Location:
Enhanced Recovery After Surgery (ERAS) Orders ERAS/BSTOP Postop Diet/Nutrition and Multimodal Pain Medications
☐ ERAS Diet and Nutrition Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state
ERAS Diet and Nutrition for Acute patients
✓ Diet - Soft easy to digest Diet effective now, Routine, soft Diet(s): ○ Easy to digest (GERD) Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
Consult to Nutrition Services Once, Routine Reason For Consult? ○ Other (Specify) Specify: ERAS Nutrition Screening Purpose/Topic: ○ RD to perform nutrition screening and manage ERAS nutrition inluding post-op Impact formula as appropriate Reason for Consult?
☐ Chew Gum Until discontinued, Routine, Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.
○ ERAS Diet and Nutrition for ICU patients For patients LESS THAN 65 years old:
Nursing communication Until discontinued, PACU & Post-op, Routine, After extubation, perform bedside swallov evaluation.
Diet - Full Liquids Diet effective now, PACU & Post-op, Routine Diet(s): ○ Full Liquids Advance Diet as Tolerated? ○ Yes Target Diet: GERD - Easy to Digest diet Cultural/Special: Other Options: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
Consult to Nutrition Services Once, PACU & Post-op, Routine Reason For Consult? ○ Other (Specify) Specify: ERAS Purpose/Topic: ○ RD to manage ERAS nutrition including post-op Impact formula as appropriate Reason for Consult?
☐ ERAS Diet and Nutrition Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state
ERAS Diet and Nutrition for Acute patients
Diet - Soft easy to digest Diet effective now, Post-op, Routine, soft Diet(s): ○ Easy to digest (GERD) Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

Date\_ Page 1 of 54 **Printed Name:** 

Chew Gum Until discontinued, Post-op, Routine, Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.
○ ERAS Diet and Nutrition for ICU patients For patients LESS THAN 65 years old:
Nursing communication Until discontinued, Post-op, Routine, After extubation, perform bedside swallow evaluation.
Diet(s): ○ Full Liquids Diet(s): ○ Full Liquids Advance Diet as Tolerated? ○ Yes Target Diet: GERD - Easy to Digest diet Cultural/Special: Other Options: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
ERAS/BSTOP Multimodal Pain Medications
O ERAS Multimodal Pain Medications Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)
acetaminophen (TYLENOL) Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.
<ul> <li>Acetaminophen oral, per tube or rectal panel</li> <li>Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)</li> </ul>
acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
<ul> <li>acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3 fever</li> <li>Use if patient cannot swallow tablet.</li> </ul>
<ul> <li>acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 13)</li> </ul>
fever Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
<ul> <li>Acetaminophen oral, per tube or rectal panel</li> <li>Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)</li> </ul>
acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3 fever
Use if patient cannot swallow tablet.

**Printed Name:** 

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·	en (TYLENOL) suppository 650 mg, rectai, every 6 nours PRN, mild pain (score 1-
3) fever	
	administer acetaminophen suppository if the patient cannot take medication by
mouth or per tube.	
_	ns of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2
grams per day from	•
acetaminophen IV fol	•
Per Med Staff Polic criteria are satisfied IV acetaminophen	(Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that
been met?	I, per tube, or rectal routes of administration. Do you attest that this restriction has
IV acetaminophen administration, and alternate route of a	is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of lis only approved for post-operative use. If patient status allows, please utilize an dministration of acetaminophen.  ns of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2
grams per day fron	
☐ acetaminophe	en (TYLENOL)
○ Acet	aminophen oral, per tube or rectal panel
	of 4 grams of acetaminophen per day from all sources.
(Cirrno	sis patients maximum: 2 grams per day from all sources)
	<ul> <li>acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)</li> <li>fever</li> </ul>
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
	acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever
	Use if patient cannot swallow tablet.
	<ul> <li>acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)</li> </ul>
	fever  Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
	aminophen oral, per tube or rectal panel
	Im of 4 grams of acetaminophen per day from all sources. sis patients maximum: 2 grams per day from all sources)
(Sillie	acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild
	pain (score 1-3) fever
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
	acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever
	Use if patient cannot swallow tablet.

