Cesarean Section PostOp [1413]

Enhanced Recovery After Surgery (ERAS) Orders

Guidelines for postoperative care in cesarean delivery: Enhanced Recovery After Surgery (ERAS) Society recommendations	URL: "https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0002937819305721?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0002937819305721%3Fshowall%3Dtrue&referrer="
Postoperative urinary catheter removal for Enhanced	URL: "https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S0002937820300612.pdf?locale=en_US&searchIndex="
Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration	URL: "https://anesthesiology.pubs.asahq.org/article.aspx?articleid=1924718"

ERAS Diet and Nutrition-Encourage early oral intake and advance diet as tolerated

Click here for ERAS Guidelines	URL: "\\appt1\epicappprod\Restricted\OrderSets\Guidelines for postoperative care in cesarean delivery.pdf"

[ ]	Clear liquid now-Advance to regular 2 hours postop	Diet effective now, Starting S Diet(s): Regular Other Options: Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: Advance to regular diet 2 hours postop IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Clear liquids first 2 hours post op then regular diet., PACU & Post-op
[ ]	Chew gum 4 times a day 4 hours after procedure or once on regular diet	Routine, Once, Starting S For 1 Occurrences, PACU & Post-op

ERAS Activity-Encourage early mobilization and ambulation

[ ]	Assess ability to bear weight in 4 hours postop; May start ambulation once able to bear weight	Routine, Until discontinued, Starting S For Until specified, Post-op

ERAS Urinary catheter-Recommend early removal of urinary catheter between 2 to 12 hours postop

Click here for ERAS urinary catheter removal guidelines	URL: "\\appt1\epicappprod\Restricted\OrderSets\Postoperative urinary catheter removal for Enhanced.pdf"

[ ]	Remove Foley catheter (Do not remove if patient is on magnesium sulfate, had postpartum hemorrhage or bladder injury)	Routine, Once, Starting S Discontinue foley in *** hours., Post-op

ERAS Pain Medications

When selecting pain medications within this section, please be sure to deselect duplicate medications from the pain control section of this order set.

[ ] Scheduled

Select one scheduled NSAID and one scheduled Tylenol order

[ ] ibuprofen (MOTRIN) tablet (Single Response) (Selection Required)

( )	ibuprofen (ADVIL) tablet 800 mg	800 mg, oral, every 8 hours scheduled, Starting H+24 Hours Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

( ) ibuprofen (ADVIL) tablet 600 mg	600 mg, oral, every 6 hours scheduled, Starting H+24 Hours Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

[ ] acetaminophen (TYLENOL) tablet (Single Response) (Selection Required)

( ) acetaminophen ER (TYLENOL) 650 mg	1,300 mg, oral, every 8 hours scheduled, Starting S+1 Start 8 hours after last Tylenol dose, begin after anesthesia care ends.
( ) acetaminophen (TYLENOL) tablet 1000 mg	1,000 mg, oral, every 6 hours scheduled, Starting H+24 Hours Start 6 hours after last Tylenol dose, begin after anesthesia care ends.
( ) acetaminophen (TYLENOL) tablet 650 mg	650 mg, oral, every 6 hours scheduled, Starting H+24 Hours Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

[ ] PRN ONLY for Moderate to Severe Pain (Single Response)

( ) oxyCODONE (ROXICODONE) IR 5 mg and 10 mg

[ ] oxyCODone (ROXICODONE) IR tablet 5 mg	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours
[ ] oxyCODone (ROXICODONE) IR tablet 10 mg	10 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours
( ) oxyCODONE (ROXICODONE) IR tablet 5 mg	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10), Starting H+24 Hours Start after Anesthesia care ends

General

Admission Orders (Single Response) (Selection Required)

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

(X) Admit to L&D	Admitting Physician: Diagnosis: Pregnancy Bed request comments: PACU & Post-op

Code Status

@CERMSG(674511:)@

[X] Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

( ) 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 ((For use when a patient is NOT in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op

Isolation

[ ]	Airborne isolation status	
[ ]	Airborne isolation status	Details
[ ]	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[ ]	Contact isolation status	Details
[ ]	Droplet isolation status	Details
[ ]	Enteric isolation status	Details

Precautions

[ ]	Aspiration precautions	Post-op
[ ]	Fall precautions	Increased observation level needed: Post-op
[ ]	Latex precautions	Post-op
[ ]	Seizure precautions	Increased observation level needed: Post-op

