

General

Common Present on Admission Diagnosis

Acidosis

Phase of Care: Post-op

Acute Post-Hemorrhagic Anemia

Phase of Care: Post-op

Acute Renal Failure

Phase of Care: Post-op

Acute Respiratory Failure

Phase of Care: Post-op

Acute Thromboembolism of Deep Veins of Lower Extremities

Phase of Care: Post-op

Anemia

Phase of Care: Post-op

Bacteremia

Phase of Care: Post-op

Bipolar disorder, unspecified

Phase of Care: Post-op

Cardiac Arrest

Phase of Care: Post-op

Cardiac Dysrhythmia

Phase of Care: Post-op

Cardiogenic Shock

Phase of Care: Post-op

Decubitus Ulcer

Phase of Care: Post-op

Dementia in Conditions Classified Elsewhere

Phase of Care: Post-op

Disorder of Liver

Phase of Care: Post-op

Electrolyte and Fluid Disorder

Phase of Care: Post-op

Intestinal Infection due to Clostridium Difficile

Phase of Care: Post-op

Methicillin Resistant Staphylococcus Aureus Infection

Phase of Care: Post-op

Obstructive Chronic Bronchitis with Exacerbation

Phase of Care: Post-op

Other Alteration of Consciousness

Phase of Care: Post-op

Other and Unspecified Coagulation Defects

Phase of Care: Post-op

Other Pulmonary Embolism and Infarction

Phase of Care: Post-op

Phlebitis and Thrombophlebitis

Phase of Care: Post-op

Protein-calorie Malnutrition

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

Elective Outpatient, Observation, or Admission Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

[\( \) Elective outpatient procedure: Discharge following routine recovery](#)

Priority: **[ Routine ]**

Frequency: **[ Continuous ]** [ Once ] [ Until Discontinued ]

Comments:

Phase of Care: PACU & Post-op

[\( \) Outpatient observation services under general supervision](#)

Diagnosis:

Phase of Care: PACU & Post-op

Process Instructions:

Questions:

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

[\( \) Outpatient in a bed - extended recovery](#)

Diagnosis:

Phase of Care: PACU & Post-op

Process Instructions:

Questions:

Admitting Physician:

Bed request comments:

[\( \) Admit to Inpatient](#)

Diagnosis:

Phase of Care: PACU & Post-op

Process Instructions:

Questions:

Admitting Physician:

Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ] [ Level 1 Nursery ]

Patient Condition:

Bed request comments:

Certification: **[ I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. ]**

Admission or Observation Only Appears If: **SB HM IP ADMIT/OBS NOT REQUIRED ALL FACILITIES**

Patient has active outpatient status order on file

[\( \) Admit to Inpatient](#)

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

Questions:

---

Admitting Physician:  
Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ] [ Level 1 Nursery ]  
Patient Condition:  
Bed request comments:  
Certification: [ I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. ]

( ) Outpatient observation services under general supervision

---

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

Questions:

---

Admitting Physician:  
Attending Provider:  
Patient Condition:  
Bed request comments:

( ) Outpatient in a bed - extended recovery

---

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

Questions:

---

Admitting Physician:  
Bed request comments:

( ) Transfer patient

---

Service:  
Phase of Care: Scheduling/ADT

Questions:

---

Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ]  
Bed request comments:

( ) Return to previous bed

---

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

Admission Only Appears If: SB HM IP ADMIT ORDER ONLY

---

Patient has active status order on file

( ) Admit to inpatient

---

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

Questions:

---

Admitting Physician:  
Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ] [ Level 1 Nursery ]  
Patient Condition:  
Bed request comments:  
Certification: [ I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. ]

( ) Transfer patient

---

Service:  
Phase of Care: Scheduling/ADT

Questions:

Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ]  
Bed request comments:

Return to previous bed

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

Transfer Only Appears If: **SB HM IP TRANSFER/RETURN TO OLD BED ONLY POST OP**

Patient has active inpatient status order on file

Transfer patient

Service:  
Phase of Care: Scheduling/ADT

Questions:

Level of Care: [ Acute ] [ IMU ] [ ICU ] [ Acute Telemetry ]  
Bed request comments:

Return to previous bed

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

Isolation

Airborne isolation status (Selection Required)

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

Nursing

Vitals

Vital signs - T/P/R/BP

Priority: **Routine** [ STAT ]  
Frequency: **Per unit protocol, Starting S** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]  
Comments: On arrival and then routine  
Phase of Care: Post-op

Activity

Head of bed

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

Questions:

Head of bed:  flat  **30 degrees**  45 degrees  60 degrees

Strict bed rest

Priority: **Routine**  
Frequency: **Until discontinued, Starting S For 24 Hours** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments: For 24 hours PostOp  
Phase of Care: Post-op

Up in chair

Priority: **Routine**  
Frequency: **Until discontinued, Starting S+1** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments: Starting 24 hours post-operative.  
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) ]  
Additional modifier:  for meals  in cardiac chair

Nursing

Insert feeding tube

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

Strict intake and output

Priority: **Routine** [ STAT ]  
Frequency: **Every 8 hours** [ Q1H ] [ Q4H ] [ Q8H ]  
Comments: Per floor protocol  
Phase of Care: Post-op

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 ]

Nasogastric tube maintenance

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Once ] [ Until Discontinued ]  
Comments: Remove after extubation  
Phase of Care: Post-op

Questions:

Tube Care Orders: **To Low Intermittent Suction** [ To Continuous Suction ] [ To Gravity ] [ Clamp ] [ Flush Every 8 Hours ]

Orogastric tube maintenance

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

Questions:

Tube Care Orders: **To Low Intermittent Suction** [ To Continuous Suction ] [ To Gravity ] [ Clamp ] [ Flush Every 8 Hours ]

Apply warming blanket

Priority: **Routine** [ STAT ]  
Frequency: **As needed** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: As needed to raise body temperature to 98.6 Fahrenheit  
Phase of Care: Post-op

Reinforce dressing

Priority: **Routine**  
Frequency: **As needed** [ PRN ] [ Daily ]  
Comments: Reinforce dressing as needed.  
Phase of Care: Post-op

Questions:

Reinforce with:

Hemodynamic Monitoring

Priority: **Routine** [ STAT ]  
Frequency: **Every hour** [ Q1H ] [ Q2H ] [ Q4H ] [ Q8H ]  
Comments:  
Phase of Care: Post-op

Questions:

Measure: [ Cardiac Index (CI) ] [ Contin. Cardiac Output(CCO) ] [ Cardiac Output (CO) ] [ CVP ] [ Arterial Line BP ] [ Arterial Line MAP ] [ PVR ] [ PCWP ] [ PAP ] [ PAP(mean) ] [ SVR ] [ SVRI ] [ SVO2 ] **Other**  
Other: Swan Ganz to monitor, Recalibrate SV02 every morning. Record SV02 every 1 hour. DO NOT WEDGE SWAN.

Chest tube to continuous suction

Priority: **Routine** [ STAT ]  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ]  
Comments: Chest tube to 20 centimeter water pressure.  
Phase of Care: Post-op

Questions:

Level of suction: [ 10 cm H2O ] [ 15 cm H2O ] **20 cm H2O** [ 30 cm H2O ] [ 50 cm H2O ] [ 60 cm H2O ]

Neurological assessment

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

Questions:

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

Hold sedation every morning coordinated with CV intensivist to assess neurological status

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

All blood products must be irradiated and leukocyte reduced

---

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

Blood products must be CMV negative if donor and recipients are CMV negative

---

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

Notify Physician

---

Notify Physician for vitals:

---

Priority: Routine  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Once ]  
Comments:  
Contact Pulmonary Transplant Service/Page 713-441-2215 upon patient arrival to floor, and for any questions.  
  
Page 713-441-2215 if shortness of breath, critical labs, vomiting, GI bleed, cardiac arrhythmias, or chest pain.

Questions:

---

Temperature greater than: 100.1  
Temperature less than:  
Systolic BP greater than: 160  
Systolic BP less than: 90  
Diastolic BP greater than: 110  
Diastolic BP less than: 40  
MAP less than: 60  
Heart rate greater than (BPM): 120  
Heart rate less than (BPM): 50  
Respiratory rate greater than: 25  
Respiratory rate less than: 8  
SpO2 less than: 88

Notify CV Intensivist for critical labs, vomiting, GI bleed, cardiac arrhythmias, chest pain

---

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

CV Intensivist if chest tube drainage greater than 100 millimeters in 2 hours.

---

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

Diet

---

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: Post-op

Questions:

---

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

IV Fluids

---

IV Fluids

---

sodium chloride 0.9 % bolus

---

Dose: **[ 500 mL ]** [ 1,000 mL ]  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 30 Minutes ]** [ 15 ] [ 30 ] [ 60 ] [ 90 ] [ 120 ]  
Frequency: **[ once ]** [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Post-op

Administration instructions:  
Indications:

( ) sodium chloride 0.9 % infusion

---

Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

( ) sodium chloride 0.45 % infusion

---

Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

( ) dextrose 5%-0.45% sodium chloride infusion

---

Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

( ) dextrose 5%-0.9% sodium chloride infusion

---

Dose: 75 mL/hr  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion

---

Dose: [ 50 mL/hr ] **[ 75 mL/hr ]** [ 100 mL/hr ] [ 125 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ hypokalemia ] [ hypokalemia prevention ]

( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion

---

Dose: [ 50 mL/hr ] **[ 75 mL/hr ]** [ 100 mL/hr ] [ 125 mL/hr ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ continuous ]** [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ hypokalemia ] [ hypokalemia prevention ]

( ) dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion

---



Dose: [ 50 mL/hr ] [ **75 mL/hr** ] [ 100 mL/hr ] [ 125 mL/hr ]  
Route: [ **intravenous** ]  
Rate: [ 50 mL/hr ] [ 75 mL/hr ] [ **100 mL/hr** ] [ 125 mL/hr ]  
Duration:  
Frequency: [ **continuous** ] [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ hypokalemia ] [ hypokalemia prevention ]

( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion

Dose: [ 50 mL/hr ] [ **75 mL/hr** ] [ 100 mL/hr ] [ 125 mL/hr ]  
Route: [ **intravenous** ]  
Rate:  
Duration:  
Frequency: [ **continuous** ] [ Continuous ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Medications

Pharmacy Consult

[ ] Pharmacy consult to manage dose adjustments for renal function

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments: Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.