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mild pain (score 1-3)

acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN,

Sign:	Print	ed Name:	Date
∟ Ke	torolac (TORADOL) IV		
	(TORADOL) IV and one oral N	ISAID to follow IV dose	
	DO NOT administer if creatir Not recommended for patien	) tablet 375 mg, oral, once, 1, Occurr nine > 1 mg/dL and age GREATER that ts with eGFR LESS than 30 mL/min C	an 75 years old
	Not recommended for patien Not recommended for patien	mg 800 mg, oral, once, 1, Occurrence ts with eGFR LESS than 30 mL/min 0 ts with eGFR LESS than 30 mL/min 0	OR acute kidney injury. OR acute kidney injury.
	Not recommended for patien Not recommended for patien	mg 600 mg, oral, once, 1, Occurrence ts with eGFR LESS than 30 mL/min 0 ts with eGFR LESS than 30 mL/min 0	OR acute kidney injury. OR acute kidney injury.
	Not recommended for patien	mg 400 mg, oral, once, 1, Occurrence ts with eGFR LESS than 30 mL/min Cts with eGFR LESS than 30 mL/min C	OR acute kidney injury.
40363	Do not administer if CrCl < 3	<b>200 mg</b> 200 mg, oral, once, 1, Occurr 0 mL/min ts with eGFR LESS than 30 mL/min 0	
✓ Ce doses	lecoxib (CELEBREX) OR Ibu	orofen (MOTRIN) OR Naprosyn Sod	ium (ALEVE) oral/enteral
_	Then switch to oral NSAID.	30 mg IV Q8H 30 mg, intravenous, ev	•
	O ketorolac (TORADOL) Then switch to oral NSAID	30 mg IV Q6H 30 mg, intravenous, ev	ery 6 hours
	O ketorolac (TORADOL) Then switch to oral NSAID	15 mg IV Q8H 15 mg, intravenous, ev	/ery 8 hours
	<ul><li>ketorolac (TORADOL)</li><li>Then switch to oral NSAID</li></ul>	15 mg IV Q6H 15 mg, intravenous, ev	ery 6 hours
☐ ke	torolac (TORADOL) IV		
O Ketorolac	(TORADOL) IV and one oral N	ISAID to follow IV dose	
Select Ketorolac(To		NSAID to follow IV dose OR selewith Stage IV - V CKD or AKI; in	
Maximum of 3 day from all so	grams of acetaminophen per da urces).	y from all sources. (Cirrhosis patients	s maximum: 2 grams per
IV acetaminoph tolerate oral, pe IV acetaminoph administration,	er tube, or rectal routes of adminen is restricted to use in patien	e only in OR, PACU, or ICU areas, and histration. Do you attest that this restricts to that cannot tolerate oral, per tube, of perative use. If patient status allows, p	iction has been met? or rectal routes of
1000 mg, intrav	venous, every 8 hours, 3, Occur	CTED) - for patients that cannot tole rences, PACU & Post-op witch IV to equivalent PO dose when	
	patients maximum	ms of acetaminophen per day from all: 2 grams per day from all sources).	,
		o administer acetaminophen supposit	ory if the patient cannot take

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ketorolac (TORADOL) 15 mg IV Q6H 15 mg, intravenous, every 6 hours Then switch to oral NSAID
ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every 8 hours Then switch to oral NSAID
ketorolac (TORADOL) 30 mg IV Q6H 30 mg, intravenous, every 6 hours Then switch to oral NSAID
ketorolac (TORADOL) 30 mg IV Q8H 30 mg, intravenous, every 8 hours Then switch to oral NSAID.
Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses
Celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurrences  Do not administer if CrCl < 30 mL/min  Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
<ul> <li>naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurrences</li> <li>DO NOT administer if creatinine &gt; 1 mg/dL and age GREATER than 75 years old</li> <li>Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.</li> </ul>
O Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses
<ul> <li>celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurrences</li> <li>Do not administer if CrCl &lt; 30 mL/min</li> <li>Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.</li> </ul>
ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrences  Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.  Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
<ul> <li>naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurrences</li> <li>DO NOT administer if creatinine &gt; 1 mg/dL and age GREATER than 75 years old</li> <li>Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.</li> </ul>
Gabapentinoids Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN) Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older
O HM IP MEDICATIONS PREGABALIN ERAS
O Pregabalin for patients GREATER than 65 years old
opregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) 25 mg, oral, 3 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/m

