

**Cesarean Section PostOp** Only Appears If: **HM SB INPATIENT**

Default Phase of Care: Post-op  
ERAS orders now in the related section

**General**

**Admission Orders (Selection Required)** Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

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

**Admit to L&D**

Diagnosis:  
Phase of Care: PACU & Post-op  
Process Instructions:

**Questions:**

Admitting Physician:  
Diagnosis: Pregnancy  
Bed request comments:

**Code Status** Only Appears If: **SB PHYSICIAN ONLY NO RESIDENTS OR FELLOWS**

@CERMSGREFRESHOPT(674511:21703,,1)@

**Code Status**

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

**Full code**

Phase of Care: Post-op

**Questions:**

Code Status decision reached by:  Patient ]  Patient by means of Directive ]  Legal Surrogate ]

**DNR (Do Not Resuscitate) (Selection Required)**

**DNR (Do Not Resuscitate)**

Phase of Care: Post-op

**Questions:**

Did the patient/surrogate require the use of an interpreter?  Yes ]  No ]  
Did the patient/surrogate require the use of an interpreter?  Yes ]  No ]  
Does patient have decision-making capacity?  Yes ]  No ]

**Consult to Palliative Care Service (Selection Required)** Only Appears If: **SB IP ORDERSET NOT HMSTC**

**Consult to Palliative Care Service**

Comments:  
Process Instructions:

**Questions:**

Priority:  24 Hrs. ]  Same Day ]  ASAP ]  
Reason for Consult?  Assistance with advance directives ]  Assistance with clarification of goals of care ]  Assistance with withdrawal of life prolonging interventions ]  Hospice discussion ]  Facilitation of Family Care Conference ]  Pain ]  Psychosocial support ]  Symptom management ]  End of Life Care Discussion ]  Introductions/Established Care ]  Other ]  
Order?  Make recommendations only ]  Make recommendations and write orders ]  
Name of referring provider:  
Enter call back number:

**Consult to Social Work**

Phase of Care: Post-op  
Comments:

**Questions:**

Reason for Consult:  Adoption ]  Chemical Dependency ]  Deaf ]  Discharge Planning ]  Fetal Demise ]  Discharge Placement ]  Hospice Referral ]  SNF ]  Suspected Abuse ]  Suspected Domestic Violence ]  Teen Pregnancy ]  Human Trafficking ]  Dialysis Placement ]  SDOH ]  Other Specify ]

( ) Modified Code

Phase of Care: Post-op

Questions:

Did the patient/surrogate require the use of an interpreter? [ Yes ] [ No ]  
Did the patient/surrogate require the use of an interpreter? [ Yes ] [ No ]  
Does patient have decision-making capacity? [ Yes ] [ No ]  
Modified Code restrictions: [ No Intubation ] [ No Chest Compressions ] [ No Electrical Shocks ] [ No Resuscitative Drugs ]

[ ] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

Phase of Care: Post-op

Questions:

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. [ Yes ]  
Treatment Restriction decision reached by: [ Patient ] [ Patient by means of Directive ] [ Legal Surrogate ]  
Specify Treatment Restrictions: [ No Intubation and mechanical ventilation ] [ No Re-intubation ] [ No Non-invasive ventilation ] [ No Electrical shock/cardioversion ] [ No Pacemaker ] [ No Pressors/Inotropes/Chronotropes ] [ No Increases in Pressors/Inotropes/Chronotropes ] [ No Invasive hemodynamic monitoring ] [ No Dialysis ] [ No Antibiotics ] [ No Infusion of blood products ] [ No Intravenous fluids ] [ No Artificial nutrition/artificial hydration ] [ No Intensive care unit ] [ Other Treatment Restrictions ]

Isolation

[ ] Airborne isolation status (Selection Required)

[X] Airborne isolation status

Comments:

[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Frequency: **Once** [ STAT ] [ AM Draw ] [ Timed ]  
Specimen type:  
Specimen source:  
Comments:  
Phase of Care: Post-op

[ ] Contact isolation status

Comments:

[ ] Droplet isolation status

Comments:

[ ] Enteric isolation status

Comments:

Precautions

[ ] Aspiration precautions

Comments:  
Process Instructions:  
Phase of Care: Post-op

[ ] Fall precautions

Comments:  
Process Instructions:  
Phase of Care: Post-op

Questions:

Increased observation level needed: [ Yes ] [ No ]

[ ] Latex precautions

Comments:  
Process Instructions:  
Phase of Care: Post-op

[ ] Seizure precautions

Comments:  
Process Instructions:  
Phase of Care: Post-op

Questions:

Increased observation level needed: [ Yes ] [ No ]

Common Present on Admission Diagnosis

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Acidosis

Phase of Care: Post-op

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Acute Post-Hemorrhagic Anemia

Phase of Care: Post-op

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Acute Renal Failure

Phase of Care: Post-op

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Acute Respiratory Failure

Phase of Care: Post-op

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Acute Thromboembolism of Deep Veins of Lower Extremities

Phase of Care: Post-op

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Anemia

Phase of Care: Post-op

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Bacteremia

Phase of Care: Post-op

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Bipolar disorder, unspecified

Phase of Care: Post-op

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Cardiac Arrest

Phase of Care: Post-op

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Cardiac Dysrhythmia

Phase of Care: Post-op

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Cardiogenic Shock

Phase of Care: Post-op

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Decubitus Ulcer

Phase of Care: Post-op

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Dementia in Conditions Classified Elsewhere

Phase of Care: Post-op

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Disorder of Liver

Phase of Care: Post-op

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Electrolyte and Fluid Disorder

Phase of Care: Post-op

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Intestinal Infection due to Clostridium Difficile

Phase of Care: Post-op

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Methicillin Resistant Staphylococcus Aureus Infection

Phase of Care: Post-op

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Obstructive Chronic Bronchitis with Exacerbation

Phase of Care: Post-op

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Other Alteration of Consciousness

Phase of Care: Post-op

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Other and Unspecified Coagulation Defects

Phase of Care: Post-op

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Other Pulmonary Embolism and Infarction

Phase of Care: Post-op

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Phlebitis and Thrombophlebitis

Phase of Care: Post-op

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Protein-calorie Malnutrition

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Phase of Care: Post-op

Psychosis, unspecified psychosis type

Phase of Care: Post-op

Schizophrenia Disorder

Phase of Care: Post-op

Sepsis

Phase of Care: Post-op

Septic Shock

Phase of Care: Post-op

Septicemia

Phase of Care: Post-op

Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled

Phase of Care: Post-op

Urinary Tract Infection, Site Not Specified

Phase of Care: Post-op

Order Panels

Postpartum Condition Specific Orders

Magnesium Sulfate OB Panel (Selection Required)

Vital Signs (Selection Required)

Neuro checks

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Until discontinued, Starting S ]** [ Q15 Min ] [ Q30 Min ] [ Q1H ] [ Q2H ] [ Q4H ]

Comments: Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order. Notify physician for decrease or change in level of consciousness.

Phase of Care:

Pulse oximetry

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every 2 hours ]** [ Once ] [ Daily ] [ Q PM ] [ Continuous ] [ HS only ]

Comments: Monitor continuously throughout loading dose and then spot check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94%

Phase of Care:

Questions:

Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

Vital signs - T/P/R/BP

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every 5 min ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]

Comments: Prior to administration of Magnesium Sulfate. Every 5 minutes during loading dose, then every 30 minutes until stable, then hourly 8 times then, if stable, every 4 hours.

Phase of Care:

Nursing (Testing) (Selection Required)

Assess breath sounds

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every 2 hours ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments: Monitor maternal respiratory effort and breath sounds every 2 hours. Notify physician for shortness of breath or tightness in chest.

Phase of Care:

Questions:

Assess: breath sounds

Assess for Magnesium Toxicity

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every 15 min, Starting S ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments:

Monitor and document. Acquire a baseline measurement prior to infusion therapy, then assess deep tendon reflex's (DTR), level of consciousness (LOC) and orientation, clonus, headache, visual disturbances, nausea/vomiting, and epigastric pain every 15 minutes times 1 hour, then every 30 minutes times 1 hour. Following the first two hours of magnesium infusion monitor DTR's every 2 hours or

per physician order. Notify physician for decreased or absent deep tendon reflexes.

