

## General

## Admission (Single Response)

Patient has active status order on file

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

## Transfer (Single Response)

Patient has active inpatient status order on file

<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

## Code Status

<input type="checkbox"/> Full Code	Code Status decision reached by: Post-op
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Post-op
<input type="checkbox"/> Treatment Restrictions	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

## Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details

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

### Precautions

<input checked="" type="checkbox"/> Chemotherapy precautions	Details
<input checked="" type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Suicide precautions	Increased observation level needed: For 24 hours, Post-op
<input type="checkbox"/> Assault precautions	Post-op
<input type="checkbox"/> Neutropenic precautions	Post-op
<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Cardiac sternal precaution	Post-op
<input type="checkbox"/> Orthopedic spinal precautions	Post-op
<input type="checkbox"/> Safety precautions	Post-op
<input type="checkbox"/> Skin care precautions	Post-op
<input type="checkbox"/> Hip precautions, nsq to post anterior / posterior at bedside	Precaution: Post-op

## Nursing

### Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every hour, Starting S For 999 Occurrences, Post-op
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### Cardiac Monitoring

<input checked="" type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Cardiac monitoring	Routine, Continuous, Starting S Order: Place in Centralized Telemetry Monitor Reason for telemetry: High risk cardiac medication (vasoactive or antiarrhythmic) Can be off of Telemetry for tests and baths? Yes Post-op
<input checked="" type="checkbox"/> Cardiac monitoring alarms	Routine, Continuous, Starting S High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 90 Post-op

<input checked="" type="checkbox"/> Notify Physician (Cardiac Monitoring)	Routine, Until discontinued, Starting S Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate less than (BPM): 50 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Heart rate greater than (BPM): 110
<b>Activity</b>	
<input type="checkbox"/> Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: Night of surgery POD 0, Post procedure, Post-op
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Post-op
<input checked="" type="checkbox"/> Dangle at bedside	Routine, 3 times daily Op to chair evening of surgery if tolerated, Post procedure, Post-op
<input checked="" type="checkbox"/> Out of bed to chair	Routine, 3 times daily, Starting S+1 at 8:00 AM Specify: Up in chair Additional modifier: Post-op
<input checked="" type="checkbox"/> Ambulate with assistance	Routine, 4 times daily Specify: with assistance Ambulate patient 4 x per shift, Post-op
<input type="checkbox"/> Increase Activity	Routine, Until discontinued, Starting S+1 at 8:00 AM Modifier: As tolerated
<b>Nursing Assessments and Interventions</b>	
<input checked="" type="checkbox"/> Intake and output	Routine, Every hour For 999 Occurrences Post Procedure, Post-op
<input checked="" type="checkbox"/> Monitor urine output	Routine, Every shift Notify physician if urine output is less than 30 mL/hour or less than 250 mL/shift for patients treated with HIPEC with Mitomycin C or Oxaliplatin: For patients treated with HIPEC with Cisplatin, notify physician if urine output is less than 200 mL/hour., Post-op
<input type="checkbox"/> Measure height	Routine, Once For 1 Occurrences Post-Procedure
<input type="checkbox"/> Weigh patient	Routine, Once For 1 Occurrences Post-Procedure, Post-op
<input checked="" type="checkbox"/> Daily weights	Routine, Daily, Post-op
<input type="checkbox"/> Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-Procedure, Post-op
<input type="checkbox"/> POC Glucose Screen -Fingerstick	Routine, Once For 1 Occurrences Post-Procedure
<input type="checkbox"/> Bladder scan	Routine, Once If no void 6 hours post foley catheter removal, Post-op
<input type="checkbox"/> Tobacco cessation education	Routine, Once, Post-op
<input type="checkbox"/> Change dressing	Routine, Every shift Post-Procedure, Post-op
<input checked="" type="checkbox"/> Encourage turn, cough, and deep beathing	Routine, Every 2 hours For 999 Occurrences Post-Procedure, Post-op
<input checked="" type="checkbox"/> Elevate Head of Bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees

<input checked="" type="checkbox"/> Foley catheter care	Routine, Once For 1 Occurrences Rationale: Need to monitor output Orders: to gravity Indication: Acute need for strict I & O, Post-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Gravity Irrigate with 30 mL of water each shift. Place sign above bed stating: DO NOT REPOSITION NG TUBE. If NG tube comes out, do not replace., Post-op
<input type="checkbox"/> Jejunostomy tube Occlusion	Routine, Once Drainage: Intervention: If J-Tube becomes occluded, gently irrigate with 30 mL of warm water; if this does not clear the catheter, gently aspirate any content and flush again with warm water. If unsuccessful proceed to J-tube clog orders, Post-op
<input type="checkbox"/> Wound care orders	Routine, Every 12 hours Wound care to be performed by: Location: Site: Irrigate wound? Apply: Dressing Type: With soap and water. Only if incision is closed and intact with staples, Post-op
<input type="checkbox"/> Drain care (JP)	Routine, Until discontinued, Starting S Drain 1: Jackson Pratt Specify location: Drainage/Suction: To Compression (Bulb) Suction Flush drain with: Frequency: Every 8 hours Empty and record, Post-op
<input type="checkbox"/> Chest tube to water seal	Routine, Until discontinued, Starting S Drainage/Suction: Other (specify) Specify: Place to 20 cm Water Suction
<input type="checkbox"/> Patient position:	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op
<input checked="" type="checkbox"/> Oral care	Routine, Until discontinued, Starting S, Post-op
<input checked="" type="checkbox"/> Arterial line monitoring	Routine, Every shift Monitor arterial line while patient is in SICU. Discontinue prior to transfer to regular floor, Post-op

**Notify Physician**

<input checked="" type="checkbox"/> Notify Physician for vitals	Routine, Until discontinued, Starting S Temperature greater than: 38.5 Temperature less than: Systolic BP greater than: 170 Systolic BP less than: 110 Diastolic BP greater than: 90 Diastolic BP less than: 60 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Other: Patient having evidence of active bleeding (hematemesis, malena, hematochezia, hematuria) Urine Output less than: Notify physician if urine output is less than 30 mL/hour or less than 250 mL/shift for patients treated with HIPEC with Mitomycin C or Oxaliplatin: For patients treated with HIPEC with Cisplatin, notify physician if urine output is less than 200 mL/hour. No Urine Output Post Foley Removal for 8 hours, Post-op
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<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Urine Output less than: Post-op
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## Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Except Gum PRN, Except Hard Candy PRN, Except Ice chips Post-op
<input checked="" type="checkbox"/> Diet instructions to nursing	Routine, Every 8 hours, Starting S NPO: Except Ice chips 1 cup of ice chips every 8 hours., Post-op

## IV Fluids

### IV Flushes (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care Flush CVC, PICC, PIV per protocol using Push-Pause technique prior to and after each use OR when not being used in a 24-hour period, flush lumen every 12 hours. For flushing and locking of catheters used mainly for dialysis and Pediatric central lines, follow specific institutional order sets as direct by prescriber.
<input type="checkbox"/> sodium chloride 0.9 % flush	100 mL, intravenous, PRN, line care, Post-op May use for manifold. Flush per protocol.
<input type="checkbox"/> sodium chloride 0.9 % flush	250 mL, intravenous, PRN, line care, Post-op May use for manifold. Flush per protocol.