Date\_ Page 5 of 54 **Printed Name:** 

Sign:	Prin	ted Name:	Date
☐ For moder	ate breakthrough pain (pain	score 4-6)	
Only for moderate to	severe breakthrough pai		
Apply to affecte  Opioids	d area. Remove patch 12 hou	rs after applying.	
Remove after 1	, -	s with adhesive sensitivity or allergies	to lidocaine).
☐ lidocaine (LIDODI			
Сус		ablet 5 mg, oral, every 12 hours sched	
	Occurrences  methocarbamol (ROB)	AXIN) tablet 500 mg, oral, every 6 ho	urs scheduled, 14, Days
	•	AXIN) IVPB 500 mg, intravenous, eve	ry 8 hours scheduled, 3,
✓ me	thocarbamol (ROBAXIN) IV	followed by oral	
O Patients G	REATER THAN or EQUAL to	65 years old	
☐ Muscle Relaxant	Somaol physician ii somiloi	ondo or aromolitoso poroleto, Do Hot at	animistor il Olor > 10 IIIL/IIIII
	bedtime	TIN) capsule 300 mg (CrCl 15-29 mL ence or drowsiness persists; Do not ac	
	daily Contact physician if somnol	ence or drowsiness persists; Do not ac	dminister if CrCl <15 mL/mir
	_	TIN) capsule 300 mg (CrCl 30-59 mL	
	300 mg, oral, 3 times daily	TIN) capsule 300 mg (CrCl greater the ence or drowsiness persists; Do not account to the contract of the contr	
○ Ga	bapentin for patients LESS	•	
	bedtime, 5, Days	TIN) capsule 100 mg (CrCl 15-29 mL ence or drowsiness persists; Do not ac	
	daily, 5, Days Contact physician if somnol	ence or drowsiness persists; Do not a	dminister if CrCl <15 mL/mir
	100 mg, oral, 3 times daily, Contact physician if somnol	, .	dminister if CrCl <15 mL/mir
		TIN) capsule 100 mg (CrCl greater t	han or equal to 60 mL/min
	bapentin for patients GREA		
O HM IP GAE		ence or drowsiness persists; Do not ac	
	Contact physician if somnol	capsule 50 mg (CrCl 30-59 mL/min) 5 ence or drowsiness persists; Do not accapsule 50 mg (CrCl 15-29 mL/min) 5	dminister if CrCl <15 mL/mir
	Contact physician if somnol	ence or drowsiness persists; Do not ac	
	opregabalin (LYRICA) omg, oral, 3 times daily	capsule 50 mg (CrCl greater than or	equal to 60 mL/min) 50
O Pre	egabalin for patients LESS t	•	
	. ,	ence or drowsiness persists; Do not a	dminister if CrCl <15 mL/mir
		capsule 25 mg (CrCl 15-29 mL/min) 2	25 mg, oral, at bedtime, 5,
	Days  Contact physician if somnol	ence or drowsiness persists; Do not a	dminister if CrCl <15 mL/mir
		capsule 25 mg (CrCl 30-59 mL/min) 2	25 mg, oral, 2 times daily, 5,

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	Sign:	Printed Name:	Date
	O ketorola (score 4-6)	c (TORADOL) 15 mg 15 mg, intravenous, every 6 hour	s, 4, Occurrences, moderate pain
		NDOL) IV Iready given in O.R. or 6 hours after O.R. dose it 1 or when anticoagulation status contraindic	
Sele		m <mark>matory Drug (NSAID)</mark> oral or enteral as scheduled OR select oral or en rrhotic patients.	teral post-op; Do not exceed
	Maximum of 3 grams day from all sources).		patients maximum: 2 grams per
	fever	Iminister acetaminophen suppository if the patient cannot	,
	Use if patient cannot	swallow tablet.  (TYLENOL) suppository 650 mg, rectal, every 6 hours	PRN mild nain (score 1-3)
	,	(TYLENOL)suspension 650 mg, oral, every 6 hours Pl	RN, mild pain (score 1-3)
	fever	of acetaminophen per day from all sources. (Cirrhosis	
Max	imum of 4 grams o ams per day from a	er tube or rectal panel f acetaminophen per day from all sources. (Call sources) (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, m	•
	P Multimodal Pain Med		
	(score 7-10) IF unable to t	orPHONE (DILAUDID) injection 0.2 mg, intravenous, e olerate oral intake	very 3 hours PRN, severe pain
	Allowance for Give if patien	ol (ULTRAM) tablet 100 mg, oral, every 6 hours PRN, so Patient Preference: t can receive oral tablet/capsule.	
	PRN, severe Allowance for	ONE (ROXICODONE) IR - patients 65 years old and grain (score 7-10)  Patient Preference: t can receive oral tablet/capsule.	greater 5 mg, oral, every 6 hours
	PRN, severe Allowance for	one (ROXICODONE) IR - patients LESS than 65 year pain (score 7-10)  Patient Preference: t can receive oral tablet/capsule.	s old 10 mg, oral, every 6 hours
	☐ For severe break	kthrough pain (pain score 7-10)	
	Allo	traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hour wance for Patient Preference: e if patient can receive oral tablet/capsule.	s PRN, moderate pain (score 4-6)
	mod Allo	traMADoL (ULTRAM) tablet - patients with cirrhosis derate pain (score 4-6) wance for Patient Preference: e if patient can receive oral tablet/capsule.	50 mg, oral, every 12 hours PRN,
	☐ traMADo	L (ULTRAM)	
	pain (Non ve Allowance fo	one (ROXICODONE) immediate release tablet 5 mg, rbal CPOT or pain score 4-6), moderate pain (score 4-6) Patient Preference: t can receive oral tablet/capsule.	