Questions:

Adjust dose for:

Restricted Medications

[X] No ketorolac (Toradol)

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

Questions:

Reason for "No" order: Status Post Lung Transplant

[X] No NSAIDs EXcluding aspirin

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

Questions:

Reason for "No" order:

Induction Therapy

[X] basiliximab (SIMULECT) IVPB - POD #4

Dose: [ **20 mg** ]  
Route: [ **intravenous** ]  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: [ **once** ] [ Once ]  
Frequency Start: S+4 at 11:00 AM  
Number of Doses: 1 Doses  
Phase of Care: Post-op  
Administration instructions: Administer on POD #4  
Indications:

Immunosuppressants (Selection Required)

[X] Immunosuppression Therapy: Option 1 - methylPREDNISolone and predniSONE (Selection Required)

methylPREDNISolone (Solu-MEDROL) IV Push - POD #1 and 2

Dose: [ 2 mg/kg ] [ 40 mg ] [ 62.5 mg ] [ 80 mg ] [ 125 mg ]  
Route: [ intravenous ]  
Rate:  
Duration: [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ]  
Frequency: [ daily ] [ Q2H ] [ Q4H ] [ Q6H ] [ Q12H ] [ Q24H ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses: 2 Doses  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Followed by

#### methylPREDNISolone (Solu-MEDROL) IV Push - POD #3 and 4

Dose: [ 1.5 mg/kg ] [ 40 mg ] [ 62.5 mg ] [ 80 mg ] [ 125 mg ]  
Route: [ intravenous ]  
Rate:  
Duration: [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ]  
Frequency: [ daily ] [ Q2H ] [ Q4H ] [ Q6H ] [ Q12H ] [ Q24H ] [ Daily ]  
Frequency Start: Starting S+3  
Number of Doses: 2 Doses  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Followed by

#### methylPREDNISolone (Solu-MEDROL) IV Push - POD #5 and 6

Dose: [ 1 mg/kg ] [ 40 mg ] [ 62.5 mg ] [ 80 mg ] [ 125 mg ]  
Route: [ intravenous ]  
Rate:  
Duration: [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ]  
Frequency: [ daily ] [ Q2H ] [ Q4H ] [ Q6H ] [ Q12H ] [ Q24H ] [ Daily ]  
Frequency Start: Starting S+5  
Number of Doses: 2 Doses  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Followed by

#### predniSONE (DELTASONE) tablet - POD #7 and 8

Dose: [ 40 mg ] [ 1 mg ] [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 20 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ daily ] [ Daily ] [ BID ]  
Frequency Start: Starting S+7  
Number of Doses: 2 Doses  
Phase of Care: Post-op  
Administration instructions:

Indications: [ pulmonary tuberculosis ] [ trichinosis ] [ sarcoidosis ] [ Pneumocystis jirovecii pneumonia ] [ hypercalcemia associated with sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ cutaneous T-cell lymphoma ] [ non-Hodgkin's lymphoma ] [ multiple myeloma ] [ acute lymphoid leukemia ] [ chronic lymphoid leukemia ] [ metastatic prostate carcinoma ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adenogenital disorder ] [ primary adrenocortical insufficiency ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ pseudogout ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ myasthenia gravis ] [ Duchenne muscular dystrophy ] [ ophthalmia sympathetic ] [ uveitis ] [ rheumatic fever ] [ acute rheumatic carditis ] [ pericarditis ] [ carditis ] [ polyarteritis nodosa ] [ giant cell arteritis ] [ vasculitis ] [ nasal polyp ] [ allergic rhinitis ] [ asthma exacerbation ] [ hypersensitivity pneumonitis ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ allergic bronchopulmonary aspergillosis ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ autoimmune hepatitis ] [ celiac disease ] [ nephrotic syndrome ] [ pyoderma gangrenosum ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ pemphigoid ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ ankylosing spondylitis ] [ polymyalgia rheumatica ] [ epicondylitis ] [ relapsing polychondritis ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ serum sickness ] [ Sjogren's syndrome ] [ congenital adrenal hyperplasia ] [ diffuse proliferative lupus nephritis ] [ Bell's palsy ] [ immunosuppression therapy for lung transplant ] [ follicular lymphoma ] [ pure red cell aplasia associated with CLL ] [ diffuse large B-cell lymphoma ] [ tuberculosis meningitis treatment adjunct ] [ neuroendocrine prostate carcinoma ] [ COPD exacerbation ] [ acute exacerbation of multiple sclerosis ] [ bronchiolitis obliterans with organizing pneumonia ] [ idiopathic pulmonary fibrosis ] [ adjunct tx for COVID-19 requiring oxygen or ventilation ] [ severe persistent asthma ]

Followed by

#### predniSONE (DELTASONE) tablet - POD #9 and 10

Dose: [ 1 mg ] [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 20 mg ]  
Route: [ oral ]  
Rate:  
Duration:

Frequency: **[ daily ]** [ Daily ] [ BID ]

Frequency Start: Starting S+9

Number of Doses: 2 Doses

Phase of Care: Post-op

Administration instructions:

Indications: [ pulmonary tuberculosis ] [ trichinosis ] [ sarcoidosis ] [ Pneumocystis jirovecii pneumonia ] [ hypercalcemia associated with sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ cutaneous T-cell lymphoma ] [ non-Hodgkin's lymphoma ] [ multiple myeloma ] [ acute lymphoid leukemia ] [ chronic lymphoid leukemia ] [ metastatic prostate carcinoma ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ primary adrenocortical insufficiency ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ pseudogout ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ myasthenia gravis ] [ Duchenne muscular dystrophy ] [ ophthalmia sympathetica ] [ uveitis ] [ rheumatic fever ] [ acute rheumatic carditis ] [ pericarditis ] [ carditis ] [ polyarteritis nodosa ] [ giant cell arteritis ] [ vasculitis ] [ nasal polyp ] [ allergic rhinitis ] [ asthma exacerbation ] [ hypersensitivity pneumonitis ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ allergic bronchopulmonary aspergillosis ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ autoimmune hepatitis ] [ celiac disease ] [ nephrotic syndrome ] [ pyoderma gangrenosum ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ pemphigoid ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ ankylosing spondylitis ] [ polymyalgia rheumatica ] [ epicondylitis ] [ relapsing polychondritis ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ serum sickness ] [ Sjogren's syndrome ] [ congenital adrenal hyperplasia ] [ diffuse proliferative lupus nephritis ] [ Bell's palsy ] [ immunosuppression therapy for lung transplant ] [ follicular lymphoma ] [ pure red cell aplasia associated with CLL ] [ diffuse large B-cell lymphoma ] [ tuberculosis meningitis treatment adjunct ] [ neuroendocrine prostate carcinoma ] [ COPD exacerbation ] [ acute exacerbation of multiple sclerosis ] [ bronchiolitis obliterans with organizing pneumonia ] [ idiopathic pulmonary fibrosis ] [ adjunct tx for COVID-19 requiring oxygen or ventilation ] [ severe persistent asthma ]

Followed by

#### predniSONE (DELTASONE) tablet - POD #11

Dose: [ 1 mg ] [ 2.5 mg ] [ 5 mg ] **[ 10 mg ]** [ 20 mg ]

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ daily ]** [ Daily ] [ BID ]

Frequency Start: Starting S+11

Number of Doses:

Phase of Care: Post-op

Administration instructions:

Indications: [ pulmonary tuberculosis ] [ trichinosis ] [ sarcoidosis ] [ Pneumocystis jirovecii pneumonia ] [ hypercalcemia associated with sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ cutaneous T-cell lymphoma ] [ non-Hodgkin's lymphoma ] [ multiple myeloma ] [ acute lymphoid leukemia ] [ chronic lymphoid leukemia ] [ metastatic prostate carcinoma ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ primary adrenocortical insufficiency ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ pseudogout ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ myasthenia gravis ] [ Duchenne muscular dystrophy ] [ ophthalmia sympathetica ] [ uveitis ] [ rheumatic fever ] [ acute rheumatic carditis ] [ pericarditis ] [ carditis ] [ polyarteritis nodosa ] [ giant cell arteritis ] [ vasculitis ] [ nasal polyp ] [ allergic rhinitis ] [ asthma exacerbation ] [ hypersensitivity pneumonitis ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ allergic bronchopulmonary aspergillosis ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ autoimmune hepatitis ] [ celiac disease ] [ nephrotic syndrome ] [ pyoderma gangrenosum ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ pemphigoid ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ ankylosing spondylitis ] [ polymyalgia rheumatica ] [ epicondylitis ] [ relapsing polychondritis ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ serum sickness ] [ Sjogren's syndrome ] [ congenital adrenal hyperplasia ] [ diffuse proliferative lupus nephritis ] [ Bell's palsy ] [ immunosuppression therapy for lung transplant ] [ follicular lymphoma ] [ pure red cell aplasia associated with CLL ] [ diffuse large B-cell lymphoma ] [ tuberculosis meningitis treatment adjunct ] [ neuroendocrine prostate carcinoma ] [ COPD exacerbation ] [ acute exacerbation of multiple sclerosis ] [ bronchiolitis obliterans with organizing pneumonia ] [ idiopathic pulmonary fibrosis ] [ adjunct tx for COVID-19 requiring oxygen or ventilation ] [ severe persistent asthma ]

#### [X] Immunosuppression Therapy: Option 2 - mycophenolate IVPB (Selection Required)

##### [X] mycophenolate (CELLCEPT) IVPB plus NS bag for line care (Selection Required)

#### mycophenolate (CELLCEPT) in dextrose 5% IVPB

Dose: [ 250 mg ] [ 500 mg ] [ 750 mg ] **[ 1,000 mg ]**

Route: **[ intravenous ]**

Rate:

Duration: **[ Administer over: 2 Hours ]** [ 2 Hours ]

Frequency: **[ 2 times daily at 0900, 2100 (TIME CRITICAL) ]** [ Two times daily ]

Frequency Start: Starting S

Number of Doses:

Phase of Care: Post-op

Administration instructions:

Indications:

And

#### sodium chloride 0.9 % bag for line care

Dose: **[ 100 mL ]**

Route: **[ intravenous ]**

Rate: 30 mL/hr

Duration: [ 15 Minutes ] [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ] [ 120 Minutes ]

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

PRN comment: **[ line care ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: For mycophenolate line care  
Indications:

[ ] Immunosuppression Therapy: Option 3 - tacrolimus NG Tube or Oral and cyclosporine NG Tube or Oral (Selection Required)

( ) tacrolimus (PROGRAF) 0.5 mg/ml oral suspension - POD #1

Dose: **[ 0.5 mg ]** [ 1 mg ] [ 1.5 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7 mg ] [ 8 mg ] [ 9 mg ] [ 10 mg ]  
Route: **[ Nasogastric ]** [ oral ]  
Rate:  
Duration:  
Frequency: **[ 2 times daily at 0600, 1800 (TIME CRITICAL) ]** [ Two times daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Clamp Nasogastric tube times 1 hour.  
Indications:

( ) tacrolimus (PROGRAF) capsule - POD #1

Dose:  
Route: [ oral ] **[ sublingual ]** [ feeding tube ]  
Rate:  
Duration:  
Frequency: **[ 2 times daily at 0600, 1800 ]** [ Two times daily ] [ Daily at 0600 ] [ Daily at 1800 ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Open the capsule and put the contents under the tongue.  
Indications: [ myasthenia gravis ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ immunosuppression maintenance tx for lung transplant ]

( ) cycloSPORINE (NEORAL) solution - POD #1

Dose:  
Route: **[ Nasogastric ]** [ oral ]  
Rate:  
Duration:  
Frequency: **[ 2 times daily at 0600, 1800 ]** [ Daily at 0600 ] [ Two times daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Clamp Nasogastric tube times 1 hour.  
Indications: [ psoriatic arthritis ] [ severe recalcitrant psoriasis ] [ rheumatoid arthritis ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ graft-versus-host disease ] [ prevention of graft-versus-host disease ] [ pure red cell aplasia associated with CLL ] [ immunosuppression maintenance tx for lung transplant ]

( ) cycloSPORINE (NEORAL) capsule - POD #1

Dose: [ 25 mg ] [ 50 mg ] [ 75 mg ] [ 100 mg ] [ 200 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily at 0600, 1800 ]** [ Daily at 0600 ] [ Daily at 1800 ] [ Two times daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: do not crush, split, or chew  
Indications: [ psoriatic arthritis ] [ severe recalcitrant psoriasis ] [ rheumatoid arthritis ] [ prevention of kidney transplant rejection ] [ prevention of liver transplant rejection ] [ prevention of cardiac transplant rejection ] [ graft-versus-host disease ] [ prevention of graft-versus-host disease ] [ pure red cell aplasia associated with CLL ] [ immunosuppression maintenance tx for lung transplant ]

Pneumocystis Prophylaxis

[ ] sulfamethoxazole-trimethoprim (BACTRIM DS) Options (Selection Required)

( ) sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ user specified ]** [ Once ] [ Daily ] [ Q12H SCH ] [ 3x weekly ] [ User Specified ]  
Frequency Start: Starting S+5  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give on PostOp Day 5.  
Indications: [ cholera ] [ typhoid fever ] [ paratyphoid fever ] [ gastroenteritis due to Shigella ] [ isosporiasis ] [ brucellosis ] [ Listeria meningitis ] [ pertussis ] [ nocardiosis ] [ chlamydial infections ] [ Q fever ] [ lymphogranuloma venereum ] [ granuloma inguinale ] [ paracoccidiodomycosis ] [ toxoplasmosis prevention ] [ Pneumocystis jirovecii pneumonia ] [ Pneumocystis jirovecii pneumonia prevention ] [ Haemophilus influenzae ]

acute otitis media ] [ Streptococcus acute otitis media ] [ acute bacterial otitis media ] [ bacterial endocarditis ] [ sinusitis ] [ bacterial pneumonia ] [ chronic bronchitis with bacterial exacerbation ] [ Streptococcus pneumoniae chronic bronchitis ] [ Haemophilus influenzae chronic bronchitis ] [ diverticulitis of gastrointestinal tract ] [ Enterobacter cloacae urinary tract infection ] [ E. coli urinary tract infection ] [ Klebsiella urinary tract infection ] [ Proteus urinary tract infection ] [ Morganella morganii urinary tract infection ] [ prevention of bacterial urinary tract infection ] [ chronic bacterial prostatitis ] [ skin and skin structure infection ] [ bone infection ] [ meningococcal carrier ] [ Whipple's disease ] [ postexposure plague prophylaxis ] [ bacterial urinary tract infection ] [ AIDS with toxoplasmosis ] [ diabetic foot infection ]

Questions:

Indication: [ **Medical Prophylaxis** ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]  
Type of Therapy: [ **New Anti-Infective Order** ]  
Reason for Therapy: [ Bacterial Infection Suspected ] [ Bacterial Infection Documented ] [ **Surgical Prophylaxis** ] [ Medical Prophylaxis ] [ Other ]

(X) sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension

Dose: 20 mL  
Route: [ **Nasogastric** ] [ oral ]  
Rate:  
Duration:  
Frequency: [ **user specified** ] [ Q12H SCH ] [ Q24H SCH ] [ User Specified ]  
Frequency Start: Starting S+5  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give on PostOp Day 5.  
Indications: [ cholera ] [ typhoid fever ] [ paratyphoid fever ] [ gastroenteritis due to Shigella ] [ isosporiasis ] [ brucellosis ] [ Listeria meningitis ] [ pertussis ] [ nocardiosis ] [ chlamydial infections ] [ Q fever ] [ lymphogranuloma venereum ] [ granuloma inguinale ] [ paracoccidioidomycosis ] [ toxoplasmosis prevention ] [ Pneumocystis jirovecii pneumonia ] [ Pneumocystis jirovecii pneumonia prevention ] [ Haemophilus influenzae acute otitis media ] [ Streptococcus acute otitis media ] [ acute bacterial otitis media ] [ bacterial endocarditis ] [ sinusitis ] [ bacterial pneumonia ] [ chronic bronchitis with bacterial exacerbation ] [ Streptococcus pneumoniae chronic bronchitis ] [ Haemophilus influenzae chronic bronchitis ] [ diverticulitis of gastrointestinal tract ] [ Enterobacter cloacae urinary tract infection ] [ E. coli urinary tract infection ] [ Klebsiella urinary tract infection ] [ Proteus urinary tract infection ] [ Morganella morganii urinary tract infection ] [ prevention of bacterial urinary tract infection ] [ chronic bacterial prostatitis ] [ skin and skin structure infection ] [ bone infection ] [ meningococcal carrier ] [ Whipple's disease ] [ postexposure plague prophylaxis ] [ bacterial urinary tract infection ] [ AIDS with toxoplasmosis ] [ diabetic foot infection ]

Questions:

Indication: [ **Medical Prophylaxis** ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]  
Type of Therapy: [ **New Anti-Infective Order** ]  
Reason for Therapy: [ Bacterial Infection Suspected ] [ Bacterial Infection Documented ] [ **Surgical Prophylaxis** ] [ Medical Prophylaxis ] [ Other ]

[ ] atovaquone (MEPRON) suspension - If Known or Suspected Sulfa Allergy - POD #5

Dose: 750 mg  
Route: [ **Nasogastric** ] [ oral ]  
Rate:  
Duration:  
Frequency: [ **2 times daily** ] [ Daily ] [ BID ]  
Frequency Start: Starting S+5  
Number of Doses:  
Phase of Care:  
Administration instructions: If Known or Suspected Sulfa Allergy  
Indications: [ babesiosis ] [ toxoplasmosis ] [ toxoplasmosis prevention ] [ Pneumocystis jirovecii pneumonia ] [ Pneumocystis jirovecii pneumonia prevention ] [ AIDS with toxoplasmosis ]

Antivirals

( ) valganciclovir (VALCYTE) 50 mg/mL oral solution

Dose: [ **450 mg** ] [ 900 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **2 times daily** ] [ Daily ] [ BID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ prevention of cytomegalovirus disease ] [ CMV retinitis in AIDS patient ] [ prevention of CMV disease after kidney transplantation ] [ prevention of CMV disease after cardiac transplantation ] [ prevention of CMV disease in kidney-pancreas transplant ]

Questions:

Indication: [ Influenza ] [ HSV ] [ HIV ] [ CMV ] [ RSV ] [ Hepatitis B ] [ Hepatitis C ] [ VZV ] [ Other Herpes Virus ] [ Other Community Acquired Respiratory Virus ] [ Other ] [ **Medical Prophylaxis** ] [ Surgical Prophylaxis ]  
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before

making renal dose adjustments ]

(X) ganciclovir (CYTOVENE) IVPB - POD #0 (Selection Required)

---

ganciclovir (CYTOVENE) IVPB

---

Dose: [ 1.25 mg/kg ] [ 2.5 mg/kg ] [ 3 mg/kg ] [ **5 mg/kg** ] [ 6 mg/kg ]  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 60 Minutes ]** [ 60 Minutes ]  
Frequency: **[ daily ]** [ Q12H SCH ] [ Q24H SCH ]  
Frequency Start: Starting S  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

---

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]  
Type of Therapy: **[ New Anti-Infective Order ]**  
Reason for Therapy: [ Viral Infection Suspected ] [ Viral Infection Documented ] **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ] [ Other ]  
[ganciclovir] Indication: [ Influenza ] [ HSV ] [ HIV ] [ CMV ] [ RSV ] [ Hepatitis B ] [ Hepatitis C ] [ VZV ] [ Other Herpes Virus ] [ Other Community Acquired Respiratory Virus ] [ Other ] [ Medical Prophylaxis ] [ Surgical Prophylaxis ]

And

sodium chloride 0.9 % bag for line care

---

Dose: **[ 100 mL ]**  
Route: **[ intravenous ]**  
Rate: 30 mL/hr  
Duration: [ 15 Minutes ] [ 30 Minutes ] [ 60 Minutes ] [ 90 Minutes ] [ 120 Minutes ]  
Frequency: **[ PRN ]** [ Once PRN ]  
PRN comment: **[ line care ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: For ganciclovir line care  
Indications:

( ) acyclovir (ZOVIRAX) IV

---

Dose: 5 mg/kg  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: every 8 hours  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

---

Indication: [ Influenza ] [ HSV ] [ HIV ] [ CMV ] [ RSV ] [ Hepatitis B ] [ Hepatitis C ] [ VZV ] [ Other Herpes Virus ] [ Other Community Acquired Respiratory Virus ] [ Other ] **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ]  
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

( ) acyclovir (ZOVIRAX)

---

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

Questions:

---

Indication: [ Influenza ] [ HSV ] [ HIV ] [ CMV ] [ RSV ] [ Hepatitis B ] [ Hepatitis C ] [ VZV ] [ Other Herpes Virus ] [ Other Community Acquired Respiratory Virus ] [ Other ] **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ]  
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before

making renal dose adjustments ]

## Antifungal

### [X] nystatin (MYCOSTATIN) 100,000 unit/mL suspension

Dose: **[ 5 mL ]** [ 10 mL ]  
Route: **[ oral ]** [ Swish & Spit ] [ Swish & Swallow ]  
Rate:  
Duration:  
Frequency: **[ 4 times daily ]** [ TID ] [ 4x Daily ]  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Paint mouth with swab while intubated. Once extubated, convert to swish and swallow.  
Indications: [ oral candidiasis ] [ gastrointestinal candidiasis ] [ mucocutaneous candidiasis ]

#### Questions:

Indication: [ Aspergillosis ] [ Blastomycosis ] [ Candidiasis ] [ Febrile neutropenia ] [ Mycosis ] [ Histoplasmosis ] [ Fungal Peritonitis ] [ Coccidioidomycosis ] [ Cryptococcal Meningitis ] [ Candidemia ] [ Other ] [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]**

### [X] voriconazole (VFEND) 200 mg/5 mL suspension

Dose: [ 100 mg ] **[ 200 mg ]** [ 300 mg ] [ 400 mg ]  
Route: **[ Nasogastric ]** [ oral ]  
Rate:  
Duration:  
Frequency: **[ every 12 hours ]** [ BID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications: [ disseminated candidiasis ] [ esophageal candidiasis ] [ histoplasmosis ] [ aspergillosis ] [ invasive pulmonary aspergillosis ] [ febrile neutropenic patient presumed infection treatment ] [ fungal infection due to *Scedosporium apiospermum* ] [ *Fusarium* infection ] [ candidemia ] [ refractory oropharyngeal candidiasis ]

#### Questions:

Indication: [ Aspergillosis ] [ Blastomycosis ] [ Candidiasis ] [ Febrile neutropenia ] [ Mycosis ] [ Histoplasmosis ] [ Fungal Peritonitis ] [ Coccidioidomycosis ] [ Cryptococcal Meningitis ] [ Candidemia ] [ Other ] **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ]

### [X] micafungin (MYCAMINE) IVPB

Dose: **100 mg**  
Route: **[ intravenous ]**  
Rate:  
Duration: Administer over: 1 Hours  
Frequency: **every 24 hours**  
Frequency Start:  
Number of Doses: **2 Doses**  
Phase of Care: **Post-op**  
Administration instructions:  
Indications:

#### Questions:

RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? **[ YES, I am an approved provider ]**  
[ I am ordering on behalf of an approved provider ] [ NO ] [ Formulary policy override (pharmacist use only) ]  
Indication: [ Aspergillosis ] [ Candidiasis ] [ Febrile Neutropenia ] [ Other ] [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]**

### [X] amphotericin B liposome (AMBISOME) 50 mg inhalation suspension AND ipratropium (ATROVENT) 0.02 % nebulizer solution (Selection Required)

#### amphotericin B liposome (AMBISOME) 50 mg in water for injection, sterile (PF) 6.25 mL inhalation suspension

Dose: **[ 50 mg ]**  
Route: **[ inhalation ]**  
Rate:  
Duration:  
Frequency: **[ Respiratory Therapy - Daily ]** [ Daily ] [ Q48H ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: For inhalation use only  
Indications:

#### Questions:

RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology

(Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? [ YES, I am an approved provider ] [ I am ordering on behalf of an approved provider ] [ NO ] [ Formulary policy override (pharmacist use only) ]  
Indication: [ Aspergillosis ] [ Blastomycosis ] [ Candidiasis ] [ Coccidioidomycosis ] [ Cryptococcosis ] [ Febrile Neutropenia ] [ Fungal Peritonitis ] [ Fusariosis ] [ Histoplasmosis ] [ Mucor/Zygomycosis ] [ Scedosporiosis ] [ Other ]

And

ipratropium (ATROVENT) 0.02 % nebulizer solution

Dose: **[ 0.5 mg ]**  
Route: **[ nebulization ]**  
Rate:  
Duration:  
Frequency: **[ Respiratory Therapy - Daily ]** [ Q4H ] [ Q4H While awake ] [ Q6H ] [ Q6H While awake ] [ Q4H PRN ] [ Q6H PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications: [ chronic obstructive asthma ] [ bronchospasm prevention with COPD ] [ maintenance therapy for asthma ]

Questions:

Aerosol Delivery Device: [ Hand-Held Nebulizer ] [ Intrapulmonary Percussive Ventilation (Meta-Neb Device) ]

PostOperative Antibiotics - Gram Positive coverage (Selection Required)

(X) Gram Positive Coverage Antibiotics (Selection Required)

(X) vancomycin (VANCOGIN) IV - Administer 1 hour PRIOR to skin incision.

Dose: 15 mg/kg (Max: 2,000 mg)  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: every 12 hours  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

Indication: **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

( ) linezolid in dextrose 5% (ZYVOX) IVPB - For Known/Suspected Allergies or Suspected Drug-Resistant Organism to Vancomycin

Dose: 600 mg  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 60 Minutes ]** [ 60 Minutes ] [ 120 Minutes ]  
Frequency: **[ every 12 hours ]** [ Once ] [ Q12H ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: **[ anthrax septicemia ]** [ meningitis due to anthrax ] [ vancomycin-resistant Enterococcus faecium infection ] [ streptococcal pneumonia ] [ staphylococcal pneumonia ] [ Staphylococcus nosocomial pneumonia ] [ Staphylococcus aureus skin and skin structure infection ] [ skin and skin structure Strep. pyogenes infection ] [ complicated skin and skin structure S. aureus infection ] [ complicated skin structure S. agalactiae infection ] [ complicated skin structure S. pyogenes infection ] [ bone infection ] [ vancomycin resistant Enterococcus faecium bacteremia ] [ nosocomial pneumonia due to Streptococcus pneumoniae ] [ diabetic foot infection due to gram-positive bacteria ] [ pediatric fever without a source ] [ pulmonary multi-drug resistant M. tuberculosis ]

Questions:

Indication: **[ Medical Prophylaxis ]** [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

PostOperative Antibiotics - Gram Negative coverage (Selection Required)

(X) Gram Negative Coverage Antibiotics (Selection Required)

Select ONE of the following:

(X) ceFEPime (MAXIPIME) IV



Dose: [ 1 g ] [ 2 g ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q6H ] [ Q8H ] [ Q12H ]  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications:

**Questions:**

Indication: [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]** [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

**( ) piperacillin-tazobactam (ZOSYN) IV**

Dose: 3.375 g  
Route: **[ intravenous ]**  
Rate:  
Duration: **[ Administer over: 30 Minutes ]** [ 30 Minutes ]  
Frequency: every 6 hours  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Administer over 30 minutes. \*\* STANDARD INFUSION \*\*  
Indications:

**Questions:**

Indication: [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]** [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

**( ) meropenem (MERREM) IV**

Dose: 500 mg  
Route: **[ intravenous ]**  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: every 6 hours  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions:  
Indications:

**Questions:**

Indication: [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]** [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

**( ) For Penicillin Allergy: aztreonam (AZACTAM) IV**

Dose: [ 500 mg ] [ 1 g ] [ 2 g ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: every 8 hours  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: For Known or Suspected Penicillin Allergy  
Indications:

**Questions:**

Indication: [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]** [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

**PostOperative Antibiotics – Mycoplasma/Ureaplasma coverage (Selection Required)**

**(X) Doxycycline (Vibramycin) IV**

Dose: **[ 100 mg ]** [ 200 mg ]

Route: intravenous  
Rate:  
Duration: [ 60 ] [ 120 ]  
Frequency: **[ every 12 hours ]** [ Q12H ] [ Q24H ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

Indication: [ Medical Prophylaxis ] **[ Surgical Prophylaxis ]** [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Stress Ulcer Prophylaxis

( ) pantoprazole (PROTONIX) injection

Dose: **[ 40 mg ]**  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 0600 ]** [ Daily before breakfast ] [ Once ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]  
Indication(s) for Proton Pump Inhibitor (PPI) Therapy: [ Stress Ulcer Prophylaxis(SUP) in a Critical Care Unit ] [ GERD ] [ GI ulcer (PUD, gastric, duodenal) ] [ H. Pylori infection ] [ Erosive esophagitis ] [ Pathological hypersecretory conditions (e.g., Zollinger-Ellison syndrome) ] [ NSAID-associated gastric ulcers or prophylaxis in patients at risk (age GREATER than or EQUAL to 60 years and/or history of gastric ulcer, dual antiplatelet therapy, treatment dose anticoagulant therapy) ] [ Active GI bleeding or history of GI bleeding in the last year ] [ Receiving GREATER than or EQUAL to 100mg hydrocortisone or its equivalent ] [ GREATER than or EQUAL to 60 years and on dual antiplatelet therapy ] [ GREATER than or EQUAL to 60 years and on treatment dose anticoagulant therapy ] [ Other (Specify) ]

( ) famotidine (PEPCID) injection

Dose: 20 mg  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily ]** [ Daily ] [ BID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

Questions:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

PRN Mild Pain (Pain Score 1-3)

(adjust dose for renal/liver function and age)

( ) acetaminophen (TYLENOL) tablet OR oral solution (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet

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 ]  
Frequency Start:  
Number of Doses:

Phase of Care: Post-op

Administration instructions: Give the tablet if the patient can tolerate oral medication.

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

Or

acetaminophen (TYLENOL)suspension

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 ]

Frequency Start:

Number of Doses:

Phase of Care: Post-op

Administration instructions: Give if patient cannot receive oral tablet but can receive oral solution.