### IV Fluid Boluses

<input type="checkbox"/> HIPEC with MitoMYcin C or Oxaliplatin (Single Response)
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( ) albumin human 5 % bottle	12.5 g, intravenous, PRN, for urine output LESS than 30 mL/hr for two consecutive hours, Post-op May repeat for *** additional bolus *** total volume *** mL total) then call House Officer. Continue for 12 hours post procedure. Then, notify if urine output less than 30 mL/hr or LESS than 250 mL/shift. Indication:
[ ] HIPEC with CISplatin (PLATINOL) (Single Response)	
( ) albumin human 5 % bottle	25 g, intravenous, PRN, for urine output LESS than 30 mL/hr for two consecutive hours, Post-op May repeat for *** additional bolus *** total volume *** mL total) then call House Officer. Continue for 12 hours post procedure. Then, notify if urine output less than 30 mL/hr or LESS than 250 mL/shift. Indication:

### Maintenance IV Fluids

[ ] lactated ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[ ] HIPEC WITH CISplatin (PLATINOL)	
[ ] lactated ringer's infusion	200 mL/hr, intravenous, continuous, Post-op

## Medications

### JTube Clog (PostOp)

[ ] J-tube Occlusion	Routine, Once Drainage: Intervention: Gently irrigate with 30 mL of warm water; if this does not clear the catheter, gently aspirate any contents and flush again with warm water. If unsuccessful proceed to J-tube clog orders., Post-op
[ ] sodium bicarbonate tablet AND pancrelipase (CREON) capsule doses	<b>"And" Linked Panel</b>
[ ] sodium bicarbonate tablet	650 mg, j-tube, PRN, j-tube clog, Post-op If Warm Water irrigation is NOT successful: *Use Sodium Bicarbonate 650 mg and two Pancrealipase (Viokase or Creon) tablets, crushed in 5-15 mL of lukewarm water. *The solution should be infused into the feeding tube and capped for at least 15-30 minutes before trying to flush again.
[ ] pancrelipase (CREON DR 12) per capsule	2 capsule, j-tube, PRN, snacks, j-tube clog, Post-op If Warm Water irrigation is NOT successful: *Use Sodium Bicarbonate 650 mg and two Pancrealipase (Viokase or Creon) tablets, crushed in 5-15 mL of lukewarm water. *The solution should be infused into the feeding tube and capped for at least 15-30 minutes before trying to flush again.

### Continuing Medications from OR HIPEC perfusion with Cisplatin ONLY

[ ] sodium thiosulfate (TINVER) IVPB - Maintenance Dose (Continuation of OR dose)	25.56 g/m2, intravenous, at 41.7 mL/hr, for 12 Hours, continuous, Post-op Infuse over 12 hours. Continue the drip started in the OR.
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### Scheduled Medications

[X] ertapenem (INVanz) IVPB - POD 1	1,000 mg, intravenous, once, S at 8:00 AM, For 1 Doses, Post-op Reason for Therapy:
[ ] metoclopramide (REGLAN) injection - POD 1	10 mg, intravenous, every 6 hours, Post-op Start on Post-Op Day 1.
[ ] metoprolol (LOPRESSOR) 5 mg/5 mL injection	5 mg, intravenous, every 6 hours scheduled, Post-op BP & HR HOLD parameters for this order: Contact Physician if:

### Antiemetics (Single Response)

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 1st choice, Post-op
<input type="checkbox"/> promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, - 2nd choice, Post-op

#### Antacids

<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours scheduled, Post-op
<input checked="" type="checkbox"/> pantoprazole (PROTONIX) IV	40 mg, intravenous, daily, Post-op

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

#### Cardiovascular

<input type="checkbox"/> hydrALAZINE (APRESOLINE) IV	10 mg, intravenous, every 4 hours PRN, high blood pressure, Post-op BP HOLD parameters for this order: Contact Physician if:
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## VTE

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

VTE/DVT Risk Definitions

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTE\DVTRISK DEFINITIONS.pdf"

URL:

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

[Anticoagulation Guide for COVID patients](#)

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

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

- |   |  |
|---|--|
| <input type="checkbox"/> High risk of VTE   | Routine, Once, PACU & Post-op  |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

☐ Place sequential compression device (Single Response)

- |  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis      | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op  |