Phase of Care:

**Assess for PreEclampsia**

Priority: **Routine** [ STAT ]

Frequency: **Once** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments: Monitor for Non Remitting Headache, Visual Disturbances, Epigastric Pain, and Clonus every 15 min times 1 hour, then every 30 minutes times 1 hour during magnesium bolus then every 2 hours while on magnesium sulfate.

Phase of Care:

**Questions:**

Assessment to Perform: [ Cranial Nerves ] [ Glasgow Coma Scale ] [ Level of Consciousness ] [ Level of Sedation ] [ Pupils ] [ Spinal exams ]

**Daily weights**

Priority: **Routine** [ STAT ]

Frequency: **Daily**

Comments:

Phase of Care:

**Toileting - Bedside commode**

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Q Shift ] [ Daily ]

Comments:

Phase of Care:

**Questions:**

Specify: [ Bathroom privileges ] [ Bedside commode ] [ Encourage frequent voiding ]

**Strict intake and output**

Priority: **Routine** [ STAT ]

Frequency: **Every hour** [ Q1H ] [ Q4H ] [ Q8H ]

Comments:

Phase of Care:

**Limit total IV fluid intake to 125 cc/hr**

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Once ] [ Until Discontinued ]

Comments:

Phase of Care:

**Insert and maintain Foley (Selection Required)**

**Insert Foley catheter**

Priority: **Routine** [ STAT ]

Frequency: **Once** [ Q4H ] [ Q Shift ] [ Daily ]

Comments: Foley catheter may be removed per nursing protocol.

Phase of Care:

**Questions:**

Type: [ 2 Way ] [ 3 Way ] [ Coude ] [ Temperature Sensing ]

Size: [ 14 French ] [ 16 French ] [ 18 French ]

Urinometer needed: [ Yes ] [ No ]

**Foley Catheter Care**

Priority: **Routine** [ STAT ]

Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Daily ]

Comments:

Phase of Care:

**Questions:**

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] **Maintain** [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

**Activity (Selection Required)**

**Strict bed rest**

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Q Shift ] [ Daily ]

Comments:  
Phase of Care:

**Bed rest with bathroom privileges**

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care:

**Questions:**

Bathroom Privileges: **[ with bathroom privileges ]** [ with bedside commode ]

**Bed rest with bathroom privileges for BM only**

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments: For bowel movement only  
Phase of Care:

**Questions:**

Bathroom Privileges: **[ with bathroom privileges ]** [ with bedside commode ]

**Diet (Selection Required)**

**NPO**

Frequency: **[ Diet effective now, Starting S ]** [ Effective Midnight ] [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]  
Comments:  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.  
Phase of Care:

**Questions:**

NPO: [ Except meds ] [ Except Ice chips ] [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

**NPO with ice chips**

Frequency: **[ Diet effective now, Starting S ]** [ Effective Midnight ] [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]  
Comments: 1/2 cup per hour  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.  
Phase of Care:

**Questions:**

NPO: [ Except meds ] **[ Except Ice chips ]** [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

**Diet - Clear liquids**

Frequency: **[ Diet effective now, Starting S ]** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments:  
Phase of Care:

**Questions:**

Diet(s): [ Regular ] **[ Clear Liquids ]** [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Advance Diet as Tolerated? [ Yes ] [ No ]  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:  
Cultural/Special: [ Kosher ] [ Middle Eastern ] [ Vegetarian ] [ Gluten Free ] [ Vegan ]  
Other Options: [ Finger Foods ] [ Safety Tray ]

**Notify (Selection Required)**

**Notify Physician for validated vitals:**

Priority: Routine  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Once ]  
Comments: For validated vital signs and for urine output less than 30 milliliters per hour

Questions:

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Temperature greater than: 100.3  
Temperature less than:  
Systolic BP greater than:  
Systolic BP less than:  
Diastolic BP greater than:  
Diastolic BP less than:  
MAP less than:  
Heart rate greater than (BPM):  
Heart rate less than (BPM):  
Respiratory rate greater than:  
Respiratory rate less than: 10  
SpO2 less than: 95

[X] Notify Physician for magnesium

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Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care:

Questions:

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BUN greater than:  
Creatinine greater than:  
Glucose greater than:  
Glucose less than:  
Hct less than:  
Hgb less than:  
LDL greater than:  
Magnesium greater than (mg/dL): 8  
Magnesium less than (mg/dL): 4  
Platelets less than:  
Potassium greater than (mEq/L):  
Potassium less than (mEq/L):  
PT/INR greater than:  
PT/INR less than:  
PTT greater than:  
PTT less than:  
Serum Osmolality greater than:  
Serum Osmolality less than:  
Sodium greater than:  
Sodium less than:  
WBC greater than:  
WBC less than:  
Other Lab (Specify):

[X] IV Fluids (Selection Required)

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[X] lactated ringers (LR) or sodium chloride 0.9% (NS) infusion (Selection Required)

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Due to IV shortage, LR or NS will be administered based on availability

lactated ringer's infusion

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Dose: [ 50 mL/hr ] **[ 75 mL/hr ]** [ 100 mL/hr ] [ 125 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration: [ 1 Hours ] [ 4 Hours ] [ 8 Hours ]  
Frequency: **[ once ]** [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

Or

sodium chloride 0.9 % infusion

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Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ once ]** [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses

Phase of Care:  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

[X] Magnesium Sulfate (Selection Required)

( ) Magnesium Sulfate 6 gm Loading and Maintenance Infusion (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care:

[X] magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion (Selection Required)

Loading Dose - magnesium sulfate 6 grams IV bolus from bag

Dose: [ 4 g ] **[ 6 g ]**  
Route: **[ intravenous ]**  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: **[ once ]** [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Loading Dose - Bolus from Bag  
Indications:

Followed by

Maintenance Dose - magnesium sulfate IV

Dose: [ 1 g/hr ] [ 2 g/hr ] [ 3 g/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start: Starting H+30 Minutes  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

( ) magnesium sulfate 4 gm Loading and Maintenance Infusion (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care:

[X] magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion (Selection Required)

Loading Dose - magnesium sulfate 4 grams IV bolus from bag

Dose: **[ 4 g ]** [ 6 g ]  
Route: **[ intravenous ]**  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: **[ once ]** [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Loading Dose - Bolus from Bag  
Indications:

Followed by

Maintenance Dose - magnesium sulfate IV

Dose: [ 1 g/hr ] [ 2 g/hr ] [ 3 g/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:



Frequency: **continuous** [ Continuous ]  
Frequency Start: Starting H+30 Minutes  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

( ) Magnesium Sulfate Maintenance Only (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

Priority: **Routine**  
Frequency: **Until discontinued, Starting S** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care:

[X] magnesium sulfate in water 20 gram/500 mL (4 %) infusion

Dose: [ 1 g/hr ] **2 g/hr** [ 3 g/hr ] [ 4 g/hr ]  
Route: **intravenous**  
Rate:  
Duration:  
Frequency: **continuous** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

[ ] Corticosteroids (Selection Required)

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: **12 mg** [ 6 mg ] [ 3 mg ]  
Route: **intramuscular** [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: **once** [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: **12 mg** [ 6 mg ] [ 3 mg ]  
Route: **intramuscular** [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: **every 12 hours** [ Once ]  
Frequency Start:  
Number of Doses: 2 Doses  
Phase of Care:  
Administration instructions:  
Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: **[ 12 mg ]** [ 6 mg ] [ 3 mg ]  
Route: **[ intramuscular ]** [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: **[ every 24 hours ]** [ Once ]  
Frequency Start:  
Number of Doses: 2 Doses  
Phase of Care:

Administration instructions:

Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

**Rescue Agents (Selection Required)**

**calcium gluconate injection**

Dose: [ 0.5 g ] **[ 1 g ]** [ 2 g ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: rescue agent  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:

Administer for respirations less than 12 breaths per minute and call MD.