Common Present on Admission Diagnosis

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

Nursing

Vital signs

[X] OB Vital Signs-P/R/BP	Routine, Every 15 min Nurse to reschedule vitals:" -Every 15 minutes for 8 times (First 2 hours) -Every 1 hour for 10 times (Next 10 hours) -Every 2 hours for 6 times (Next 12 hours) -Followed by floor protocol (Subsequent hours), PACU & Post-op
[X] Check temperature	Routine, Conditional Frequency Nurse to reschedule vitals: -Every 15 minutes if hypothermic: <96.8°F or < 36°C until normothermia is achieved (First 2 hours) OR -Every 1 hour for 2 times if normothermic: 96.9°F - 100.3°F or 36°C - 37.9°C (First 2 hours) -Every 4 hours for 2 times (Next 8 hour) -Every 8 hours (Subsequent hours) (Assess more frequently when febrile: greater than or equal to 100.4°F or greater than or equal to 38°C), PACU & Post-op
[ ] Intake and output	Routine, Every shift, PACU & Post-op

Activity

[X] Ambulate with assistance	Routine, Until discontinued, Starting S Specify: with assistance Provide assistance as needed, Post-op

Nursing care

[ ] Saline lock IV	Routine, Continuous, Post-op
[ ] Breast pump to bed	Routine, Once, Post-op
[ ] Abdominal binder	Routine, Once Waking hours only? Nurse to schedule? Special Instructions: Post-op
[X] Encourage deep breathing and coughing	Routine, Every 2 hours Until ambulatory, Post-op
[X] Incentive spirometry	Routine, Every 2 hours Place at bedside. Encourage patient to use., Post-op
[ ] K-pad to bedside	Routine, Until discontinued, Starting S, Post-op
[X] Remove Foley catheter	Routine, Once When patient is able to ambulate, Post-op
[X] Bladder scan	Routine, As needed Bladder scan if patient has not voided in 6 hours post foley removal. If urine present, assist patient to void, preferably in upright position, on bedpan. Notify physician if patient unable to void., Post-op

[X] Assist patient to void on bedpan post epidural removal if unable to void and is fall risk	Routine, As needed If patient unable to void, scan bladder and assist to void on bedpan, preferably in upright position. If patient is still unable to void notify physician. See orders for straight cath and inserting foley., Post-op
[X] Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan & bedpan: If regional block and unable to void, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op
[X] Insert and maintain Foley	
[X] Insert Foley catheter	Routine, Once For 1 Occurrences Type: Size: Urinometer needed: If regional block and unable to void post straight cath x 1, then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op
[X] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
[X] Uterine fundal massage	Routine, Every 4 hours For Until specified Uterine Fundal Massage postpartum for 24 hour and PRN, PACU & Post-op

Nursing POD 2

[ ] Activity as tolerated	Routine, Until discontinued, Starting S+2 Specify: Activity as tolerated Post-op
[ ] Remove abdominal dressing 48 hours PostOP	Routine, Until discontinued, Starting S+2, Post-op
[ ] Saline lock IV	Routine, Continuous, Post-op
[ ] Discontinue IV	Routine, Once, Starting S+2 After epidural is removed., Post-op
[ ] Call for discharge order when:	Routine, Until discontinued, Starting S+2 at 12:00 PM Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions, Post-op

Nursing POD 3

[X] Call for discharge order when:	Routine, Until discontinued, Starting S+3 Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions
[ ] Remove staples	Routine, Once, Starting S+3 Notify MD for removal of staples: apply benzoin tincture and steri-strips., Post-op

Notify

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: 96.8 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than: 94
[ ] Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, PACU & Post-op
[ ] Notify Lactation Consult to see patient	Routine, Until discontinued, Starting S, Post-op

Diet

[ ] NPO except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: Post-op
[ ] Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[X] Diet - Advance to Regular	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Advance diet as tolerated 12 hours PostOP, Post-op

IV Fluids

IV Fluids

[X] lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[ ] dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op

Medications

Vaccines - If NOT given during pregnancy - NOT HMSJ

[X] measles-mumps-rubella Vaccine	0.5 mL, subcutaneous, once PRN, immunization, Post-op Patient Consent if Rubella Non-Immune. If NOT given during pregnancy
[X] diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, immunization, Post-op Upon patient consent and prior to discharge. If NOT given during pregnancy

Gastrointestinal Care

[X]	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
[ ]	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly, Post-op
[X]	simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, gas pain, Post-op
[ ]	alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension	30 mL, oral, every 3 hours PRN, indigestion, gas pain, Post-op
[X]	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op

Fever Care

[X]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.3, Post-op

Breast Care

[X]	lanolin cream	1 application, Topical, PRN, dry skin, discomfort, Post-op

PostPartum Oxytocin

[X]	oxytocin (PITOCIN) Bolus and Maintenance Infusion	**"Followed by" Linked Panel**
[X]	oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, for 30 Minutes, once, For 1 Doses, Post-op
[X]	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous, Starting H+30 Minutes, Post-op Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours) Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.