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

- |   |  |
|---|--|
| <input type="checkbox"/> High risk of VTE   | Routine, Once, PACU & Post-op  |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>PACU & Post-op |

☐ Place sequential compression device (Single Response)

- |  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis      | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):<br>PACU & Post-op |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous, PACU & Post-op  |

( ) LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

☐ Low Risk (Single Response) (Selection Required)

- |  |   |
|--|---|
| <input type="checkbox"/> Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation<br>PACU & Post-op |
|--|---|

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

☐ Moderate Risk (Selection Required)

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once, PACU & Post-op |
|---|-------------------------------|



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

<input type="checkbox"/> Place/Maintain sequential compression device continuous		Routine, Continuous, PACU & Post-op
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)		
Moderate Risk Definition		
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.		
One or more of the following medical conditions:		
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome		
Age 60 and above		
Central line		
History of DVT or family history of VTE		
Anticipated length of stay GREATER than 48 hours		
Less than fully and independently ambulatory		
Estrogen therapy		
Moderate or major surgery (not for cancer)		
Major surgery within 3 months of admission		
<input type="checkbox"/> Moderate Risk (Selection Required)		
<input type="checkbox"/> Moderate risk of VTE		Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device		<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous		Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis		<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/> enoxaparin (LOVENOX) syringe		40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min		30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min		30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min		40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

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

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) HIGH Risk of DVT - Non-Surgical (Selection Required)	
<p>High Risk Definition</p> <p>Both pharmacologic AND mechanical prophylaxis must be addressed.</p> <p>One or more of the following medical conditions:</p> <p>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)</p> <p>Severe fracture of hip, pelvis or leg</p> <p>Acute spinal cord injury with paresis</p> <p>Multiple major traumas</p> <p>Abdominal or pelvic surgery for CANCER</p> <p>Acute ischemic stroke</p> <p>History of PE</p>	
[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op Indication(s): VTE Prophylaxis
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
<p>High Risk Definition</p> <p>Both pharmacologic AND mechanical prophylaxis must be addressed.</p> <p>One or more of the following medical conditions:</p> <p>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)</p> <p>Severe fracture of hip, pelvis or leg</p> <p>Acute spinal cord injury with paresis</p> <p>Multiple major traumas</p> <p>Abdominal or pelvic surgery for CANCER</p> <p>Acute ischemic stroke</p> <p>History of PE</p>	
[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, PACU & Post-op
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) Apixaban and Pharmacy Consult (Selection Required)	
[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

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

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

VTE/DVT Risk Definitions

[Anticoagulation Guide for COVID patients](#)

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:

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

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

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/> Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation PACU & Post-op
<input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, PACU & Post-op
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis



( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[ ] Moderate Risk (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once, PACU & Post-op
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<b>"And" Linked Panel</b>	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1, PACU & Post-op For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S, PACU & Post-op For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op For patients with weight GREATER than 100 kg.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)	

### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

### ☐ High Risk (Selection Required)

☐ High risk of VTE Routine, Once, PACU & Post-op

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

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

### ☐ Enoxaparin for VTE Prophylaxis (Single Response)

#### ☐ enoxaparin (LOVENOX) 30 mg Daily at 1700

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

#### ☐ enoxaparin (LOVENOX) 30 mg Every 12 Hours

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

#### ☐ enoxaparin (LOVENOX) 40 mg Daily at 1700

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

#### ☐ enoxaparin (LOVENOX) 40 mg Every 12 Hours

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

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

☐ heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op

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

☐ HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op  
For patients with weight GREATER than 100 kg.

☐ warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1, PACU & Post-op  
Indication:

☐ Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

### ☐ Mechanical Prophylaxis (Single Response) (Selection Required)

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

☐ Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

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

### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

### ☐ High Risk (Selection Required)

☐ High risk of VTE Routine, Once, PACU & Post-op

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

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

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

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

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

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

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

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

☐ heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op

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

☐ HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op  
For patients with weight GREATER than 100 kg.