Calcium GLUCONATE 1 gm = 4.65 MEQ

Indications:

**Labs (Selection Required)**

**OB magnesium level**

Frequency: **[ Once, Starting S ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: After loading dose (MD to enter repeat order information)  
Phase of Care:

**OB magnesium level**

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: MD to enter repeat order information  
Phase of Care:

**Comprehensive metabolic panel**

Frequency: **[ Once, Starting S+1 ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

**Electrolyte panel**

Frequency: **[ Conditional Frequency For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy  
Phase of Care:

**OB Hypertensive Crisis Panel (Selection Required)**

**Notify (Selection Required)**

Notify physician if systolic blood pressure is greater than or equal to 160 mm Hg or if diastolic blood pressure is greater than or equal to 110 mm Hg

Priority: Routine  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care:

**Initial First-Line Management - Select one (Selection Required)**

**Initial First-Line Management with Labetalol (Selection Required)**

**Initial First-Line Management with Labetalol (Selection Required)**

**labetalol (TRANDATE) injection**

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] **[ 20 mg ]** [ 40 mg ] [ 80 mg ]  
Route: **[ intravenous ]**  
Rate:

Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Dose #1 of Labetalol  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] **[ 40 mg ]** [ 80 mg ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 40 mg ] **[ 80 mg ]**  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the second dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Dose #3 of Labetalol - If BP threshold still exceeded 10 minutes after second dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

[ ] hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ **10 mg** ] [ 20 mg ]

Route: [ **intravenous** ]

Rate:

Duration:

Frequency: once PRN

PRN comment: [ **high blood pressure** ] If severe BP elevation persists 10 minutes AFTER the third dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Give 10 minutes AFTER last dose (#3) of Labetalol If BP threshold still exceeded.

Give IV Push over 2 minutes

If AFTER Hydralazine administration BP is BELOW threshold, continue to monitor BP closely

Indications: [ hypertension ] [ chronic heart failure ]

#### Questions:

BP HOLD parameters for this order: [ **BP Hold Parameters requested** ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

BP HOLD for: [ Systolic BP LESS than 120 mmHg ] [ **Systolic BP LESS than 100 mmHg** ] [ Other Systolic BP ] [ Other MAP ] [

Other Doppler BP (LVAD) ]

Contact Physician if:

#### ( ) Initial First-Line Management with Hydralazine (Selection Required)

##### hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ **10 mg** ] [ 20 mg ]

Route: [ **intravenous** ]

Rate:

Duration:

Frequency: once PRN

PRN comment: [ **high blood pressure** ] for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Give IV Push over 2 minutes

Repeat BP measurements in 20 minutes and record results.

Indications: [ hypertension ] [ chronic heart failure ]

#### Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ **ONCE or PRN Orders - No Hold Parameters Needed** ]

Contact Physician if:

And

##### hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ **10 mg** ] [ 20 mg ]

Route: [ **intravenous** ]

Rate:

Duration:

Frequency: once PRN

PRN comment: [ **high blood pressure** ] If severe BP elevation persists 20 minutes AFTER the first dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Dose #2 of Hydralazine - If BP threshold still exceeded 20 minutes after first dose administered.

Give IV Push over 2 minutes

Repeat BP measurements in 20 minutes and record results.

Indications: [ hypertension ] [ chronic heart failure ]

#### Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ **ONCE or PRN Orders - No Hold Parameters Needed** ]

Contact Physician if:

And

##### labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ **20 mg** ] [ 40 mg ] [ 80 mg ]

Route: [ **intravenous** ]

Rate:

Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 20 minutes AFTER the second dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Dose #1 of Labetalol  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] **[ 40 mg ]** [ 80 mg ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
If either BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia, or critical care subspecialists. Give additional anti-hypertensive medication per specific order.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

( ) Initial First-Line Management with Oral Nifedipine (Selection Required)

NIFEdipine (PROCARDIA) capsule

Dose: **[ 10 mg ]** [ 20 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: **[ high blood pressure ]** [ chest pain ] for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #1 of Nifedipine  
Repeat BP measurements in 20 minutes and record results.  
Indications: [ Raynaud's phenomenon ] [ premature labor ] [ prevention of anginal pain from vasospastic angina ] [ prevention of anginal pain in coronary artery disease ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]  
Contact Physician if:

And

NIFEdipine (PROCARDIA) capsule

Dose: [ 10 mg ] [ **20 mg** ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **once PRN** ] [ Once ]

PRN comment: [ **high blood pressure** ] [ chest pain ] for severe BP elevation persists 20 minutes AFTER the first dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions:

Dose #2 of Nifedipine

Repeat BP measurements in 20 minutes and record results.

If BP is BELOW threshold, continue to monitor BP closely.

Indications: [ Raynaud's phenomenon ] [ premature labor ] [ prevention of anginal pain from vasospastic angina ] [ prevention of anginal pain in coronary artery disease ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] [ **40 mg** ] [ 80 mg ]

Route: [ **intravenous** ]

Rate:

Duration:

Frequency: once PRN

PRN comment: [ **high blood pressure** ] If severe BP elevation persists 20 minutes AFTER the second dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions:

Give IV Push over 2 minutes

Repeat BP measurements in 10 minutes and record results.

Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: [ **BP & HR HOLD Parameters requested** ] [ ONCE or PRN Orders - No Hold Parameters Needed ]

BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] [ **Systolic BP LESS than 100 mmHg** ] [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] [ **Heart Rate LESS than 50 bpm** ] [ Other Heart Rate ]

Contact Physician if:

[ ] Pre-Eclamptic Lab Panel (Selection Required)

[X] CBC with differential

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

[X] Comprehensive metabolic panel

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

[X] Prothrombin time with INR

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

[X] Partial thromboplastin time

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Phase of Care:

[X] Fibrinogen

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Uric acid

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

LDH

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Urine Protein and Creatinine (Selection Required)

Creatinine level, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Protein, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Physician Consult (Selection Required)

Consult Anesthesiology

Phase of Care:  
Comments:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

Consult Cardiology

Referral Info:  
Referral Facility:  
Referral # of Visits: 1  
Expires: Y+1  
Phase of Care:  
Comments:  
Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

Consult Neurology

Referral Info:  
Referral Facility:  
Referral # of Visits: 1  
Expires: Y+1  
Phase of Care:  
Comments:  
Process Instructions:

Questions:

Reason for Consult? [ Carotid stenosis ] [ Ischemic stroke ] [ Seizure ] [ Venous sinus thrombosis ] [ Dissections/intracranial stenosis ] [ Intracranial Hemorrhage (intracerebral) - Routine ] [ Thrombectomy (>24 hours after procedure) ] [ Syncope ] [ Dizziness/Vertigo ] [ Intractable Headaches ] [ Encephalopathy ] [ Demyelinating Disease ] [ Inflammatory neuropathy ] [ Other Reasons ]

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Maternal and Fetal Medicine

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Neonatology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Obstetrics and Gynecology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:



Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

Nursing

Vital signs

OB Vital Signs-P/R/BP

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every 15 min ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]

Comments:

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 unit Guidelines of Care (Subsequent hours)

Phase of Care: PACU & Post-op

Check temperature

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Conditional Frequency ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments:

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)

Phase of Care: PACU & Post-op

Intake and output

Priority: **[ Routine ]** [ STAT ]

Frequency: **[ Every shift ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments:

Phase of Care: PACU & Post-op

Activity

Ambulate with assistance

Priority: **[ Routine ]**

Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]

Comments: Provide assistance as needed

Phase of Care: Post-op

Questions:

Specify: [ in hall ] [ in room ] **[ with assistance ]** [ with assistive device ]

Nursing care

Saline lock IV

Priority: **[ Routine ]**

Frequency: **[ Continuous ]** [ Once ]

Comments:

Phase of Care: Post-op

Breast pump to bed

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Post-op

**Abdominal binder**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Post-op

**Questions:**

Waking hours only? [ Yes ] [ No ]  
Nurse to schedule? [ Yes ] [ No ]  
Special Instructions:

**Encourage deep breathing and coughing**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Every 2 hours ]** [ Once ] [ Daily ] [ BID ] [ TID ] [ 4x Daily ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
Comments: Until ambulatory  
Phase of Care: Post-op

**Incentive spirometry instructions**

Priority: **[ Routine ]**  
Frequency: **[ Every 2 hours ]** [ Once ]  
Comments: Place at bedside. Encourage patient to use.  
Phase of Care: Post-op

**Questions:**

Frequency of use:

**K-pad to bedside**

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

**Remove Foley catheter**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: When patient is able to ambulate  
Phase of Care: Post-op