Indications:

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old Only Appears If: SB INPATIENT AGE<65 YEARS

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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:

Number of Doses:

Phase of Care: Post-op

Administration instructions: Give if patient is able to tolerate oral medication.

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

Questions:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age?

Y/N: [ Yes ] [ No ]

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

Or

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution

Dose: **[ 12.5 mL ]** [ 2.5 mL ] [ 5 mL ] [ 10 mL ]

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ every 6 hours PRN ]** [ Once ] [ 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:

Number of Doses:

Phase of Care: Post-op

Administration instructions: Use if patient cannot swallow tablet.

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

Questions:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age?

Y/N: [ Yes ] [ No ]

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

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

HYDROcodone-acetaminophen (NORCO) 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:  
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) ]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [ 5 mL ] [ 10 mL ] [ 15 mL ]  
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:  
Number of Doses:  
Phase of Care:  
Administration instructions: If patient cannot swallow tablet.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

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

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

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

Or

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution

Dose: [ 5 mL ] [ 10 mL ] [ 15 mL ]  
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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient cannot swallow tablet.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

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

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

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

Or

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution

Dose: [ **20 mL** ] [ 5 mL ] [ 10 mL ] [ 15 mL ]  
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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient can not swallow tablet.  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

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

( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours

Dose: [ 25 mg ] [ **50 mg** ] [ 100 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Q4H PRN ] [ Q6H PRN ] [ TID PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ **moderate pain (score 4-6)** ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
(Max Daily dose not to exceed 200 mg/day).

Give if patient is able to tolerate oral medication

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

Questions:

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

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old Only Appears If: **SB INPATIENT AGE>65 YEARS**

NOTICE: Before any pain medication is used you MUST NOTIFY MD and get approval.  
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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

Dose: [ 0.5 tablet ] [ **1 tablet** ] [ 2 tablet ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **once 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:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age?  
Y/N: [ Yes ] [ No ]  
Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

Or

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution

Dose: [ **12.5 mL** ] [ 2.5 mL ] [ 5 mL ] [ 10 mL ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Once ] [ 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:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Use if patient cannot swallow tablet.  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age?  
Y/N: [ Yes ] [ No ]  
Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

HYDROcodone-acetaminophen (NORCO) 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:  
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) ]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [ 5 mL ] [ **10 mL** ] [ 15 mL ]  
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:  
Number of Doses:  
Phase of Care:  
Administration instructions: If patient cannot swallow tablet.  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

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

( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)

Dose: [ 25 mg ] [ 50 mg ] [ 100 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ] [ TID PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

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

PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old Only Appears If: SB INPATIENT AGE<65 YEARS

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

Dose: 25 mcg  
Route: [ intravenous ] [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 2 hour PRN ] [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
PRN comment: [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications: [ acute pain ] [ chronic pain ]

Questions:

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

( ) morphine 2 mg/mL injection

Dose: 2 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

Questions:

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

( ) HYDROmorphone (DILAUDID) injection

Dose: 0.5 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old Only Appears If: SB INPATIENT AGE>65 YEARS

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

Dose: 12.5 mcg  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: **[ every 2 hour PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
PRN comment: **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ] [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

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

( ) morphine 2 mg/mL injection

Dose: 1 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

Questions:

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

( ) HYDRomorphone (DILAUDID) injection

Dose: 0.2 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old Only Appears If: SB INPATIENT AGE<65 YEARS

(adjust dose for renal/liver function and age)

( ) HYDRomorphone (DILAUDID) tablet

Dose: [ 1 mg ] **[ 2 mg ]** [ 4 mg ] [ 8 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]** [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

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

( ) morphine (MSIR) tablet

Dose: **[ 15 mg ]** [ 30 mg ] [ 60 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q1H PRN ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]



PRN comment: [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ] [ shortness of breath ]  
Frequency Start:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give if patient is able to tolerate oral medication  
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 6 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:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give if patient is able to tolerate oral medication  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

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

PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old Only Appears If: **SB INPATIENT AGE>65 YEARS**  
(adjust dose for renal/liver function and age)

( ) 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:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give if patient is able to tolerate oral medication  
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 10-325) 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:  
Number of Doses:  
Phase of Care: **Post-op**  
Administration instructions: Give if patient is able to tolerate oral medication  
Indications: [ **acute pain** ] [ chronic pain ]

Questions:

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

( ) HYDROmorphine (DILAUDID) tablet

Dose: [ 1 mg ] [ **2 mg** ] [ 4 mg ] [ 8 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ] [ other ]  
Frequency Start:

Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication  
Indications: **acute pain** [ chronic pain ]

Questions:

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

( ) morphine (MSIR) tablet

Dose: **15 mg** [ 30 mg ] [ 60 mg ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **every 6 hours PRN** [ Q1H PRN ] [ Q2H PRN ] [ Q3H PRN ] [ Q4H PRN ]  
PRN comment: [ moderate pain (score 4-6) ] **severe pain (score 7-10)** [ shortness of breath ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication  
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 6 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Give if patient is able to tolerate oral medication  
Indications: **acute pain** [ chronic pain ]

Questions:

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

PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old Only Appears If: SB INPATIENT AGE<65 YEARS

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

Dose: 50 mcg  
Route: **intravenous** [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: **every 3 hours PRN** [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
PRN comment: [ moderate pain (score 4-6) ] **severe pain (score 7-10)** [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
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:  
Number of Doses:

Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

Questions:

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

( ) HYDRomorphone (DILAUDID) injection

Dose: 0.8 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old Only Appears If: SB INPATIENT AGE>65 YEARS

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.  
(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection

Dose: 25 mcg  
Route: [ **intravenous** ] [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ **every 3 hours PRN** ] [ Q1H PRN ] [ Q2H PRN ] [ Once ]  
PRN comment: [ moderate pain (score 4-6) ] [ **severe pain (score 7-10)** ] [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
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: 2 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

Questions:

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

( ) HYDRomorphone (DILAUDID) injection

Dose: 0.5 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:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Use if patient is unable to swallow or faster onset is needed  
Indications:

Bowel Care

[\[X\] sennosides-docusate sodium \(SEKOT-S\) 8.6-50 mg per tablet](#)

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

[\[ \] bisacodyl \(DULCOLAX\) suppository](#)

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

[\[X\] polyethylene glycol \(MIRALAX\) packet](#)

Dose: 17 g  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: daily PRN  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ bowel evacuation ] [ constipation ]

[\[X\] docusate sodium \(COLACE\) capsule](#)

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

Antiemetics

[\[X\] ondansetron \(ZOFTRAN\) IV or Oral \(Selection Required\)](#)

[ondansetron ODT \(ZOFTRAN-ODT\) disintegrating tablet](#)

Dose: **[ 4 mg ]** [ 8 mg ] [ 16 mg ] [ 24 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours PRN ]** [ Once ] [ Q12H SCH ] [ Q8H PRN ]  
PRN comment: **[ nausea ] [ vomiting ]**  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ prevention of post-operative nausea and vomiting ] [ prevention of radiation-induced 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

[ondansetron \(ZOFTRAN\) 4 mg/2 mL 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:

Number of Doses:

Phase of Care:

Administration instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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]

[ ] [promethazine \(PHENERGAN\) IV or Oral or Rectal \(Selection Required\)](#)

---

[promethazine \(PHENERGAN\) 12.5 mg IV](#)

---

Dose: 12.5 mg

Route: intravenous

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: [nausea] [vomiting]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Indications:

Or

[promethazine \(PHENERGAN\) tablet](#)

---

Dose: [12.5 mg] [25 mg] [50 mg]

Route: [oral]

Rate:

Duration:

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

PRN comment: [nausea] [vomiting]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Indications: [allergic conjunctivitis] [allergic rhinitis] [vasomotor rhinitis] [urticaria] [sedation] [pain treatment adjunct] [prevention of post-operative nausea and vomiting] [post-operative nausea and vomiting] [motion sickness] [anaphylaxis adjunct] [excessive vomiting in pregnancy] [prevention of motion sickness]

Or

[promethazine \(PHENERGAN\) suppository](#)

---

Dose: [12.5 mg] [25 mg] [50 mg]

Route: [rectal]

Rate:

Duration:

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

PRN comment: [nausea] [vomiting]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Indications: [allergic conjunctivitis] [allergic rhinitis] [vasomotor rhinitis] [urticaria] [sedation] [pain treatment adjunct] [prevention of post-operative nausea and vomiting] [post-operative nausea and vomiting] [motion sickness] [anaphylaxis adjunct] [excessive vomiting in pregnancy] [prevention of motion sickness]

Or

[promethazine \(PHENERGAN\) intraMUSCULAR injection](#)

---

Dose: [6.25 mg] [12.5 mg]

Route: [intramuscular]

Rate:

Duration:

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

PRN comment: [nausea] [vomiting]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Indications: [apprehension] [transfusion reaction urticaria] [sedation as adjunct to anesthesia] [general anesthesia adjunct] [sedation in obstetrics] [pain treatment adjunct] [nausea and vomiting] [prevention of post-operative nausea and vomiting] [motion sickness] [anaphylaxis adjunct] [allergic reaction]

[Respiratory Medications](#)

---

[ ] [albuterol \(PROVENTIL\) nebulizer solution](#)

Dose: [ 2.5 mg ]  
Route: [ nebulization ]  
Rate:  
Duration:  
Frequency: [ Respiratory Therapy - every 4 hours ] [ Q3H ] [ Q4H While awake ] [ Q6H ] [ Q6H While awake ] [ Q4H PRN ] [ Q6H PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ acute asthma attack ] [ bronchospasm prevention ] [ exercise-induced bronchospasm prevention ] [ chronic obstructive pulmonary disease ]

Questions:

Aerosol Delivery Device: [ Hand-Held Nebulizer ] [ Intrapulmonary Percussive Ventilation (Meta-Neb Device) ]

[X] ipratropium (ATROVENT) 0.02 % nebulizer solution

Dose: [ 0.5 mg ]  
Route: [ nebulization ]  
Rate:  
Duration:  
Frequency: [ Respiratory Therapy - every 4 hours ] [ Q4H ] [ Q4H While awake ] [ Q6H ] [ Q6H While awake ] [ Q4H PRN ] [ Q6H PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ chronic obstructive asthma ] [ bronchospasm prevention with COPD ] [ maintenance therapy for asthma ]