Bleeding Medications Postpartum (Single Response)

( )	oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	**"And" Linked Panel**

methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg

[ ]	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
[ ]	methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg

( )	oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	**"And" Linked Panel**
[ ]	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
[ ]	carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Post-op
[ ]	diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Post-op

( )	oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	**"And" Linked Panel**
[ ]	oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Post-op If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr
[ ]	misoprostol (CYTOTEC) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Post-op Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

( )	tranexamic acid (CYCLOKAPRON) IVPB	1,000 mg, intravenous, for 10 Minutes, PRN, Post-op

Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), for non-breast feeding mothers, Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Mild Pain (Pain Score 1-3) - HMSL Only (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. Maximum of 4 grams of acetaminophen per day

Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Moderate Pain (Pain Score 4-6) - HMSJ Only (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( )	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( )	HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( )	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
( )	oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Moderate Pain (Pain Score 4-6) - HMSL Only (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( )	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( )	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. 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:
( )	oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Severe Pain (Pain Score 7-10) - NOT HMSL (Single Response)
Start after PCA discontinued or 24 hours after Duramorph injection.

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.
( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
( ) morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Severe Pain (Pain Score 7-10) - HMSL Only (Single Response)

Start after PCA discontinued or 24 hours after Duramorph injection.

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
( ) morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Starting H+24 Hours, Post-op Start after PCA discontinued or 24 hours after Duramorph injection.

Adjunct Pain Medication (Single Response)

( ) ketorolac (TORADOL) IV (Single Response)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, severe pain (score 7-10), cramping, laceration or incision pain, Starting H+24 Hours
( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, severe pain (score 7-10), cramping, laceration or incision pain, Starting H+24 Hours

( ) ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Starting H+24 Hours, Post-op May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give ondansetron (ZOFRAN) as first choice for Antiemetic
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give if ondansetron (ZOFRAN) is ineffective.

Antiemetics - HMSL, HMWB Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give as first choice for antiemetic.
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 8 hours PRN, nausea, vomiting 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.

Antiemetics - HMSTJ Only

[X] promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV	**"Or" Linked Panel**
[X] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give as first choice for Antiemetic.
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Starting H+24 Hours, Post-op Give if ondansetron (ZOFRAN) is ineffective.

Insomnia: Zolpidem for Patients LESS than 70 years of age (Single Response)

(X) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op

Itching

[X] diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
[ ] diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 4 hours PRN, itching, severe itching, Post-op Contact anesthesiologist if administering within 24 hours of receiving Duramorph
[ ] nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, itching, Starting H+24 Hours, Post-op If itching not alleviated by Benadryl

Rh Negative Mother

Nursing

[X] Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.	Routine, Until discontinued, Starting S, Post-op

Labs

[X] Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Post-op
[ ] Rhogam Type and Screen	Once, Post-op

Medication

[X] rho(D) immune globulin (HYPERRHO/RHOGAM) injection	300 mcg, intramuscular, PRN, Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery., For 1 Doses, Post-op

VTE

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

VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

( ) LOW Risk of DVT (Selection Required)

No more than one minor risk factors; No major risk factors
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

[ ] Low risk of VTE	Routine, Once Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory

( ) MODERATE Risk of DVT (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once, Post-op

[ ] Pharmacological Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis

( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) HEParin subcutaneous	
[ ] HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
[ ] Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, Post-op

( ) HIGH Risk of DVT - Prophylaxis (Selection Required)

Mechanical prophylaxis prior to cesarean AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date.
High risk thrombophilia with no prior VTE
Prior idiopathic or estrogen related VTE
Low risk thrombophilia AND (family history of VTE OR single prior VTE)
Receiving outpatient prophylactic LMWH or UFH

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once, Post-op
[ ] Pharmacological Prophylaxis (Single Response)	
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) HEParin subcutaneous	
[ ] HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
[ ] Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Post-op