**Bladder scan**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ As needed ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: 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.  
Phase of Care: Post-op

**Assist patient to void on bedpan post epidural removal if unable to void and is fall risk**

Priority: **[ Routine ]**  
Frequency: **[ As needed ]** [ Once ] [ Until Discontinued ]  
Comments: 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.  
Phase of Care: Post-op

**Straight cath**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Conditional Frequency For 1 Occurrences ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: 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).  
Phase of Care: Post-op

**Insert and maintain Foley (Selection Required)**

**Insert Foley catheter**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: 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).  
Phase of Care: Post-op

Questions:

Type: [ 2 Way ] [ 3 Way ] [ Coude ] [ Temperature Sensing ]  
Size: [ 14 French ] [ 16 French ] [ 18 French ]  
Urinometer needed: [ Yes ] [ No ]

**Foley Catheter Care**

Priority: [ **Routine** ] [ STAT ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ] [ Daily ]  
Comments:  
Phase of Care: Post-op

Questions:

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] [ **Maintain** ] [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

**Uterine fundal massage**

Priority: [ **Routine** ] [ STAT ]  
Frequency: [ **Every 4 hours For Until specified** ] [ Q15 Min ] [ Q30 Min ] [ Q4H ]  
Comments: Uterine Fundal Massage postpartum for 24 hour and PRN  
Phase of Care: PACU & Post-op

Nursing POD 2

**Activity as tolerated**

Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S+2** ] [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Post-op

Questions:

Specify: [ **Activity as tolerated** ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] [ Other activity (specify) ]

**Remove abdominal dressing 48 hours PostOP**

Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S+2** ] [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

**Saline lock IV**

Priority: [ **Routine** ]  
Frequency: [ **Continuous** ] [ Once ]  
Comments:  
Phase of Care: Post-op

**Discontinue IV**

Priority: [ **Routine** ]  
Frequency: [ **Once, Starting S+2** ] [ Once ]  
Comments: After epidural is removed.  
Phase of Care: Post-op

**Call for discharge order when:**

Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S+2 at 12:00 PM** ] [ Once ] [ Until Discontinued ]  
Comments: 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  
Phase of Care: Post-op

Nursing POD 3

**Call for discharge order when:**

Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S+3** ] [ Once ] [ Until Discontinued ]  
Comments: 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  
Phase of Care:

**Remove staples**

Priority: [ **Routine** ] [ STAT ]  
Frequency: [ **Once, Starting S+3** ] [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: Notify MD for removal of staples: apply benzoin tincture and steri-strips.  
Phase of Care: Post-op

Notify

---

Notify Physician for vitals:

---

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments: And for urine output less than 120 milliliters per 4 hours

Questions:

---

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): 50  
Respiratory rate greater than: 24  
Respiratory rate less than: 10  
SpO2 less than: 95

Notify Physician for abnormal bleeding

---

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care: PACU & Post-op

Notify Lactation Consult to see patient

---

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care: Post-op

Diet

---

NPO except ice chips

---

Frequency: **Diet effective now, Starting S** [ Effective Midnight ] [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]  
Comments:  
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.  
Phase of Care: Post-op

Questions:

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NPO: [ Except meds ] **Except Ice chips** [ Except Sips with meds ] [ Except Sips of clear liquids ]  
Pre-Operative fasting options:

Diet - Clear Liquids

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Frequency: **Diet effective now, Starting S** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments:  
Phase of Care: Post-op

Questions:

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Diet(s): [ Regular ] **Clear Liquids** [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Other Options: [ Finger Foods ] [ Safety Tray ]  
Advance Diet as Tolerated? [ Yes ] [ No ]  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:

Diet - Regular

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Frequency: **Diet effective now, Starting S** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments:  
Phase of Care: Post-op

Questions:

---

Diet(s): **Regular** [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Other Options: [ Finger Foods ] [ Safety Tray ]  
Advance Diet as Tolerated? [ Yes ] [ No ]  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:

[X] Diet - Advance to Regular

Frequency: **Diet effective now, Starting S** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments: Advance diet as tolerated 12 hours PostOP  
Phase of Care: Post-op

Questions:

Diet(s): [ **Regular** ] [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Advance Diet as Tolerated? **Yes** [ No ]  
Target Diet: Regular  
Advance target diet criteria:  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:

IV Fluids

IV Fluids

[X] lactated ringers (LR) or sodium chloride 0.9% (NS) infusion (Selection Required)

Due to IV shortage, LR or NS will be administered based on availability

lactated ringer's infusion

Dose: [ 50 mL/hr ] [ 75 mL/hr ] [ 100 mL/hr ] **[ 125 mL/hr ]**  
Route: **[ intravenous ]**  
Rate:  
Duration: [ 1 Hours ] [ 4 Hours ] [ 8 Hours ]  
Frequency: **[ once ]** [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Post-op  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

Or

sodium chloride 0.9 % infusion

Dose: **125 mL/hr**  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ once ]** [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Post-op  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

[ ] dextrose 5 % and lactated Ringer's infusion

Dose: **[ 125 mL/hr ]** [ 250 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration: [ 4 Hours ] [ 8 Hours ]  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Medications

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 (Selection Required)

Select one scheduled NSAID and one scheduled Tylenol order

ibuprofen (MOTRIN) tablet (Selection Required)

ibuprofen (ADVIL) tablet 800 mg

Dose: [ 200 mg ] [ 400 mg ] [ 600 mg ] [ **800 mg** ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 8 hours scheduled** ] [ TID ] [ 4x Daily ] [ Q4H PRN ] [ Q6H PRN ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions: Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

Indications: [ gout ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ ankylosing spondylitis ] [ fever ] [ pain ] [ headache disorder ] [ minor musculoskeletal injury ] [ non-radiographic axial spondyloarthritis ]

ibuprofen (ADVIL) tablet 600 mg

Dose: [ 200 mg ] [ 400 mg ] [ **600 mg** ] [ 800 mg ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 6 hours scheduled** ] [ TID ] [ 4x Daily ] [ Q4H PRN ] [ Q6H PRN ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions: Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

Indications: [ gout ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ ankylosing spondylitis ] [ fever ] [ pain ] [ headache disorder ] [ minor musculoskeletal injury ] [ non-radiographic axial spondyloarthritis ]

acetaminophen (TYLENOL) tablet (Selection Required)

acetaminophen ER (TYLENOL) 650 mg

Dose: [ 650 mg ] [ **1,300 mg** ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 8 hours scheduled** ] [ Once ] [ Q8H PRN ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: Start 8 hours after last Tylenol dose, begin after anesthesia care ends.

Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

acetaminophen (TYLENOL) tablet 1000 mg

Dose: 1,000 mg

Route: [ **oral** ]

Rate:

Duration:

Frequency: every 6 hours scheduled

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions: Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg

Route: [ **oral** ]

Rate:

Duration:

Frequency: every 6 hours scheduled

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions: Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

PRN ONLY for Moderate to Severe Pain (Selection Required)

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

oxyCODone (ROXICODONE) IR tablet 5 mg

Dose:  5 mg  10 mg  15 mg  20 mg  30 mg  
Route:  oral  
Rate:  
Duration:  
Frequency:  every 4 hours PRN  Q3H PRN  Q4H PRN  Q6H PRN  
PRN comment:  mild pain (score 1-3)  moderate pain (score 4-6)  severe pain (score 7-10)  other  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications:  acute pain  chronic pain ]

Questions:

Allowance for Patient Preference:  Nurse may administer for higher level of pain per patient request (selection) ]

oxyCODone (ROXICODONE) IR tablet 10 mg

Dose:  5 mg  10 mg  15 mg  20 mg  30 mg  
Route:  oral  
Rate:  
Duration:  
Frequency:  every 4 hours PRN  Q3H PRN  Q4H PRN  Q6H PRN  
PRN comment:  mild pain (score 1-3)  moderate pain (score 4-6)  severe pain (score 7-10)  other  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications:  acute pain  chronic pain ]

Questions:

Allowance for Patient Preference:  Nurse may administer for higher level of pain per patient request (selection) ]

oxyCODONE (ROXICODONE) IR tablet 5 mg

Dose:  5 mg  10 mg  15 mg  20 mg  30 mg  
Route:  oral  
Rate:  
Duration:  
Frequency:  every 4 hours PRN  Q3H PRN  Q4H PRN  Q6H PRN  
PRN comment:  mild pain (score 1-3)  moderate pain (score 4-6)  severe pain (score 7-10)  other  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care:  
Administration instructions: Start after Anesthesia care ends  
Indications:  acute pain  chronic pain ]

Questions:

Allowance for Patient Preference:  Nurse may administer for higher level of pain per patient request (selection) ]

Vaccines - If NOT given during pregnancy - NOT HMSJ Only Appears If: SB IP ORDERSET NOT HMSJ

measles-mumps-rubella Vaccine

Dose:  0.5 mL  
Route:  subcutaneous  
Rate:  
Duration:  
Frequency:  once PRN  Once  During hospitalization  
PRN comment:  immunization  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Patient Consent if Rubella Non-Immune. If NOT given during pregnancy  
Indications:  measles-mumps-rubella vaccination ]

diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine

Dose:  0.5 mL  
Route:  intramuscular  
Rate:  
Duration:  
Frequency:  once PRN  Once  
PRN comment:  immunization ]

Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Upon patient consent and prior to discharge. If NOT given during pregnancy  
Indications:

#### Gastrointestinal Care

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##### docusate sodium (COLACE) capsule

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Dose: **[ 100 mg ]** [ 200 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily ]** [ Daily ] [ BID ] [ Daily PRN ] [ BID PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ constipation ]

##### sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet

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Dose: [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ nightly ]** [ Nightly ] [ BID ] [ Nightly PRN ] [ Once ] [ BID PRN ] [ Once PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ constipation ]

##### simethicone (MYLICON) chewable tablet

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Dose: [ 40 mg ] [ 80 mg ] [ 120 mg ] **[ 160 mg ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 4 times daily PRN ]** [ Once ] [ 4x Daily ] [ TID ] [ 4x Daily PRN ] [ TID PRN ]  
PRN comment: **[ flatulence ]** gas pain  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ gastrointestinal radiography adjunct ] [ flatulence ]

##### alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension

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Dose: [ 15 mL ] **[ 30 mL ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 3 hours PRN ]** [ Before meals & nightly ] [ TID PRN ] [ 4x Daily PRN ] [ Q4H PRN ]  
PRN comment: [ cramping ] **[ indigestion ]** [ heartburn ] gas pain  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Do NOT give if patient is on hemodialysis or with CrCl < 30 mL/min.  
Indications: [ dyspepsia ] [ heartburn ] [ flatulence ]

##### bisacodyl (DULCOLAX) suppository

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Dose: **[ 10 mg ]**  
Route: **[ rectal ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ Once ] [ Daily ] [ Daily PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ bowel evacuation ] [ constipation ]

#### Fever Care

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##### acetaminophen (TYLENOL) tablet

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Dose: 650 mg  
Route: **[ oral ]**  
Rate:  
Duration:



Frequency: every 6 hours PRN  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ headaches ] [ fever ] For temperature greater than 100.3  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

## Breast Care

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### [X] lanolin cream

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Dose: [ 1 Application ]  
Route: [ Topical ]  
Rate:  
Duration:  
Frequency: [ PRN ]  
PRN comment: [ dry skin ] discomfort  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Specify Site: Nipples  
Indications:

## PostPartum Oxytocin

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### [X] oxytocin (PITOCIN) Bolus and Maintenance Infusion (Selection Required)

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#### oxytocin 30 unit/500 mL bolus from bag

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Dose: [ 10 Units ] [ 167 mL ]  
Route: [ intravenous ]  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: [ once ] [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Followed by

#### oxytocin (PITOCIN) infusion

---

Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: [ intravenous ]  
Rate:  
Duration:  
Frequency: [ continuous ] [ Continuous ]  
Frequency Start: Starting H+30 Minutes  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
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.  
Indications:

## Bleeding Medications Postpartum Only Appears If: SB IP ORDERSET NOT HHM

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### ( ) oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE) (Selection Required)

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

#### oxytocin (PITOCIN) infusion

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Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: [ intravenous ]  
Rate:  
Duration:  
Frequency: [ continuous PRN ] [ Continuous ]  
PRN comment: PostPartum Vaginal Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.  
Indications:

And

#### methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg

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Dose: [ 200 mcg ]

Route: **[ intramuscular ]** [ intravenous ]  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: as needed for vaginal bleeding not controlled by oxytocin  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP **GREATER** than 140/90 mmHg  
Indications: [ incomplete abortion ] [ postpartum hemorrhage ] [ prevention of uterine inertia ]

( ) oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose (Selection Required)

oxytocin (PITOCIN) infusion

Dose: **[ 5.7 Units/hr ]** [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous PRN ]** [ Continuous ]  
PRN comment: PostPartum Vaginal Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.  
Indications:

And

carboprost (HEMABATE) injection

Dose: [ 100 mcg ] **[ 250 mcg ]**  
Route: **[ intramuscular ]** [ Other ]  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: for Vaginal Bleeding uncontrolled by oxytocin.  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications: [ benign hydatidiform mole ] [ incomplete abortion ] [ abortion ] [ postpartum hemorrhage ] [ induction of labor ] [ cervical ripening procedure ]

And

diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet

Dose: **[ 1 tablet ]** [ 2 tablet ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ 4x Daily ] [ 4x Daily PRN ]  
PRN comment: **[ diarrhea ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications: [ diarrhea ] [ chemotherapy-induced diarrhea ] [ chronic diarrhea associated with short bowel syndrome ] [ high output ileostomy ]

( ) oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC) (Selection Required)

oxytocin (PITOCIN) infusion

Dose: **[ 5.7 Units/hr ]** [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous PRN ]** [ Continuous ]  
PRN comment: Postpartum Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr  
Indications:

And

misoprostol (CYTOTEC) tablet

Dose: [ 400 mcg ] [ 600 mcg ] [ 800 mcg ] **[ 1,000 mcg ]**  
Route: [ oral ] **[ rectal ]**

Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: as needed for vaginal bleeding not controlled by oxytocin  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed.  
Indications:

( ) tranexamic acid (CYCLOKAPRON) IVPB

Dose: [ 10 mg/kg ] [ 15 mg/kg ] **[ 1,000 mg ]**  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 10 Minutes ]** [ 15 Minutes ] [ 30 Minutes ]  
Frequency: **[ PRN ]** [ Once ] [ Q6H ] [ Q8H ]  
PRN comment:  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Bleeding Medications Postpartum (HMH) Only Appears If: SB IP ORDERSET HMH ONLY

( ) oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE) (Selection Required)

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

oxytocin (PITOCIN) infusion

Dose: **[ 5.7 Units/hr ]** [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous PRN ]** [ Continuous ]  
PRN comment: PostPartum Vaginal Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.  
Indications:

And

methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg

Dose: **[ 200 mcg ]**  
Route: **[ intramuscular ]** [ intravenous ]  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: as needed for vaginal bleeding not controlled by oxytocin  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg  
Indications: [ incomplete abortion ] [ postpartum hemorrhage ] [ prevention of uterine inertia ]

( ) oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose (Selection Required)

oxytocin (PITOCIN) infusion

Dose: **[ 5.7 Units/hr ]** [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous PRN ]** [ Continuous ]  
PRN comment: PostPartum Vaginal Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.  
Indications:

And

carboprost (HEMABATE) injection

Dose: [ 100 mcg ] **[ 250 mcg ]**

Route: **[ intramuscular ]** [ Other ]  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: for Vaginal Bleeding uncontrolled by oxytocin.  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications: [ benign hydatidiform mole ] [ incomplete abortion ] [ abortion ] [ postpartum hemorrhage ] [ induction of labor ] [ cervical ripening procedure ]

And

diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet

Dose: **[ 1 tablet ]** [ 2 tablet ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ 4x Daily ] [ 4x Daily PRN ]  
PRN comment: **[ diarrhea ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications: [ diarrhea ] [ chemotherapy-induced diarrhea ] [ chronic diarrhea associated with short bowel syndrome ] [ high output ileostomy ]

( ) oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC) (Selection Required)

oxytocin (PITOCIN) infusion

Dose: **[ 5.7 Units/hr ]** [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous PRN ]** [ Continuous ]  
PRN comment: Postpartum Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr  
Indications:

And

misoprostol (CYTOTEC) tablet

Dose: [ 400 mcg ] [ 600 mcg ] [ 800 mcg ] **[ 1,000 mcg ]**  
Route: [ oral ] **[ rectal ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: as needed for vaginal bleeding not controlled by oxytocin  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed.  
Indications:

( ) tranexamic acid (CYCLOKAPRON) IVPB

Dose: **[ 1,000 mg ]**  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 10 Minutes ]** [ 10 Minutes ]  
Frequency: [ Once ] [ Once PRN ] **[ PRN ]**  
PRN comment: **[ bleeding ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Obtain pre-mix bag from postpartum hemorrhage cart and infuse over 10 minutes.  
Indications:

Naloxone

[X] naloxone (NARCAN) 0.4 mg/mL injection

Dose:  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ Once ] **[ PRN ]**

PRN comment: [ opioid reversal ] [ respiratory depression ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ opioid overdose ] [ opioid-induced respiratory depression ] [ risk mitigation for opioid overdose ]

**Mild Pain (Pain Score 1-3) - NOT HMSL HMTW** Only Appears If: **SB IP ORDERSET NOT HMSL HMTW**

Start after PCA discontinued or 24 hours after Duramorph injection.

**( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet**

Dose: [ 0.5 tablet ] [ **1 tablet** ] [ 2 tablet ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ **mild pain (score 1-3)** ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] for non-breast feeding mothers  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ **Nurse may administer for higher level of pain per patient request (selection)** ]

**( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet**

Dose: [ **1 tablet** ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 4 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ **mild pain (score 1-3)** ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Start after PCA discontinued or 24 hours after Duramorph injection.  
Monitor and record pain scores and respiratory status.  
Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ **Nurse may administer for higher level of pain per patient request (selection)** ]

**( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet**

Dose: [ **1 tablet** ] [ 2 tablet ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ **mild pain (score 1-3)** ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ **Nurse may administer for higher level of pain per patient request (selection)** ]

**Mild Pain (Pain Score 1-3) - HMSL HMTW Only** Only Appears If: **SB IP ORDERSET HMSL HMTW ONLY**

Start after PCA discontinued or 24 hours after Duramorph injection.

**( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet**

Dose: [ 0.5 tablet ] [ **1 tablet** ] [ 2 tablet ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]

PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 4 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
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  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

Moderate Pain (Pain Score 4-6) - HMH HMW HMWB HMCL ONLY Only Appears If: SB IP ORDERSET HMH HMW HMWB HMSTJ HMCY ONLY

Start after PCA discontinued or 24 hours after Duramorph injection.

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet

Dose: [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

Dose: [ 0.5 tablet ] [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:

Frequency: **every 6 hours PRN** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **moderate pain (score 4-6)** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: **Nurse may administer for higher level of pain per patient request (selection)**

**( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet**

Dose: **1 tablet** [ 2 tablet ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **every 6 hours PRN** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: **moderate pain (score 4-6)** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: **Nurse may administer for higher level of pain per patient request (selection)**

**( ) oxyCODONE (ROXICODONE) immediate release tablet**

Dose: **5 mg** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **every 4 hours PRN** [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **moderate pain (score 4-6)** [ severe pain (score 7-10) ] [ other ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: **Nurse may administer for higher level of pain per patient request (selection)**

**Moderate Pain (Pain Score 4-6) - HMSJ Only** Only Appears If: **SB IP ORDERSET HMSJ ONLY**

Start after PCA discontinued or 24 hours after Duramorph injection.

**( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet**

Dose: **1 tablet**  
Route: **oral**  
Rate:  
Duration:  
Frequency: **every 6 hours PRN** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **moderate pain (score 4-6)** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: **Nurse may administer for higher level of pain per patient request (selection)**

**( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet**

Dose: [ 1 tablet ] **2 tablet**  
Route: **oral**  
Rate:  
Duration:  
Frequency: **every 6 hours PRN** [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **moderate pain (score 4-6)** [ severe pain (score 7-10) ]

Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

Dose: [ 0.5 tablet ] [ 1 tablet ] [ 2 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet

Dose: [ 1 tablet ] [ 2 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE (ROXICODONE) immediate release tablet

Dose: [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 4 hours PRN ] [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] [ other ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

Moderate Pain (Pain Score 4-6) - HMSL HMTW Only Only Appears If: SB IP ORDERSET HMSL HMTW ONLY

Start after PCA discontinued or 24 hours after Duramorph injection.

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: [ 1 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:



Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet**

Dose: [ 0.5 tablet ] [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**( ) oxyCODONE-acetaminophen (PERCOET) 5-325 mg per tablet**

Dose: **[ 1 tablet ]** [ 2 tablet ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**( ) oxyCODONE (ROXICODONE) immediate release tablet**

Dose: **[ 5 mg ]** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 4 hours PRN ]** [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ] [ other ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**Severe Pain (Pain Score 7-10) - NOT HMSL HMTW Only Appears If: SB IP ORDERSET NOT HMSL HMTW**

Start after PCA discontinued or 24 hours after Duramorph injection.

**( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet**

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]**  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory

status.

Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet

Dose: [ 1 tablet ] **[ 2 tablet ]**

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ every 4 hours PRN ]** [ Q6H PRN ] [ Q8H PRN ]

PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]**

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.

Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet

Dose: [ 1 tablet ] **[ 2 tablet ]**

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]

PRN comment: [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]**

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[ 5 mg ]** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ every 4 hours PRN ]** [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]** [ other ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status

Indications: **acute pain** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) morPHINE injection

Dose: 4 mg

Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]

Rate:

Duration:

Frequency: **[ every 3 hours PRN ]** [ Once ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]

PRN comment: [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]** [ other ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.

Indications:

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

**Severe Pain (Pain Score 7-10) - HMSL HMTW Only** Only Appears If: **SB IP ORDERSET HMSL HMTW ONLY**

Start after PCA discontinued or 24 hours after Duramorph injection.

**( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet**

Dose: [ **1 tablet** ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 6 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

**( ) oxyCODONE-acetaminophen (PERCOET) 5-325 mg per tablet**

Dose: [ 1 tablet ] [ **2 tablet** ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 6 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]

PRN comment: [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

**( ) oxyCODONE (ROXICODONE) immediate release tablet**

Dose: [ **5 mg** ] [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **every 4 hours PRN** ] [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ] [ other ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

Indications: [ **acute pain** ] [ chronic pain ]

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

**( ) morPHINE injection**

Dose: 4 mg

Route: [ **intravenous** ] [ intramuscular ] [ subcutaneous ]

Rate:

Duration:

Frequency: [ **every 3 hours PRN** ] [ Once ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]

PRN comment: [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ] [ other ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Start after PCA discontinued or 24 hours after Duramorph injection.

Indications:

**Questions:**

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

Adjunct Pain Medication

( ) ketorolac (TORADOL) IV (Selection Required)

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

Dose: 15 mg

Route: **intravenous** [ intramuscular ]

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: **cramping, laceration or incision pain** [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection

Dose: 30 mg

Route: **intravenous** [ intramuscular ]

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: **cramping, laceration or incision pain** [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

( ) ibuprofen (ADVIL,MOTRIN) tablet

Dose: [ 200 mg ] [ 400 mg ] **600 mg** [ 800 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **every 6 hours PRN** [ TID ] [ 4x Daily ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: **Cramping, Laceration or Incision Pain** [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] [ headaches ] [ cramping ] [ fever ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.