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O ketorolac (TORADOL) 30 mg (score 4-6)	g 30 mg, intravenous, every 6 hours, 4, Occurrences, moderate pain
O celecoxib (CeleBREX) capsule 200 Do not administer to patients with CrCl<30	
_	LESS than 30 mL/min OR acute kidney injury.
☐ Gabapentinoids Consider pregabalin (LYRICA) only if unable to Contact physician if somnolence or drowsiness 15 mL/min; Give with caution to patients 65 years	persists; Need renal dose adjustment; Do not administer if CrCl <
O Gabapentinoids	
oral, once, 1, Occurrences	rapsule 300 mg (CrCl greater than or equal to 30 mL/min) 300 mg, or drowsiness persists; Do not administer if CrCl <15 mL/min
Occurrences	prapsule 200 mg (CrCl 15-29 mL/min) 200 mg, oral, once, 1, or drowsiness persists; Do not administer if CrCl <15 mL/min
O pregabalin (LYRICA) capsule Consider pregabalin (LYRICA) only if un	able to tolerate gabapentin (NEURONTIN) vsiness persists; Need renal dose adjustment; Do not administer if
O pregabalin (LYRICA) capsul	e 25 mg 25 mg, oral, 2 times daily
O pregabalin (LYRICA) capsul	e 50 mg 50 mg, oral, 2 times daily
$\ \square$ Patients GREATER THAN or EQUAL to 65	years old
methocarbamol (ROBAXIN) IV follow	wed by oral
methocarbamol (ROBAXIN)	IVPB 500 mg, intravenous, every 8 hours scheduled, 3, Occurrences
methocarbamol (ROBAXIN)	tablet 500 mg, oral, every 6 hours scheduled, 14, Days
☐ cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, every 12 hours scheduled, 3, Days
Acetaminophen oral, per tube or rectal paramaximum of 4 grams of acetaminophen	nel per day from all sources. (Cirrhosis patients maximum:
2 grams per day from all sources)	
acetaminophen (TYLENOL) tablet 6 fever	50 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Maximum of 3 grams of acetaminophen peday from all sources).	er day from all sources. (Cirrhosis patients maximum: 2 grams per
fever	sion 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot swallow tablet.	
<ul> <li>acetaminophen (TYLENOL) suppos fever</li> </ul>	sitory 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)
	hen suppository if the patient cannot take medication by mouth or per
Maximum of 3 grams of acetaminophen peday from all sources).	er day from all sources. (Cirrhosis patients maximum: 2 grams per
☐ For severe breakthrough pain (pain score	7-10)
Allowance for Patient Preference: Give if patient can receive oral tablet/caps	
Light tramadol (ULTRAM) tablet 100 mg, and Allowance for Patient Preference:  Give if patient can receive oral tablet/caps	oral, every 6 hours PRN, severe pain (score 7-10) ule.

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10)	nydromorPHONE (DILAUDID) injection 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-
IF un	hable to tolerate oral intake
	ne (NARCAN) 0.4 mg/mL injection 0.2 mg, intravenous, every 2 min PRN, respiratory depression et/Nutrition and Multimodal Pain Medications
☐ ERAS Diet and No	utrition
Encourage early ret tolerance and disea	turn to normal diet (hydration and nourishment); Start or advance diet based on patient's se state
C ERAS Diet au	nd Nutrition for Acute patients
Diet(s): ○ Ea Cultural/Spe Other Option Advance Die	ns: et as Tolerated? d Consistency: ction: oid:
	Gum Until discontinued, Post-op, Routine, Chew gum 3 times a day (for at least 30 minutes each time) vening of POD # 0.
	nd Nutrition for ICU patients SS THAN 65 years old:
Nursing evaluation.	g communication Until discontinued, Post-op, Routine, After extubation, perform bedside swallow
Diet(s): ○ Fu Advance Die Target Diet: Cultural/Spe Other Option	et as Tolerated? ○ Yes GERD - Easy to Digest diet ecial: ns: d Consistency: etion: oid:
☐ ERAS Diet and Note Encourage early ret tolerance and disea	turn to normal diet (hydration and nourishment); Start or advance diet based on patient's
C ERAS Diet au	nd Nutrition for Acute patients
Diet(s): ○ Ea Cultural/Spe Other Option Advance Die	ns: et as Tolerated? d Consistency: ction: oid:
Reason For Specify: ER	t to Nutrition Services Once, Routine Consult? Other (Specify) AS Nutrition Screening Dic: RD to perform nutrition screening and manage ERAS nutrition inluding post-op Impact formula as Consult?
evening of F	
	nd Nutrition for ICU patients SS THAN 65 years old:

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Nursing of evaluation.	communication Until discontinued, PACU & Post-op, Routine, After extubation, perform bedside swallow		
Diet(s): ○ Full Advance Diet	as Tolerated? ○ Yes ERD - Easy to Digest diet al: :: Consistency: on: d:		
Reason For C Specify: ERAS Purpose/Topic	c: ○ RD to manage ERAS nutrition including post-op Impact formula as appropriate		
Reason for Co			
	modal Pain Medications dal Pain Medications		
Goal of ERAS mureduce opioid use	ultimodal pain management is to preemptively manage and control postoperative pain and e. Select a combination of scheduled around the clock non-opioid analgesic medications ally for moderate to severe breakthrough pain (pain score 4-10)		
Select IV the	ophen (TYLENOL) en switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed v/2 gms for cirrhotic patients.		
<ul> <li>Acetaminophen oral, per tube or rectal panel</li> <li>Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patie maximum: 2 grams per day from all sources)</li> </ul>			
	acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)		
	fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).		
	<ul> <li>acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever</li> <li>Use if patient cannot swallow tablet.</li> </ul>		
	acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-		
	3) fever		
	Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.		
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).		
Maxir	cetaminophen oral, per tube or rectal panel num of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients num: 2 grams per day from all sources)		
	acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)		
	fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).		
	acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever		
	Use if patient cannot swallow tablet.		

**Printed Name:** 

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3) fever Utilize this orde mouth or per tu Maximum of 3	grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2
	from all sources).
acetaminophen IV	•
	Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved sfied:
· · · · · · · · · · · · · · · · · · ·	nen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that oral, per tube, or rectal routes of administration. Do you attest that this restriction has
administration,	nen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of and is only approved for post-operative use. If patient status allows, please utilize an of administration of acetaminophen.
Maximum of 3	grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 from all sources).
☐ acetamino	phen (TYLENOL)
Max	cetaminophen oral, per tube or rectal panel imum of 4 grams of acetaminophen per day from all sources. rhosis patients maximum: 2 grams per day from all sources)
(611	
	acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever Maximum of 3 groups of a cetamina plant and authors all a cureos. (Circles is
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
	<ul> <li>acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) fever</li> </ul>
	Use if patient cannot swallow tablet.
	acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) fever
	Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.  Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis
	patients maximum: 2 grams per day from all sources).
	cetaminophen oral, per tube or rectal panel
	mum of 4 grams of acetaminophen per day from all sources. rhosis patients maximum: 2 grams per day from all sources)
(6)1	acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild
	pain (score 1-3) fever
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
	<ul> <li>acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)</li> <li>fever</li> </ul>
	Use if patient cannot swallow tablet.

Date\_ Page 11 of 54 **Printed Name:** 

mild pain (score 1-3)

acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN,

Sign:	Printed Name:	<b>Date</b> Page 12 of 54
01.	B	<b>-</b> .
☐ ket	torolac (TORADOL) IV	
_	(TORADOL) IV and one oral NSAID to follow IV dose	
	O naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurr DO NOT administer if creatinine > 1 mg/dL and age GREATER that Not recommended for patients with eGFR LESS than 30 mL/min C	an 75 years old
	O ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrence Not recommended for patients with eGFR LESS than 30 mL/min C Not recommended for patients with eGFR LESS than 30 mL/min C	OR acute kidney injury.
	O ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrence Not recommended for patients with eGFR LESS than 30 mL/min C Not recommended for patients with eGFR LESS than 30 mL/min C	DR acute kidney injury. DR acute kidney injury.
	ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrence Not recommended for patients with eGFR LESS than 30 mL/min C Not recommended for patients with eGFR LESS than 30 mL/min C	DR acute kidney injury. DR acute kidney injury.
	O celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurr Do not administer if CrCl < 30 mL/min Not recommended for patients with eGFR LESS than 30 mL/min C	
doses		(
✓ Ce	lnen switch to oral NSAID.  lecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodi	ium (ALEVE) oral/enteral
	ketorolac (TORADOL) 30 mg IV Q8H 30 mg, intravenous, ev Then switch to oral NSAID.	very 8 hours
	○ ketorolac (TORADOL) 30 mg IV Q6H 30 mg, intravenous, ev Then switch to oral NSAID	very 6 hours
	○ <b>ketorolac (TORADOL) 15 mg IV Q8H</b> 15 mg, intravenous, ev Then switch to oral NSAID	very 8 hours
	ketorolac (TORADOL) 15 mg IV Q6H 15 mg, intravenous, ev Then switch to oral NSAID	very 6 hours
☐ ket	torolac (TORADOL) IV	
O Ketorolac	(TORADOL) IV and one oral NSAID to follow IV dose	
Select Ketorolac(TC	i-inflammatory Drug (NSAID) DRADOL) IV and one oral NSAID to follow IV dose OR selected; Do not give to patients with Stage IV - V CKD or AKI; in	
day from all sou	•	s maximum: 2 grams per
tolerate oral, pe IV acetaminoph administration, route of adminis	nen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and it tube, or rectal routes of administration. Do you attest that this restricted it is restricted to use in patients that cannot tolerate oral, per tube, or and is only approved for post-operative use. If patient status allows, patration of acetaminophen.	ction has been met? or rectal routes of please utilize an alternate
1000 mg, intrav Per Med Staff P satisfied:	Penous, every 8 hours, 3, Occurrences, PACU & Post-op Policy, R.Ph. will automatically switch IV to equivalent PO dose when	above approved criteria are
Ogostomino	fever Utilize this order to administer acetaminophen supposite medication by mouth or per tube.  Maximum of 3 grams of acetaminophen per day from all patients maximum: 2 grams per day from all sources).  phen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tole	I sources. (Cirrhosis
	forces	