( ) HIGH Risk of DVT - Therapeutic (Selection Required)

Mechanical prophylaxis prior to cesarean and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date.
Patients already receiving outpatient therapeutic LMWH or UFH
Multiple prior VTEs
High risk thrombophilia AND prior VTE

[ ] High Risk (Selection Required)

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

[ ] Pharmacological Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) injection

[ ] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
[ ] Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
[ ] Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op

( ) CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection

[ ] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
[ ] Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
[ ] Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op
( ) Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, Post-op

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

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

[ ] Moderate risk of VTE	Routine, Once, 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:

[ ] Place sequential compression device (Single Response)

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

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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:

[ ] Place sequential compression device (Single Response)

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

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

[ ] High risk of VTE	Routine, Once
[ ] 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:

[ ] Place sequential compression device (Single Response)

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

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

[ ] High risk of VTE	Routine, Once
[ ] 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:

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous — Routine, Continuous

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions — URL: "\\appt1\epicappprod\Restricted\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

( ) LOW Risk of DVT (Selection Required)

No more than one minor risk factors; No major risk factors
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

[ ] Low risk of VTE — Routine, Once
Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory

[ ] Place sequential compression device (Single Response)

( ) Contraindications exist for mechanical prophylaxis — Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous — Routine, Continuous
While in bed AND until fully ambulatory

( ) MODERATE Risk of DVT (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.
Minor Risk Factors Major Risk Factors
Multiple gestation BMI > 35 at delivery
Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE — Routine, Once, Post-op

[ ] Pharmacological Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) injection — 40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection — 30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection — 40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

( ) HEParin subcutaneous

[ ] HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
[ ] Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

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

( ) HIGH Risk of DVT - Prophylaxis (Selection Required)

Mechanical prophylaxis prior to cesarean AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date.
High risk thrombophilia with no prior VTE
Prior idiopathic or estrogen related VTE
Low risk thrombophilia AND (family history of VTE OR single prior VTE)
Receiving outpatient prophylactic LMWH or UFH

[ ] High Risk (Selection Required)

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

[ ] Pharmacological Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis

( ) HEParin subcutaneous

[ ] HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Post-op Wait at least 1 hour after epidural catheter removal before administering heparin
[ ] Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Post-op
( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Post-op

( ) HIGH Risk of DVT - Therapeutic (Selection Required)

Mechanical prophylaxis prior to cesarean and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date.
Patients already receiving outpatient therapeutic LMWH or UFH
Multiple prior VTEs
High risk thrombophilia AND prior VTE

[ ] High Risk (Selection Required)

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

[ ] Pharmacological Prophylaxis (Single Response)

( ) enoxaparin (LOVENOX) injection

[ ] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
[ ] Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
[ ] Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op

( ) CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection

[ ] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours scheduled, Starting H+24 Hours, Post-op Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
[ ] Basic metabolic panel - STAT	STAT For 1 Occurrences, Post-op
[ ] Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Post-op

( ) Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Post-op
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Post-op

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, Post-op

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

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

[ ] Moderate risk of VTE	Routine, Once, 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:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

[ ] High risk of VTE	Routine, Once
[ ] 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:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

[ ] High risk of VTE	Routine, Once
[ ] 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:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

Labs

Hematology

[ ] Hemoglobin	AM draw For 1 Occurrences, Post-op
[ ] Hematocrit	AM draw For 1 Occurrences, Post-op

[ ]	CBC hemogram	AM draw For 1 Occurrences, Post-op
[ ]	CBC with differential	AM draw For 1 Occurrences, Post-op
[ ]	Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency For 1 Occurrences Specimen Source: Urine Specimen Site: Clean catch, one activation for temperature greater than 101, Post-op

Hypertensive Lab Panel

[ ]	Pre-Eclamptic Lab Panel	
[ ]	CBC with differential	Once, Post-op
[ ]	Comprehensive metabolic panel	Once, Post-op
[ ]	Prothrombin time with INR	Once, Post-op
[ ]	Partial thromboplastin time	Once, Post-op
[ ]	Fibrinogen	Once, Post-op
[ ]	Uric acid	Once, Post-op
[ ]	LDH	Once, Post-op
[ ]	Urine Protein and Creatinine	
[ ]	Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[ ]	Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[X]	Consult to Lactation Support	Reason for Lactation Consult: Post-op, If needed
[ ]	Consult to Social Work	Reason for Consult: Post-op
[ ]	Consult to Spiritual Care	Reason for consult? Post-op