Indications: [ gout ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ ankylosing spondylitis ] [ fever ] [ pain ] [ headache disorder ] [ minor musculoskeletal injury ] [ non-radiographic axial spondyloarthritis ]

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only Only Appears If: SB IP ORDERSET HMH HMSJ HMW HMSTC HMTW ONLY

[X] promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV (Selection Required)

ondansetron (ZOFTRAN) injection

Dose: **4 mg** [ 8 mg ] [ 0.1 mg/kg ]

Route: **intravenous** [ intramuscular ]

Rate:

Duration:

Frequency: **every 8 hours PRN** [ Once ] [ Q8H PRN ] [ Q12H ]

PRN comment: **nausea** [ vomiting ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Give ondansetron (ZOFTRAN) as first choice for Antiemetic

Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

promethazine (PHENERGAN) injection

Dose: 12.5 mg

Route: intravenous

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: **nausea** [ vomiting ]

Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if ondansetron (ZOFRAN) is ineffective.  
Indications:

Antiemetics - HMSL, HMWB Only Only Appears If: **SB IP ORDERSET HMSL HMWB HMCY**

promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV (Selection Required)

ondansetron (ZOFRAN) injection

Dose: **[ 4 mg ]** [ 8 mg ] [ 0.1 mg/kg ]  
Route: **[ intravenous ]** [ intramuscular ]  
Rate:  
Duration:  
Frequency: **[ every 8 hours PRN ]** [ Once ] [ Q8H PRN ] [ Q12H ]  
PRN comment: **[ nausea ] [ vomiting ]**  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give as first choice for antiemetic.  
Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

promethazine (PHENERGAN) injection

Dose: 12.5 mg  
Route: intravenous  
Rate:  
Duration:  
Frequency: every 8 hours PRN  
PRN comment: **[ nausea ] [ vomiting ]**  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: 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.  
Indications:

Antiemetics - HMSTJ Only Only Appears If: **SB IP ORDERSET HMSTJ ONLY**

promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV (Selection Required)

ondansetron (ZOFRAN) injection

Dose: **[ 4 mg ]** [ 8 mg ] [ 0.1 mg/kg ]  
Route: **[ intravenous ]** [ intramuscular ]  
Rate:  
Duration:  
Frequency: **[ every 8 hours PRN ]** [ Once ] [ Q8H PRN ] [ Q12H ]  
PRN comment: **[ nausea ] [ vomiting ]**  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give as first choice for Antiemetic.  
Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: 12.5 mg  
Route: intravenous  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: every 6 hours PRN  
PRN comment: **[ nausea ] [ vomiting ]**  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if ondansetron (ZOFRAN) is ineffective.  
Indications:

Insomnia: Zolpidem for Patients LESS than 70 years of age Only Appears If: **SB INPATIENT AGE<70 YEARS**

zolpidem (AMBIEN) tablet (Selection Required)

(X) zolpidem (AMBIEN) tablet

Dose: **[ 5 mg (Max: 5 mg) ]** [ 2.5 mg ] [ 5 mg ]  
Route: **[ oral ]**

Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ Once ] [ Nightly ] [ Nightly PRN ]  
PRN comment: **[ sleep ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ sleep-onset insomnia ] [ sleep maintenance insomnia ]

## Itching

### diphenhydrAMINE (BENADRYL) injection

Dose: **25 mg**  
Route: **[ intravenous ]** [ intramuscular ]  
Rate:  
Duration:  
Frequency: **every 4 hours PRN**  
PRN comment: **[ itching ]** [ allergies ] [ sleep ] [ dystonic reactions ] [ anaphylaxis/allergic reaction ] [ premedication ] severe itching  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Contact anesthesiologist if administering within 24 hours of receiving Duramorph  
Indications:

### diphenhydrAMINE (BENADRYL) tablet

Dose: [ 12.5 mg ] **[ 25 mg ]** [ 50 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 4 hours PRN ]** [ Once ] [ Q6H ] [ Q4H PRN ] [ Q6H PRN ] [ Nightly PRN ]  
PRN comment: **[ itching ]** [ allergies ] [ sleep ] [ dystonic reactions ] [ anaphylaxis/allergic reaction ] [ premedication ] severe itching  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Contact anesthesiologist if administering within 24 hours of receiving Duramorph  
Indications:

### nalbuphine (NUBAIN) injection

Dose: **2 mg**  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: **every 2 hour PRN**  
PRN comment: [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] **[ itching ]**  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: If itching not alleviated by Benadryl  
Indications:

## Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

## Rh Negative Mother

### Nursing

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.

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

### Labs

#### Fetal Screen

Frequency: **[ Conditional Frequency, Starting S For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ Add-on ]  
Comments: Conditional- One activation- If Rh Negative Morn and Rh Positive infant  
Phase of Care: Post-op

#### Rhogam Type and Screen

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

## Medication

[\[X\] rho\(D\) immune globulin \(HYPERRHO/RHOGAM\) injection](#)

Dose: [ 300 mcg ]

Route: [ intramuscular ]

Rate:

Duration:

Frequency: [ PRN ] [ Once ]

PRN comment: 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.

Frequency Start:

Number of Doses: 1 Doses

Phase of Care: Post-op

Administration instructions:

Indications: [ prev Rh isoimmunization 1st trimester pregnancy termination ] [ prevention of Rh isoimmunization after blood transfusion ] [ prevention of rhesus isoimmunization affecting pregnancy ]

VTE

[VTE Risk and Prophylaxis Tool \(Selection Required\)](#) Only Appears If: **HM SB PROVIDERS**

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf

[\( \) LOW Risk of VTE](#)

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

[\[X\] Low risk of VTE](#)

Priority: Routine

Frequency: [ Once ] [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Questions:

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

[\[X\] Place sequential compression device \(Selection Required\)](#)

[\( \) Contraindications exist for mechanical prophylaxis](#)

Priority: Routine

Frequency: [ Once ] [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

[\(X\) Place/Maintain sequential compression device continuous](#)

Priority: [ Routine ] [ STAT ]

Frequency: [ Continuous ]

Comments: While in bed AND until fully ambulatory

Phase of Care: Post-op

[\( \) MODERATE Risk of VTE \(Selection Required\)](#)

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

Priority: Routine

Frequency: **Once** [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Pharmacological Prophylaxis (Selection Required)

enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

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

Dose: **30 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **every 12 hours scheduled** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

HEParin subcutaneous (Selection Required)

HEParin (porcine) injection

Dose: **10,000 Units** [ 5,000 Units ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **every 12 hours scheduled** [ Once ] [ Q12H SCH ] [ Q8H SCH ]



Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Post-op

Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin

Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

Partial thromboplastin time, activated

Frequency: [ **Once, Starting H+12 Hours For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Obtain prior to heparin dose

Phase of Care: Post-op

Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: [ **Routine** ]

Frequency: [ **Until discontinued, Starting S** ] [ Once ] [ Until Discontinued ]

Comments:

Phase of Care: Post-op

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: [ **Routine** ] [ STAT ]

Frequency: [ **Continuous** ]

Comments:

Phase of Care: Post-op

HIGH Risk of VTE - 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

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Post-op

Pharmacological Prophylaxis (Selection Required)

( ) enoxaparin (LOVENOX) injection (Selection Required)

( ) enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

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

Dose: **[ 30 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: **[ 10,000 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin  
Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: **[ Once, Starting H+12 Hours For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Obtain prior to heparin dose  
Phase of Care: Post-op

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

[X] Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.  
Phase of Care: Post-op

( ) HIGH Risk of VTE - 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

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

[X] Pharmacological Prophylaxis (Selection Required)

( ) enoxaparin (LOVENOX) injection (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[ 1 mg/kg ]** [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]

[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

**Basic metabolic panel - STAT**

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

**Anti Xa, low molecular weight**

Frequency: **[ Once, Starting H+24 Hours ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw specimen 4 hours after subcutaneous injection  
Phase of Care: Post-op

**Questions:**

Heparin Name: [ Fragmin ] [ Lovenox ]

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

**enoxaparin (LOVENOX) injection**

Dose: **[ 1 mg/kg ]** [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 24 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

**Basic metabolic panel - STAT**

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

**Anti Xa, low molecular weight**

Frequency: **[ Once, Starting H+24 Hours ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw specimen 4 hours after subcutaneous injection  
Phase of Care: Post-op

**Questions:**

Heparin Name: [ Fragmin ] [ Lovenox ]

**Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)**

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ]  
Comments: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

**Questions:**

Heparin Indication:  
Specify: [ Give initial Bolus ] [ No initial Bolus ]  
Specify: [ Give titration boluses ] [ NO Titration boluses ]  
Monitoring: [ Anti-Xa ] [ aPTT ]

**Contact OBGYN provider after removal of epidural catheter for anticoagulation orders**

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

**Contraindications exist for pharmacologic prophylaxis**

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory  
Phase of Care: Post-op

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

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

Moderate risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Post-op

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM**

**ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

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Moderate risk of VTE

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

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Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

---

Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

---

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments:  
Phase of Care: Post-op