ketorolac (TORADOL) 15 mg IV Q6H 15 mg, intravenous, every Then switch to oral NSAID	6 hours
O ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every Then switch to oral NSAID	8 hours
ketorolac (TORADOL) 30 mg IV Q6H 30 mg, intravenous, every Then switch to oral NSAID	6 hours
ketorolac (TORADOL) 30 mg IV Q8H 30 mg, intravenous, every Then switch to oral NSAID.	8 hours
Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium doses	(ALEVE) oral/enteral
Celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurrence Do not administer if CrCl < 30 mL/min  Not recommended for patients with eGFR LESS than 30 mL/min OR a	
ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR a Not recommended for patients with eGFR LESS than 30 mL/min OR a	2 2 2
ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR a Not recommended for patients with eGFR LESS than 30 mL/min OR a	
ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR a Not recommended for patients with eGFR LESS than 30 mL/min OR a	2 2 2
naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurrence DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 Not recommended for patients with eGFR LESS than 30 mL/min OR a	5 years old
O Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE	e) oral/enteral doses
Celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurrences Do not administer if CrCl < 30 mL/min Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidned	ey injury.
ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrences  Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended to the commended for patients with eGFR LESS than 30 mL/min OR acute kidned to the commended to the commend	ey injury.
ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidne Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidne	
ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidne Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidne	
naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurrences DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years of Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidned	
Gabapentinoids Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN) Contact physician if somnolence or drowsiness persists; Need renal dose adjustment administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and or	ent; Do not
O HM IP MEDICATIONS PREGABALIN ERAS	
O Pregabalin for patients GREATER than 65 years old	
opregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal mg, oral, 3 times daily, 5, Days Contact physician if somnolence or drowsiness persists; Do not admini	

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date
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	regabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) 25 mg, oral, 2 times daily, 5,
Days Conta	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
○ <b>p</b> Days	regabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) 25 mg, oral, at bedtime, 5,
-	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
O Pregabalir	n for patients LESS than 65 years old
	regabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min) 50
0,	ral, 3 times daily act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
-	regabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) 50 mg, oral, 2 times daily act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
-	regabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min) 50 mg, oral, at bedtime act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
O HM IP GABAPENT	TIN POSTOP ACUTE ERAS
○ Gabapent	in for patients GREATER than 65 years old
100 m	abapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/minng, oral, 3 times daily, 5, Days
	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
_	abapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min) 100 mg, oral, 2 times 5, Days
	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
	abapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min) 100 mg, oral, at me, 5, Days
	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
○ Gabapent	in for patients LESS than 65 years old
	abapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min
	ng, oral, 3 times daily act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
○ g daily	abapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min) 300 mg, oral, 2 times
Conta	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
○ g bedtir	abapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min) 300 mg, oral, at me
_	act physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/mir
☐ Muscle Relaxant	
_	R THAN or EQUAL to 65 years old
_	pamol (ROBAXIN) IV followed by oral
	nethocarbamol (ROBAXIN) IVPB 500 mg, intravenous, every 8 hours scheduled, 3, rrences
✓ m	nethocarbamol (ROBAXIN) tablet 500 mg, oral, every 6 hours scheduled, 14, Days
☐ cyclobenz	aprine (FLEXERIL) tablet 5 mg, oral, every 12 hours scheduled, 3, Days
☐ lidocaine (LIDODERM) pa	atch
Remove after 12 hours	RM) 5 % 1 patch, transdermal, every 24 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).  Remove patch 12 hours after applying.
Opioids Only for moderate to sever	
•	e breaktinough pain (pain score 4-6)
— For injuderate prea	ikunougn pam (pam scole 4-0)