☐ warfarin (COUMADIN) tablet oral, daily at 1700, PACU & Post-op  
Indication:

☐ Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

### ☐ Mechanical Prophylaxis (Single Response) (Selection Required)

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

☐ Place/Maintain sequential compression device continuous Routine, Continuous, PACU & Post-op

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

### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

### [ ] High Risk (Selection Required)

[ ] High risk of VTE Routine, Once, PACU & Post-op

### [ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

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

<input type="checkbox"/> 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.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

## Labs

### Labs Today

<input checked="" type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Magnesium level	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> Ionized calcium	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Phosphorus level	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> CBC with platelet and differential	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> Type and screen	
<input checked="" type="checkbox"/> Type and screen	Once For 1 Occurrences PACU (only), PACU
<input checked="" type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation
<input type="checkbox"/> Electrolytes (Chem4)	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> B natriuretic peptide	Once For 1 Occurrences PACU (only), PACU
<input type="checkbox"/> Arterial blood gas	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences, Post-op

### Daily Labs

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input type="checkbox"/> Reticulocyte count	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input type="checkbox"/> B natriuretic peptide	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
<input type="checkbox"/> Type and screen	
<input type="checkbox"/> Type and screen	AM draw, Starting S+1 For 1 Occurrences, Post-op
<input type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation

### Hepatic Function

<input type="checkbox"/> Albumin level	AM draw repeats, Starting S+1 For 1 Occurrences, Post-op
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<input type="checkbox"/> Prealbumin level	AM draw repeats, Starting S+1 For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Albumin level	Weekly, Starting S+1 at 2:00 AM For 3 Occurrences, Post-op
<input checked="" type="checkbox"/> Prealbumin level	Weekly, Starting S+1 at 2:00 AM For 3 Occurrences, Post-op

## Blood Gas

<input type="checkbox"/> Arterial blood gas	Once For 1 Occurrences, Post-op
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## Coagulation

<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences, Post-op
<input type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences, Post-op

## Imaging

### X-Ray

<input type="checkbox"/> XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 at 4:00 AM For 1 , Post-op
<input type="checkbox"/> XR Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences IN PACU, PACU

## Respiratory

### Respiratory

<input checked="" type="checkbox"/> Oxygen therapy	Routine, Continuous For Until specified Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Immediate post-op period Post-op
<input type="checkbox"/> Pulse oximetry	Routine, Continuous For Until specified Current FIO2 or Room Air: Post-op
<input type="checkbox"/> Nasal canula oxygen therapy	Routine, Continuous Usage: Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Post-op
<input checked="" type="checkbox"/> Incentive spirometry	Routine, Every hour For 999 Occurrences Patient to perform 10 times every hour while awake until discharged., Post-op
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Aerosol Delivery Device:
<input type="checkbox"/> ipratropium-albuterol (DUONEB) nebulizer solution 0.5-2.5 mg/3 mL	<b>"And" Linked Panel</b>
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath, Wheezing Aerosol Delivery Device:
<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:

## Education

### Education

<input type="checkbox"/> G-Tube Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Start G-Tube Care. Start teaching on tube-feeding Post-op
<input type="checkbox"/> J-tube Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Start J-Tube Care. Start teaching on tube-feeding Post-op
<input checked="" type="checkbox"/> Post Precedure Education	Routine, Once For 1 Occurrences Patient/Family: Education for: Other (specify) Specify: Educate on post gastrectomy diet, Post-op

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Reason for Consult? Discharge planning Post-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult? Discharge planning Post-op
<input checked="" type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): 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: Post-op
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Post-op
<input checked="" type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): 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: Post-op
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
<input type="checkbox"/> 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: Post-op
<input type="checkbox"/> Consult Intensive Care	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op
<input type="checkbox"/> Consult Nephrology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op



<input type="checkbox"/> Consult Neurology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op
<input type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Post-op