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

---

High risk of VTE

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

---

Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater

than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Post-op

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

High risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Post-op

VTE Risk and Prophylaxis Tool Only Appears If: **HM SB NURSING AND PHARMACY**

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf

LOW Risk of VTE

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

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]

Comments:  
Phase of Care: Post-op

Questions:

Low risk: **[ Due to low risk, SCDs are recommended while in bed and until fully ambulatory ]**

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory  
Phase of Care: Post-op

MODERATE Risk of VTE (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 preceding 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

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Pharmacological Prophylaxis (Selection Required)

enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

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

Dose: **[ 30 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:



Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: **[ 10,000 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin  
Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: **[ Once, Starting H+12 Hours For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Obtain prior to heparin dose  
Phase of Care: Post-op

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments:  
Phase of Care: Post-op

( ) HIGH Risk of VTE - 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

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

[X] Pharmacological Prophylaxis (Selection Required)

( ) enoxaparin (LOVENOX) injection (Selection Required)

( ) enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

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

Dose: **30 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: **[ 10,000 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin  
Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: **[ Once, Starting H+12 Hours For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Obtain prior to heparin dose  
Phase of Care: Post-op

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.  
Phase of Care: Post-op

**HIGH Risk of VTE - 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**

Priority: **Routine**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

**Pharmacological Prophylaxis (Selection Required)**

**enoxaparin (LOVENOX) injection (Selection Required)**

**enoxaparin (LOVENOX) injection**

Dose: **[ 1 mg/kg ]** [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

**Basic metabolic panel - STAT**

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

**Anti Xa, low molecular weight**

Frequency: **[ Once, Starting H+24 Hours ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw specimen 4 hours after subcutaneous injection  
Phase of Care: Post-op

**Questions:**

Heparin Name: [ Fragmin ] [ Lovenox ]

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

**enoxaparin (LOVENOX) injection**

Dose: **[ 1 mg/kg ]** [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 24 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+24 Hours  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

**Basic metabolic panel - STAT**

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

[\[ \] Anti Xa, low molecular weight](#)

Frequency: **[ Once, Starting H+24 Hours ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw specimen 4 hours after subcutaneous injection  
Phase of Care: Post-op

Questions:

Heparin Name: [ Fragmin ] [ Lovenox ]

[\( \) Pharmacy Consult to Manage Heparin: STANDARD dose protocol \(DVT/PE\)](#)

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ]  
Comments: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

Questions:

Heparin Indication:  
Specify: [ Give initial Bolus ] [ No initial Bolus ]  
Specify: [ Give titration boluses ] [ NO Titration boluses ]  
Monitoring: [ Anti-Xa ] [ aPTT ]

[\( \) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders](#)

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Post-op

[\( \) Contraindications exist for pharmacologic prophylaxis](#)

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[\[X\] Mechanical Prophylaxis \(Selection Required\) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION](#)

[\( \) Contraindications exist for mechanical prophylaxis](#)

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

[\[X\] Place/Maintain sequential compression device continuous](#)

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory  
Phase of Care: Post-op

[\( \) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification \(Selection Required\)](#)

[\( \) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis \(Selection Required\) Only Appears If: HM ORD SB SCD OR CONTRAINDICATION](#)

[\[X\] Moderate risk of VTE](#)

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:

Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

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No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

---

Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

---

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

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Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Post-op

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

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Moderate risk of VTE

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

---

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

---

Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

---

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

---

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments:  
Phase of Care: Post-op

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

High risk of VTE

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments:  
Phase of Care: Post-op

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

High risk of VTE

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Post-op

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:

Phase of Care: Post-op

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: [ **Routine** ] [ STAT ]

Frequency: [ **Continuous** ]

Comments:

Phase of Care: Post-op

Labs

Hematology

Hemoglobin

Frequency: [ **AM draw For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Post-op

Hematocrit

Frequency: [ **AM draw For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Post-op

CBC hemogram

Frequency: [ **AM draw For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: CBC only; Does not include a differential

Phase of Care: Post-op

CBC with differential

Frequency: [ **AM draw For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Post-op

Urinalysis screen and microscopy, with reflex to culture

Frequency: [ **Conditional Frequency For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ Timed ] [ Add-on ]

Comments: Clean catch, one activation for temperature greater than 101

Phase of Care: Post-op

Questions:

Specimen Source: [ **Urine** ]

Specimen Site: [ Catheterized ] [ Clean catch ] [ Cystoscopy ] [ Foley ] [ Ileal conduit ] [ Kidney ] [ Koch pouch ] [ Midstream ] [ Nephrostomy ] [ Pediatric bag ] [ Random void ] [ Stint ] [ Suprapubic ] [ Ureteral ] [ VB1 ] [ VB2 ] [ VB3 ]

Hypertensive Lab Panel

Pre-Eclampsic Lab Panel (Selection Required)

CBC with differential

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Comprehensive metabolic panel

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Prothrombin time with INR

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Partial thromboplastin time

Frequency: [ **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Phase of Care:



Fibrinogen

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Uric acid

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

LDH

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Urine Protein and Creatinine (Selection Required)

Creatinine level, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Protein, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Lactation Support

Phase of Care: Post-op

Comments: If needed

Questions:

Reason for Lactation Consult: [ Breast surgery (reduction, implants) ] [ Engorgement (severe) ] [ Failed breastfeeding experience/anxiety ] [ Flat/inverted nipples ] [ Follow-up ] [ Hypoglycemia not responding to breastfeeding ] [ Infant oral/motor dysfunction (tight frenulum, hypotonia, hypertonia) ] [ Jaundice ] [ LATCH scores less than seven (two consecutive scores & more than 24 H old) ] [ Late preterm (less than 37 weeks) ] [ Low milk volume ] [ Maternal medication review ] [ Mom in ICU ] [ Mother request ] [ Multiples ] [ NICU inadequate growth ] [ NICU mom after discharge ] [ Nipple trauma/Nipple shield use ] [ Painful latch ] [ Pump needs ] [ Surrogate mom ] [ Weight loss greater than 10% ] [ Other ]

Consult for Pelvic Floor Therapy

Consult to PT for pelvic floor therapy OB

Phase of Care:

Comments:

Questions:

Indication for Pelvic Floor Therapy: **[ Cesarean Section ]** [ 3rd or 4th degree laceration ] [ Nerve injury ] [ Severe pain with ambulation ] [ Prolonged bedrest ] [ Operative vaginal delivery ] [ Postpartum ]

Consult to OT for pelvic floor therapy OB

Phase of Care:

Comments:

Questions:

Indication for Pelvic Floor Therapy: **[ Cesarean Section ]** [ 3rd or 4th degree laceration ] [ Nerve injury ] [ Severe pain with ambulation ] [ Prolonged bedrest ] [ Operative vaginal delivery ] [ Postpartum ]

Consult to Social Work

Phase of Care: Post-op

Comments:

Questions:

Reason for Consult: [ Adoption ] [ Chemical Dependency ] [ Deaf ] [ Discharge Planning ] [ Fetal Demise ] [ Discharge Placement ] [ Hospice Referral ] [ SNF ] [ Suspected Abuse ] [ Suspected Domestic Violence ] [ Teen Pregnancy ] [ Human Trafficking ] [ Dialysis Placement ] [ SDOH ] [ Other Specify ]

[ ] Consult to Spiritual Care

Phase of Care: Post-op  
Comments:

Questions:

Reason for consult? [ Spiritual Support ] [ End of Life Support ] [ Pre-Surgical Prayer ] [ Catholic-Holy Communion ] [ Catholic Priest ] [ Advance Directive ] [ Other Specify ]

[ ] Consult to PT eval and treat

Phase of Care:  
Comments:

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [ Unsuccessful mobility attempts with Nursing personnel ] [ Post Neuromuscular or Musculoskeletal Surgery Care. ] [ New functional deficits, not expected to spontaneously recover with medical modalities ] [ History of recent falls (non-syncopal) ] [ Recommendations for post-acute hospital placement ] [ Mobility Program for Ventilated patients ] [ Other ]  
Are there any restrictions for positioning or mobility? [ Yes ] [ No ]  
Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
Weight Bearing Status: [ LLE ] [ RLE ] [ LUE ] [ RUE ]

Additional Orders