NOX) injection (Single Res I)	ponse)
() enoxaparin (LOVE		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 be CrCl GREATER th	tween 100-139 kg AND an 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 14 CrCl GREATER th	0 kg or GREATER AND an 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCI GREATER than 30
		mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIX	TRA) 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) in	jection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
for patients with hig	h risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50 kg and a	age > 75yrs) hjection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
() HEParin (porcine) in with weight GREAT		For patients with weight GREATER than 100 kg.
() warfarin (COUMAD		oral, daily at 1700, PACU & Post-op Indication:
() Pharmacy consult to (COUMADIN)	-	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophyla Required) 	xis (Single Response) (Se	lection
() Contraindications e prophylaxis	xist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequence device continuous	uential compression	Routine, Continuous, PACU & Post-op
HIGH Risk of DVT - Su Required)	gical (Hip/Knee) (Selectio	n
High Risk Definition		
	D mechanical prophylaxis	must be addressed.
	wing medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
		nyeloproliferative disorders)
Severe fracture of hip, p	pelvis or leg	
Acute spinal cord injury	y with paresis	
Multiple major traumas Abdominal or pelvic sur	genutor CANCER	
Acute ischemic stroke		
History of PE		
] High Risk (Selection	Required)	
[] High risk of VTE		Routine, Once, PACU & Post-op
	logical Prophylaxis - Hip o al Patient (Single Respons	
	xist for pharmacologic	Routine, Once
prophylaxis		No pharmacologic VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op Page 12 of 2
ted on 1/28/2022 at 10 [.] 2		

(

() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30
CICI GREATER (nan 30 mb/min	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 Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
 Rivaroxaban and Pharmacy Consult (Selectio Required) 	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	ection
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op

DVT 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"
() Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
 Patient currently has an active order for 	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyiaxis	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyaxio	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 (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.
propriyidais	Therapy for the following:
	PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	Routine, Continuous, 1 ACO & Fost-op
() High Risk - Patient currently has an active orde	erfor
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	(he
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
 Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)

Printed on 1/28/2022 at 10:24 AM from TST Environment

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU
CICI GREATER than 30 mb min	& 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 CrCI GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs.
 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() worfaria (COUMADIN) tablat	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) (S	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of DVT - Non-Surgical (Select	ion
Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory	urs
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
] Moderate Risk (Selection Required)	
Moderate risk (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op

(

	Required) Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI GREATER than 3 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than mL/min Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op
()	with weight GREATER than 100 kg warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. 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 prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

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 cal Patient
(Single Response) (Selection Required)	Deutine Orec
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
L	contraindication(s):
	PACU & Post-op
 () Enoxaparin for VTE Prophylaxis (Single Resp () enoxaparin (LOVENOX) 30 mg Daily at 1700 	
[] enoxaparin (LOVENOX) so mg Daily at 1700	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	urs
[] 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 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 &
() honorin (noroino) injection (Decommended)	Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
() HEDorin (norcing) injection For Dation(-	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	STAT, Until discontinued, Starting S Indication:
(COUMADIN)	lection
[] Mechanical Prophylaxis (Single Response) (Se	
 [] Mechanical Prophylaxis (Single Response) (Se Required) () Contraindications exist for mechanical 	Routine, Once
 Mechanical Prophylaxis (Single Response) (Se Required) 	No mechanical VTE prophylaxis due to the following contraindication(s
 [] Mechanical Prophylaxis (Single Response) (Se Required) () Contraindications exist for mechanical 	

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
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	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):
 () heparin (porcine) injection () heparin (porcine) injection (Recommended 	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
1 High Rick (Selection Required)	
 [] High Risk (Selection Required) [] High risk of VTE 	Routine, Once, PACU & Post-op
 [] High Risk Pharmacological Prophylaxis - Hip c (Arthroplasty) Surgical Patient (Single Respon (Selection Required) 	or Knee
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection F	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCI 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
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) (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
_abs	
_abs	
X] Hemoglobin and hematocrit	Once, PACU & Post-op
.abs - AM	
] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
] CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
Partial thromboplastin time	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
] Prothrombin time with INR	AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op
abs - AM Daily x 3	
] Hemoglobin	AM draw repeats For 3 Occurrences, PACU & Post-op
maging	
CT CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU
	& Post-op
] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
<-ray	
] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op
] XR Spine Scoliosos 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Please add 32 millimeter image calibration necklace to the field of view. AP and Lateral view that includes C2 and femoral heads in single shot with patient standing with hips and knees extended., PACU & Post-op
] Cervical Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

[] Thoracic Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Lumbar Spine 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op
[] Thoracolumbar Spine 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1, PACU & Post-op

Respiratory

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: Wean prn., PACU & Post-op
Routine, Every hour For 999 Occurrences While awake., PACU & Post-op

Consults For Physician Consult orders use sidebar

Ancillary Consults

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

[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
	PACU & Post-op
[] Consult to Respiratory Therapy	Reason for Consult?
	PACU & Post-op
Physician Consults	
[X] Consult Intensive Care	Reason for Consult? Decline in ADL performance from
	baseline
	Patient/Clinical information communicated? Telephone
	Patient/clinical information communicated? Telephone
	PACU & Post-op
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?