**Printed Name:** 

Sign:\_

Date\_ Page 14 of 54

Sig	n·	Printed Name:	Date
	O ketorolac (TOF (score 4-6)	RADOL) 15 mg 15 mg, intravenous, every 6	6 hours, 4, Occurrences, moderate pain
S		IV given in O.R. or 6 hours after O.R. downers and contract the contract of th	
Select I	steroidal Anti-inflammato V then switch to oral or a day/2 gms for cirrhotio	enteral as scheduled OR select oral	or enteral post-op; Do not exceed
tu N da	ibe. laximum of 3 grams of ace ay from all sources).	taminophen per day from all sources. (Cirrh	
fe	ever	NOL) suppository 650 mg, rectal, every 6 er acetaminophen suppository if the patient	
fe U	ever se if patient cannot swallov	v tablet.	
N d	ay from all sources).	taminophen per day from all sources. (Cirrl	
2 gram	s per day from all sou acetaminophen (TYLE		
	taminophen oral, per tub	e or rectal panel <mark>aminophen per day from all sourc</mark> e	es (Cirrhosis nationts maximum
O BSTOP M	ultimodal Pain Medicatio	ns	
	(score 7-10) IF unable to tolerate	NE (DILAUDID) injection 0.2 mg, intravender oral intake	ous, every 3 hours PRN, severe pain
	Allowance for Patier Give if patient can re	eceive oral tablet/capsule.	
	PRN, severe pain (s Allowance for Patien Give if patient can re	nt Preference: eceive oral tablet/capsule.	
	PRN, severe pain (s Allowance for Patien Give if patient can re	nt Preference: eceive oral tablet/capsule.	
	☐ For severe breakthrou	gh pain (pain score 7-10)	
	Allowance	<b>DoL (ULTRAM) tablet</b> 50 mg, oral, every 6 for Patient Preference: ient can receive oral tablet/capsule.	6 hours PRN, moderate pain (score 4-6)
	<ul><li>traMA</li><li>moderate</li><li>Allowance</li></ul>	pain (score 4-6) for Patient Preference: ient can receive oral tablet/capsule.	rhosis 50 mg, oral, every 12 hours PRN,
	☐ traMADoL (UL	ΓRAM)	
	pain (Non verbal CF Allowance for Patier	COXICODONE) immediate release tablet 5 POT or pain score 4-6), moderate pain (scorent Preference: eceive oral tablet/capsule.	

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Sign:	Printed Name:	Date
Allowance for Patient Progressive if patient can receive		ere pain (score 7-10)
Allowance for Patient Progression Give if patient can receive	ve oral tablet/capsule.	
☐ For severe breakthrough		
Maximum of 3 grams of day from all sources).	acetaminophen per day from all sources. (Cirrh	nosis patients maximum: 2 grams per
fever	inister acetaminophen suppository if the patient	
Use if patient cannot swa	allow tablet. <b>YLENOL) suppository</b> 650 mg, rectal, every 6 l	hours PRN, mild pain (score 1-3)
acetaminophen (T) fever	YLENOL)suspension 650 mg, oral, every 6 hou	urs PRN, mild pain (score 1-3)
fever	acetaminophen per day from all sources. (Cirrh	,
	YLENOL) tablet 650 mg, oral, every 6 hours PR	RN, mild pain (score 1-3)
Acetaminophen oral, per Maximum of 4 grams of a 2 grams per day from all s	cetaminophen per day from all source	s. (Cirrhosis patients maximum
	FLEXERIL) tablet 5 mg, oral, every 12 hours sci	heduled, 3, Days
✓ methocarba	amol (ROBAXIN) tablet 500 mg, oral, every 6 h	nours scheduled, 14, Days
✓ methocarb	amol (ROBAXIN) IVPB 500 mg, intravenous, ev	very 8 hours scheduled, 3, Occurrences
methocarbamol (R	OBAXIN) IV followed by oral	
☐ Patients GREATER THAN	or EQUAL to 65 years old	
O pregabalin	(LYRICA) capsule 50 mg 50 mg, oral, 2 times	daily
O pregabalin	(LYRICA) capsule 25 mg 25 mg, oral, 2 times	daily
Contact physician if sor	A) capsule YRICA) only if unable to tolerate gabapentin ( mnolence or drowsiness persists; Need renal e with caution to patients 65 years of age and	dose adjustment; Do not administer if
Occurrences Contact physicia	n (NEURONTIN) capsule 200 mg (CrCl 15-29 r an if somnolence or drowsiness persists; Do not	
gabapentin oral, once, 1, Oc Contact physicia	an if somnolence or drowsiness persists; Do not	administer if CrCl <15 mL/min
O Gabapentinoids		
Gabapentinoids Consider pregabalin (LYRICA) Contact physician if somnolen	) only if unable to tolerate gabapentin (NEUR nce or drowsiness persists; Need renal dose a to patients 65 years of age and older	ONTIN)
·	atients with eGFR LESS than 30 mL/min OR ac	ute kidney injury.
O celecoxib (CeleBR  Do not administer to pati	<b>EX) capsule</b> 200 mg, oral, 2 times daily, PACU ients with CrCl<30	& Post-op
core 4-6)	TORADOL) 30 mg 30 mg, intravenous, every 6	hours, 4, Occurrences, moderate pain