Questions:

Aerosol Delivery Device: [ Hand-Held Nebulizer ] [ Intrapulmonary Percussive Ventilation (Meta-Neb Device) ]

[X] acetylcysteine 200 mg/mL (20 %) inhalation dose

Dose: [ 200 mg ] [ 400 mg ]  
Route: [ nebulization ]  
Rate:  
Duration:  
Frequency: [ Respiratory Therapy - every 12 hours ] [ Once ] [ BID ] [ TID ] [ Q4H ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions: Patients should receive an aerosolized bronchodilator 10 to 15 minutes prior to dose  
Indications:

Questions:

Aerosol Delivery Device: [ Hand-Held Nebulizer ] [ Intrapulmonary Percussive Ventilation (Meta-Neb Device) ]  
Meta-Neb Indications: [ Atelectasis ] [ Inadequate Lung Expansion ] [ Inadequate Secretion Clearance ]

Itching: For Patients LESS than 70 years old Only Appears If: SB INPATIENT AGE<70 YEARS

( ) diphenhydrAMINE (BENADRYL) tablet

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Once ] [ Q6H ] [ Q4H PRN ] [ Q6H PRN ] [ Nightly PRN ]  
PRN comment: [ itching ] [ allergies ] [ sleep ] [ dystonic reactions ] [ anaphylaxis/allergic reaction ] [ premedication ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications:

( ) hydrOXYzine (ATARAX) tablet

Dose: [ 10 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ TID PRN ] [ 4x Daily PRN ] [ Q4H PRN ] [ Q6H PRN ] [ TID ] [ 4x Daily ]  
PRN comment: [ itching ] [ allergies ] [ anxiety ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ anxiety ] [ allergic dermatitis ] [ pruritus of skin ] [ urticaria ] [ sedation as adjunct to anesthesia ]

( ) cetirizine (ZyrTEC) tablet

Dose: [ 5 mg ] [ 10 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ daily PRN ] [ Daily ] [ Nightly ] [ BID ]  
PRN comment: [ allergies ] [ rhinitis ] [ itching ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ perennial allergic rhinitis ] [ atopic dermatitis ] [ chronic idiopathic urticaria ] [ urticaria ] [ seasonal allergic rhinitis ]

( ) fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed

Dose: [ 30 mg ] [ 60 mg ] [ 180 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ 2 times daily PRN ] [ Daily ] [ BID ]  
PRN comment: [ itching ] [ rhinitis ] [ allergies ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ chronic idiopathic urticaria ] [ urticaria ] [ seasonal allergic rhinitis ]

Itching: For Patients GREATER than 77 years old Only Appears If: SB INPATIENT AGE>77 YEARS

( ) cetirizine (ZyrTEC) tablet

Dose: [ 5 mg ] [ 10 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ daily PRN ] [ Daily ] [ Nightly ] [ BID ] [ Daily PRN ]  
PRN comment: [ allergies ] [ rhinitis ] [ itching ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ perennial allergic rhinitis ] [ atopic dermatitis ] [ chronic idiopathic urticaria ] [ urticaria ] [ seasonal allergic rhinitis ]

Itching: For Patients between 70-76 years old Only Appears If: SB INPATIENT AGE 70-76 YEARS

( ) cetirizine (ZyrTEC) tablet

Dose: [ 5 mg ] [ 10 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ daily PRN ] [ Daily ] [ Nightly ] [ BID ] [ Daily PRN ]  
PRN comment: [ allergies ] [ rhinitis ] [ itching ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ perennial allergic rhinitis ] [ atopic dermatitis ] [ chronic idiopathic urticaria ] [ urticaria ] [ seasonal allergic rhinitis ]

Insomnia: For Patients GREATER than 70 years old Only Appears If: SB INPATIENT AGE 70 YEARS AND ABOVE

( ) ramelteon (ROZEREM) tablet

Dose: [ 8 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ nightly PRN ] [ Nightly PRN ]  
PRN comment: [ sleep ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ sleep-onset insomnia ]

Insomnia: For Patients LESS than 70 years old Only Appears If: SB INPATIENT AGE<70 YEARS

[ ] zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep (Selection Required)

( ) 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 ]

ramelteon (ROZEREM) tablet

Dose: [ 8 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ nightly PRN ] [ Nightly PRN ]  
PRN comment: [ sleep ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Post-op  
Administration instructions:  
Indications: [ sleep-onset insomnia ]

VTE

VTE Risk and Prophylaxis Tool (Selection Required) Only Appears If: HM SB DVT POSTOP PHYSICIANS

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients - [https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%208.20.2021v15.pdf)

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: PACU & 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: PACU & 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: PACU & 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: PACU & 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**

[X] Moderate risk of VTE

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

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

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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: PACU & 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**

[X] High risk of VTE

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

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

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

LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

Low Risk (Selection Required)

(X) Low risk of VTE

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

Questions:

Low risk: **Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation** [ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ]

( ) MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: HM SB SURGICAL LOG LAST 3 DAYS

(X) Moderate Risk (Selection Required)

(X) Moderate risk of VTE

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

(X) Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Place/Maintain sequential compression device continuous

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

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency:  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: [ 2.5 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ daily ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: **[ 7,500 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Wt LESS than or equal to 100 kg

---

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

warfarin (COUMADIN) (Selection Required)

---

WITHOUT pharmacy consult

---

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

WITH pharmacy consult (Selection Required)

---

Pharmacy consult to manage warfarin (COUMADIN)

---

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ]  
Comments:

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

warfarin (COUMADIN) tablet

---

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

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: PACU & 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: PACU & Post-op

( ) MODERATE Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

(X) Moderate Risk (Selection Required)

(X) Moderate risk of VTE

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

(X) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Place/Maintain sequential compression device continuous

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

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[ 30 mg ]** [ 40 mg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency:  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: **[ 2.5 mg ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily ]** [ Daily ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with



thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 12 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 8 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: [ 7,500 Units ] [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 8 hours ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]

Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: [ **5,000 Units** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

**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: PACU & 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: PACU & Post-op

**HIGH Risk of VTE - Surgical (Selection Required)** Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

**High Risk (Selection Required)**

**High risk of VTE**

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

**High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)**

**Contraindications exist for pharmacologic prophylaxis**

Priority: **Routine**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

**For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)**

**enoxaparin (LOVENOX) injection**

Dose: **[ 30 mg ]** [ 40 mg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **daily at 1700**  
Frequency Start: **Starting S+1**  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency:  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: [ **2.5 mg** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **daily** ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ **Yes** ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ **5,000 Units** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:

Frequency: **every 12 hours scheduled** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: **5,000 Units**  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 8 hours scheduled** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: **7,500 Units** [ 5,000 Units ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 8 hours** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: **5,000 Units**  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 8 hours** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis ]

prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

[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: PACU & 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: PACU & Post-op

( ) HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

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

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **30 mg** [ 40 mg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency:  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: **2.5 mg**  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **daily** [ Daily ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 12 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 8 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: [ 7,500 Units ] [ 5,000 Units ]  
Route: [ subcutaneous ]



Rate:  
Duration:  
Frequency: **every 8 hours** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: **5,000 Units**  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 8 hours** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] **[ STAT ]**  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ]  
Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **oral**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [

prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

[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: PACU & 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: PACU & Post-op

( ) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: HM SB SURGICAL LOG LAST 3 DAYS

[X] High Risk (Selection Required)

[X] High risk of VTE

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

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

( ) Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) aspirin chewable tablet

Dose: [ 81 mg ] **[ 162 mg ]** [ 243 mg ] [ 324 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily ]** [ Once ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial infarction prevention ] [ prevention of cerebrovascular accident ] [ peripheral arterial thromboembolism prevention ]

( ) aspirin (ECOTRIN) enteric coated tablet

Dose: [ 81 mg ] **[ 162 mg ]** [ 243 mg ] [ 325 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily ]** [ Once ] [ Daily ]  
Frequency Start: Starting S+1

Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ rheumatic fever ] [ acute rheumatic carditis ] [ myocardial reinfarction prevention ] [ myocardial infarction prevention ] [ cerebral thromboembolism prevention ] [ Kawasaki disease ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ fever ] [ pain ] [ headache disorder ] [ synovitis ] [ prevention of transient ischemic attack ] [ thrombosis prevention after PCI ]

( ) Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

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

Route: [ oral ]

Rate:

Duration:

Frequency: [ 2 times daily ] [ BID ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ pulmonary thromboembolism ] [ deep venous thrombosis ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ prevent thromboembolism in chronic atrial fibrillation ] [ thrombosis with thrombocytopenia syndrome ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ VTE prophylaxis ] [ Other: Specify ]

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

Priority: [ Routine ] [ STAT ]

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

Comments:

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ VTE prophylaxis ] [ Other: Specify ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]

Route: [ subcutaneous ]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]

Route: [ subcutaneous ]

Rate:

Duration:

Frequency:

Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: [ 2.5 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ daily ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op

Administration instructions: If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ 5,000 Units ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ every 12 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ]

[ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: [ **5,000 Units** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours scheduled** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: [ **7,500 Units** ] [ 5,000 Units ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: [ **5,000 Units** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

Dose: [ 2.5 mg ] [ **10 mg** ] [ 15 mg ] [ 20 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 0600 (TIME CRITICAL)** ] [ Daily at 1700 ] [ BID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.  
Indications: [ pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of thromboembolism in paroxysmal atrial fib ] [ thrombosis with thrombocytopenia syndrome ] [ thrombosis prevention after Fontan procedure ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ Coronary /Peripheral Artery Disease ] [ **VTE prophylaxis** ] [ Other: Specify ]

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ **VTE prophylaxis** ] [ Other: Specify ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

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

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

Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: [ **oral** ]

Rate:

Duration:

Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

[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: PACU & 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: PACU & Post-op

**VTE Risk and Prophylaxis Tool** Only Appears If: **HM SB DVT POSTOP NURSE**

Low Risk Definition Moderate Risk Definition  
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition  
Both pharmacologic AND mechanical prophylaxis must be addressed.  
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:  
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)  
Age 60 and above Severe fracture of hip, pelvis or leg  
Central line Acute spinal cord injury with paresis  
History of DVT or family history of VTE Multiple major traumas  
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER  
Less than fully and independently ambulatory Acute ischemic stroke  
Estrogen therapy History of PE  
Moderate or major surgery (not for cancer)  
Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients - [https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%208.20.2021v15.pdf)

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: PACU & 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: PACU & 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: PACU & 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: PACU & 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**

Moderate risk of VTE

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

LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

Low Risk (Selection Required)

Low risk of VTE

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

Questions:

Low risk: **[ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ]** [ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ]

MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

Moderate Risk (Selection Required)

Moderate risk of VTE

Priority: Routine

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

[X] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Place/Maintain sequential compression device continuous

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

( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Contraindications exist for mechanical prophylaxis

Priority: **Routine**  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

---

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

---

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

---

[X] enoxaparin (LOVENOX) injection

---

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency:  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

---

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

( ) fondaparinux (ARIXTRA) injection

---

Dose: [ 2.5 mg ]  
Route: [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ daily ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

---

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

---

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

#### ( ) HEParin (porcine) injection - Q12 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

#### Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

#### ( ) HEParin (porcine) injection - Q8 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

#### ( ) Not high bleed risk (Selection Required)

##### ( ) Wt > 100 kg

Dose: **[ 7,500 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

##### ( ) Wt LESS than or equal to 100 kg

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

#### ( ) warfarin (COUMADIN) (Selection Required)

##### ( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] **STAT**

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

Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

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: PACU & 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: PACU & Post-op

MODERATE Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk (Selection Required)

Moderate risk of VTE

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

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Place/Maintain sequential compression device continuous

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

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

enoxaparin (LOVENOX) injection

Dose:  30 mg  40 mg  
Route:  subcutaneous  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

enoxaparin (LOVENOX) injection

Dose:  30 mg  40 mg  
Route:  subcutaneous  
Rate:  
Duration:  
Frequency:  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose:  2.5 mg  
Route:  subcutaneous  
Rate:  
Duration:  
Frequency:  daily  Daily  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op

Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

Indications:  acute myocardial infarction  acute coronary syndrome  acute pulmonary thromboembolism  deep venous thrombosis   
deep vein thrombosis prevention  thrombosis in heparin-induced thrombocytopenia  hip surgery deep vein thrombosis prevention   
knee replacement deep vein thrombosis prevention  abdominal surgery deep vein thrombosis prevention  thrombosis with  
thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer  
Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: **[ 7,500 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:



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 ]

warfarin (COUMADIN) (Selection Required)

WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] **STAT**

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

Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

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: PACU & 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: PACU & Post-op

( ) HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: HM SB SURGICAL LOG LAST 3 DAYS

[X] High Risk (Selection Required)

[X] High risk of VTE

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

[X] High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[ 30 mg ]** [ 40 mg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency:  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: [ 2.5 mg ]

Route: [ subcutaneous ]

Rate:

Duration:

Frequency: [ daily ] [ Daily ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions: If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ 5,000 Units ]

Route: [ subcutaneous ]

Rate:

Duration:

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

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: [ 5,000 Units ]

Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: **[ 7,500 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ]  
Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target

INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **[ oral ]**

Rate:

Duration:

Frequency: **[ daily at 1700 ]** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

Dose Selection Guidance: [ Ordered by pharmacist per consult ]

[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: PACU & 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: PACU & Post-op

( ) HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine

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

Comments:

Phase of Care: PACU & Post-op

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Comments:

Phase of Care: PACU & 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 ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

enoxaparin (LOVENOX) injection

Dose:  30 mg  40 mg ]  
Route:  subcutaneous ]  
Rate:  
Duration:  
Frequency: daily at 1700  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

enoxaparin (LOVENOX) injection

Dose:  30 mg  40 mg ]  
Route:  subcutaneous ]  
Rate:  
Duration:  
Frequency:  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications:

Questions:

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

fondaparinux (ARIXTRA) injection

Dose:  2.5 mg ]  
Route:  subcutaneous ]  
Rate:  
Duration:  
Frequency:  daily  Daily ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op

Administration instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

Indications:  acute myocardial infarction ]  acute coronary syndrome ]  acute pulmonary thromboembolism ]  deep venous thrombosis ]  deep vein thrombosis prevention ]  thrombosis in heparin-induced thrombocytopenia ]  hip surgery deep vein thrombosis prevention ]  knee replacement deep vein thrombosis prevention ]  abdominal surgery deep vein thrombosis prevention ]  thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  Yes ]

heparin (Selection Required)

High Risk Bleeding Characteristics  
Age > 75  
Weight < 50 kg  
Unstable Hgb  
Renal impairment  
Plt count < 100 K/uL  
Dual antiplatelet therapy  
Active cancer

Cirrhosis/hepatic failure  
Prior intra-cranial hemorrhage  
Prior ischemic stroke  
History of bleeding event requiring admission and/or transfusion  
Chronic use of NSAIDs/steroids  
Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: **[ 7,500 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: **[ 5,000 Units ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 8 hours ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start:

Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

warfarin (COUMADIN) (Selection Required)

---

WITHOUT pharmacy consult

---

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

WITH pharmacy consult (Selection Required)

---

Pharmacy consult to manage warfarin (COUMADIN)

---

Priority: [ Routine ] **STAT**

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

Comments:

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

warfarin (COUMADIN) tablet

---

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [ Once ] [ Daily at 1700 ] [ User Specified ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

---

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

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: PACU & 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: PACU & Post-op

( ) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

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

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

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: PACU & 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 ]

( ) aspirin chewable tablet

Dose: [ 81 mg ] **[ 162 mg ]** [ 243 mg ] [ 324 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily ]** [ Once ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial infarction prevention ] [ prevention of cerebrovascular accident ] [ peripheral arterial thromboembolism prevention ]

( ) aspirin (ECOTRIN) enteric coated tablet

Dose: [ 81 mg ] **[ 162 mg ]** [ 243 mg ] [ 325 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ daily ]** [ Once ] [ Daily ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ rheumatic fever ] [ acute rheumatic carditis ] [ myocardial reinfarction prevention ] [ myocardial infarction prevention ] [ cerebral thromboembolism prevention ] [ Kawasaki disease ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ fever ] [ pain ] [ headache disorder ] [ synovitis ] [ prevention of transient ischemic attack ] [ thrombosis prevention after PCI ]

( ) Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

Dose: **[ 2.5 mg ]** [ 5 mg ] [ 10 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily ]** [ BID ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:

Indications: [ pulmonary thromboembolism ] [ deep venous thrombosis ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ prevent thromboembolism in chronic atrial fibrillation ] [ thrombosis with thrombocytopenia syndrome ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ **VTE prophylaxis** ] [ Other: Specify ]

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ **VTE prophylaxis** ] [ Other: Specify ]

( ) enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  
Weight Dose  
LESS THAN 100kg enoxaparin 40mg daily  
100 to 139kg enoxaparin 30mg every 12 hours  
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

( ) For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ **30 mg** ] [ 40 mg ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: **daily at 1700**  
Frequency Start: **Starting S+1**  
Number of Doses:  
Phase of Care: **PACU & Post-op**  
Administration instructions:  
Indications:

Questions:

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

( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [ 30 mg ] [ 40 mg ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency:  
Frequency Start: **Starting S+1**  
Number of Doses:  
Phase of Care: **PACU & Post-op**  
Administration instructions:  
Indications:

Questions:

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

( ) fondaparinux (ARIXTRA) injection

Dose: [ **2.5 mg** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **daily** ] [ Daily ]  
Frequency Start: **Starting S+1**

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions: If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
Indications: [ acute myocardial infarction ] [ acute coronary syndrome ] [ acute pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ abdominal surgery deep vein thrombosis prevention ] [ thrombosis with thrombocytopenia syndrome ]

Questions:

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): [ Yes ]

( ) heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

( ) High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

( ) HEParin (porcine) injection - Q12 Hours

Dose: [ 5,000 Units ]

Route: [ subcutaneous ]

Rate:

Duration:

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

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

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 ]

Questions:

Indication for lower dose/frequency: [ Age >=75 ] [ Weight < 50 kg ] [ Unstable Hgb ] [ Renal impairment ] [ Plt count < 100 K/uL ] [ Dual antiplatelet therapy ] [ Active cancer ] [ Cirrhosis/hepatic failure ] [ Prior intra-cranial hemorrhage ] [ Prior ischemic stroke ] [ History of bleeding event requiring admission and/or transfusion ] [ Chronic use of NSAIDs/steroids ] [ Active GI ulcer ] [ Other ]

( ) HEParin (porcine) injection - Q8 Hours

Dose: [ 5,000 Units ]

Route: [ subcutaneous ]

Rate:

Duration:

Frequency: [ every 8 hours scheduled ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]

Frequency Start:

Number of Doses:

Phase of Care: PACU & Post-op

Administration instructions:

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 ]

( ) Not high bleed risk (Selection Required)

( ) Wt > 100 kg

Dose: [ **7,500 Units** ] [ 5,000 Units ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Wt LESS than or equal to 100 kg

Dose: [ **5,000 Units** ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 8 hours** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: S+1 at 6:00 AM  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
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 ]

( ) Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

Dose: [ 2.5 mg ] [ **10 mg** ] [ 15 mg ] [ 20 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 0600 (TIME CRITICAL)** ] [ Daily at 1700 ] [ BID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.  
Indications: [ pulmonary thromboembolism ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis in heparin-induced thrombocytopenia ] [ hip surgery deep vein thrombosis prevention ] [ knee replacement deep vein thrombosis prevention ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of thromboembolism in paroxysmal atrial fib ] [ thrombosis with thrombocytopenia syndrome ] [ thrombosis prevention after Fontan procedure ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ Coronary /Peripheral Artery Disease ] [ **VTE prophylaxis** ] [ Other: Specify ]

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indications: [ Atrial Fibrillation ] [ Deep vein thrombosis / Pulmonary embolism ] [ Prevention of recurrent DVT or PE following treatment doses at least 6 months ] [ **VTE prophylaxis** ] [ Other: Specify ]

( ) warfarin (COUMADIN) (Selection Required)

( ) WITHOUT pharmacy consult

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral

thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

( ) WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [ Routine ] [ **STAT** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Until Discontinued ]  
Comments:

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]

[X] warfarin (COUMADIN) tablet

Dose: [ 1 mg ] [ 2 mg ] [ 2.5 mg ] [ 3 mg ] [ 4 mg ] [ 5 mg ] [ 6 mg ] [ 7.5 mg ] [ 10 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **daily at 1700** ] [ Once ] [ Daily at 1700 ] [ User Specified ]  
Frequency Start: Starting S+1  
Number of Doses:  
Phase of Care: PACU & Post-op  
Administration instructions:  
Indications: [ myocardial reinfarction prevention ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ cerebral thromboembolism prevention ] [ thromboembolic disorder ] [ thrombotic disorder ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ deep vein thrombosis with pulmonary embolism ] [ thromboembolism due to prosthetic heart valves ] [ prevent thromboembolism in chronic atrial fibrillation ] [ prevention of venous thromboembolism recurrence ]

Questions:

Indication: [ Atrial fibrillation (Target INR 2-3) ] [ Deep venous thrombosis (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2-3) ] [ Mechanical heart valve (Target INR 2.5-3.5) ] [ Pulmonary embolism (Target INR 2-3) ] [ Stroke or TIA (Target INR 2-3) ] [ LVAD (2-3) ] [ Other (Specify indication & Target INR) ]  
Dose Selection Guidance: [ Ordered by pharmacist per consult ]

[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: PACU & 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: PACU & Post-op

Labs

Laboratory STAT Upon Arrival

[X] Lactic acid level - ONE TIME ORDER ONLY

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

[X] Comprehensive metabolic panel

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

[X] CBC with platelet and differential

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

[X] Urogenital ureaplasma and mycoplasma species PCR

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

Questions:

Specimen Source: **[Bronchoalveolar Lavage (BAL)]** [ Genital Swab ] [ Rectal Swab ] [ Sputum ] [ Tracheal Aspirates ] [ Upper Respiratory Swabs ] [ Urine ]

[X] Ionized calcium

Frequency: **[STAT For 1 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Deliver specimen immediately to the Core Laboratory.  
Phase of Care: Post-op

[X] Ammonia level

Frequency: **[STAT For 1 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Specimen must be placed on ice and delivered immediately to the Core Laboratory.  
Phase of Care: Post-op

[X] Magnesium level

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

[X] Phosphorus level

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

[X] LDH

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

[X] Vitamin D 25 hydroxy level

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

Laboratory every 6 hours x 3

[X] Hemoglobin and hematocrit

Frequency: **[Every 6 hours For 3 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: 6 hours after Arrival  
Phase of Care: Post-op

[X] Basic metabolic panel

Frequency: **[Every 6 hours For 3 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: 6 hours after Arrival  
Phase of Care: Post-op

Laboratory every 48 hours x 3

[X] Ammonia level

Frequency: **[AM draw, Starting S+1 For 1 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw on POD 2 (Every 48 Hours)  
Phase of Care: Post-op

[X] Ammonia level

Frequency: **[AM draw, Starting S+3 For 1 Occurrences]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw on POD 4 (Every 48 Hours)  
Phase of Care: Post-op

[X] Ammonia level

Frequency: **AM draw, Starting S+5 For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw on POD 6 (Every 48 Hours)  
Phase of Care: Post-op

Troponin x 3

Troponin T

Frequency: **Every 8 hours For 3 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Laboratory Every Morning x 3 days

CBC with platelet and differential

Frequency: **AM draw repeats For 7 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Comprehensive metabolic panel

Frequency: **AM draw repeats For 3 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Magnesium level

Frequency: **AM draw repeats For 7 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Phosphorus level

Frequency: **AM draw repeats For 7 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Ionized calcium

Frequency: **AM draw repeats For 3 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Deliver specimen immediately to the Core Laboratory.  
Phase of Care: Post-op

LDH

Frequency: **AM draw repeats For 3 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Immunosuppression Levels

FK506 Tacrolimus level, trough

Frequency: **AM draw repeats, Starting S+1 For 7 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Nursing Instructions: Draw sample prior to administering dose. Do not delay dose administration for lab results unless specified by provider.  
Phase of Care: Post-op

Post Transplant Labs Mondays x 3

Cytomegalovirus by PCR

Frequency: **Every Monday For 3 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Questions:

Specimen Source: [ Plasma ] [ Bronchoalveolar Lavage ] [ Cerebrospinal Fluid ] [ Urine ] [ Bronch Wash ] [ Swab ] [ Bone Marrow ] [ Pleural Fluid ] [ Tissue ] [ Other ]

Arterial Blood Gas

Arterial blood gas

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

Arterial blood gas

Frequency: **Every 6 hours For 3 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Every 6 hours x 3  
Phase of Care: Post-op

Arterial blood gas

Frequency: **AM draw repeats For 3 Days** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Post-op

Microbiology

[X] Blood culture x 2

[X] Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices - <https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>

Blood culture, aerobic & anaerobic

Frequency: **Once** [ STAT ] [ AM Draw ] [ Timed ]

Specimen type: Blood

Specimen source:

Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Phase of Care:

And

Blood culture, aerobic & anaerobic

Frequency: **Once** [ STAT ] [ AM Draw ] [ Timed ]

Specimen type: Blood

Specimen source:

Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Phase of Care:

[X] Blood culture x 2

[X] Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices - <https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>

Blood culture, aerobic & anaerobic

Frequency: **Once** [ STAT ] [ AM Draw ] [ Timed ]

Specimen type: Blood

Specimen source:

Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Phase of Care:

And

Blood culture, aerobic & anaerobic

Frequency: **Once** [ STAT ] [ AM Draw ] [ Timed ]

Specimen type: Blood

Specimen source:

Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Phase of Care:

[X] Urinalysis screen and microscopy, with reflex to culture

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

Comments: One activation if temperature greater than 99.9 Fahrenheit.

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 ]

Cardiology

Cardiology



[X] ECG 12 lead

Priority: STAT  
Frequency: **[ Once For 1 Occurrences ]** [ STAT ] [ Once ] [ Conditional ] [ Daily ]  
Comments: STAT upon arrival to unit  
Phase of Care: Post-op

Questions:

Clinical Indications: Post-Op Surgery  
Interpreting Physician:

[X] ECG 12 lead

Priority: Routine  
Frequency: **[ Daily, Starting S+1 For 3 Days ]** [ STAT ] [ Once ] [ Conditional ] [ Daily ]  
Comments: Every morning times 3 days  
Phase of Care: Post-op

Questions:

Clinical Indications: Post-Op Surgery  
Interpreting Physician:

Imaging

X-Ray

[X] XR Chest 1 Vw Portable

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ 1 time imaging, Starting S at 1:00 AM For 1 Occurrences ]** [ Once ]  
Comments: STAT upon arrival to unit.  
Phase of Care: Post-op

[X] XR Chest 1 Vw Portable

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Daily imaging, Starting S+1 For 7 Days ]** [ Once ]  
Comments: AM Every morning x 7 days  
Phase of Care: Post-op

[X] XR Chest 1 Vw Portable

Priority: [ Routine ] **[ STAT ]**  
Frequency: **[ Conditional Frequency For 1 ]** [ Once ]  
Comments: Unlimited activations if temperature greater than 99.9 degrees Fahrenheit.  
Phase of Care: Post-op

Other Studies

Respiratory

Respiratory Therapy

[X] Suctioning

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Every 4 hours ]** [ PRN ]  
Comments: Bag and suction with coude catheter only. Do not suction if PEEP is more than 10, unless absolutely necessary  
Phase of Care: Post-op

Questions:

Route: **[ Endotracheal ]** [ Nasotracheal ]

[X] Incentive spirometry instructions

Priority: **[ Routine ]**  
Frequency: **[ Every hour ]** [ Once ]  
Comments: Start when extubated.  
Phase of Care: Post-op

Questions:

Frequency of use:

[X] 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: Start when extubated.  
Phase of Care: Post-op

Consults

For Physician Consult orders use sidebar

Consults

Consult Diabetes/Endocrinology

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 HMM 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 to PT eval and treat

Phase of Care: Post-op  
Comments: Evaluate and treat for endurance and ambulation

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

Consult to OT eval and treat

Phase of Care: Post-op  
Comments:

Questions:

Reason for referral to Occupational Therapy (mark all that apply):  Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming)  Post-operative instruction or treatment necessary prior to discharge  Decrease in functional cognition from patient's baseline  Needs home safety recommendations prior to discharge  Increased falling (non-syncopal).  Patient lives alone and is deconditioned (post-surgery or extensive hospital stay)  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

Consult to Nutrition Services

Phase of Care: Post-op  
Comments: Registered Dietitian

Questions:

Reason For Consult?  MD order Diet Consult  Transplant Evaluation  Diet Education  Wound  Other (Specify)  
Specify: Post Transplant Diet Education

Consult Methodist Rehab Associates

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

Questions:

Reason for Consult: **[ PM&R Evaluation ]** [ Other ]

---

[ ] Consult to Case Management

Phase of Care: Post-op

Comments:

Questions:

Consult Reason: [ Benefit Issues ] [ Discharge Planning ] [ Home Health ] [ Hospice ] [ Insurance Issues ] [ LTAC Referral ] [ Rehabilitation Referral ] [ SNF Referral ] [ DME ] [ Palliative Care Education ] [ Dialysis Placement ] [ SDOH ] **[ Other specify ]**  
Specify: Lung Transplant; arrange home nebulizer machine

[ ] Consult to Transplant Social Work

Phase of Care: Post-op

Comments:

Questions:

Reason for Consult? [ Transplant Psychosocial Evaluation ] [ Transplant Discharge Planning ] [ Patient identified per Admission Profile ] [ Patient request ]  
Organ Transplant: **[ Lung ]** [ Liver ] [ Heart ] [ Kidney ] [ Pancreas ] [ Living Donor ]

[ ] Consult to Speech Language Pathology

Priority: **[ Routine ]**

Frequency: **[ Once, Starting S+1 ]** [ Once ]

Comments:

Phase of Care: Post-op

Questions:

Reason for consult: [ Dysphagia ] [ Aphasia ] [ Dysarthria ] [ Communication ] [ Speaking Valve ] [ Cognition ] [ Other ]

Additional Orders

---