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	Version. 21 Gen. 3/29/2023	
10)	hydromorPHONE (DILAUDID) injection 0.2 mg, intravenous, every mable to tolerate oral intake	3 hours PRN, severe pain (score 7-
		DDN manimatam dammasiam
General	one (NARCAN) 0.4 mg/mL injection 0.2 mg, intravenous, every 2 mir	n PRN, respiratory depression
Common Present on Ac	_	
Acidosis Once, F	• 1	
	orrhagic Anemia Once, Post-op, Routine	
	ure Once, Post-op, Routine	
☐ Acute Respirato	ry Failure Once, Post-op, Routine	
☐ Acute Thromboo	embolism of Deep Veins of Lower Extremities Once, Post-op, Routi	ine
Anemia Once, Po	ost-op, Routine	
☐ Bacteremia Once	e, Post-op, Routine	
☐ Bipolar disorder	, unspecified Once, Post-op, Routine	
☐ Cardiac Arrest C	Once, Post-op, Routine	
☐ Cardiac Dysrhyt	hmia Once, Post-op, Routine	
☐ Cardiogenic Sho	ock Once, Post-op, Routine	
□ Decubitus Ulcer	Once, Post-op, Routine	
☐ Dementia in Cor	aditions Classified Elsewhere Once, Post-op, Routine	
☐ Disorder of Live	r Once, Post-op, Routine	
_	Fluid Disorder Once, Post-op, Routine	
	on due to Clostridium Difficile Once, Post-op, Routine	
	stant Staphylococcus Aureus Infection Once, Post-op, Routine	
	onic Bronchitis with Exacerbation Once, Post-op, Routine	
	of Consciousness Once, Post-op, Routine	
	ecified Coagulation Defects Once, Post-op, Routine	
	y Embolism and Infarction Once, Post-op, Routine	
	rombophlebitis Once, Post-op, Routine	
_	Malnutrition Once, Post-op, Routine	
	•	
	pecified psychosis type Once, Post-op, Routine	
_	visorder Once, Post-op, Routine	
Sepsis Once, Po	• 1	
	nce, Post-op, Routine	
	e, Post-op, Routine	
op, Routine	cified Type Diabetes Mellitus with Mention of Complication, Not S	Stated as Uncontrolled Once, Post-
	ection, Site Not Specified Once, Post-op, Routine	
	servation, or Admission	
	ent procedure: Discharge following routine recovery Continuous, F	·
Outpatient obse Admitting Physician: Attending Provider: Patient Condition: Bed request commen	rvation services under general supervision Once, PACU & Post-op	o, Routine
Outpatient in a k Admitting Physician: Bed request commen	<b>Ded - extended recovery</b> Once, PACU & Post-op, Routine ts:	
Sign:	Printed Name:	Date

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Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.  Admission or Observation Patient has active outpatient status order on file  Admit to Inpatient Once, 1, PACU & Post-op, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Outpatient observation services under general supervision Once, PACU & Post-op, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:
Outpatient in a bed - extended recovery Once, PACU & Post-op, Routine Admitting Physician: Bed request comments:
<ul> <li>Transfer patient Once, Scheduling/ADT, Routine</li> <li>Level of Care:</li> <li>Bed request comments:</li> </ul>
O Return to previous bed Until discontinued, Scheduling/ADT, Routine
Admission
Patient has active status order on file
Admit to inpatient Once, 1, PACU & Post-op, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<ul> <li>Transfer patient Once, Scheduling/ADT, Routine</li> <li>Level of Care:</li> <li>Bed request comments:</li> </ul>
O Return to previous bed Until discontinued, Scheduling/ADT, Routine
Transfer Patient has active inpatient status order on file
Transfer patient Once, Scheduling/ADT, Routine Level of Care: Bed request comments:
O Return to previous bed Until discontinued, Scheduling/ADT, Routine Code Status @CERMSGREFRESHOPT(674511:21703,,,1)@
✓ Code Status
DNR and Modified Code orders should be placed by the responsible physician.
<ul> <li>Full code Continuous, Routine</li> <li>Code Status decision reached by:</li> </ul>
Onr (Do Not Resuscitate) (Required)

Date\_ Page 18 of 54 **Printed Name:** 

Did the patie Did the patie Does patient	Not Resuscitate) Continuous, Routine nt/surrogate require the use of an interpreter? nt/surrogate require the use of an interpreter? have decision-making capacity? decision reached by:
☐ Consult	to Palliative Care Service
Priorit Reaso Order Name Enter	on for Consult?
Consult Reason for C Reason for C	
Did the patient/surr Did the patient/surr	
Restrictions, Post-op, R I understand that if the p	patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand medically indicated treatments will be provided.: ecision reached by: rictions:
☐ Airborne isolation	status
Airborne isola	ation status Continuous, Routine
Mycobacteriu Once, Routine	m tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics
☐ Contact isolation s	status Continuous, Post-op, Routine
Droplet isolation s	tatus Continuous, Post-op, Routine
Enteric isolation s	tatus Continuous, Post-op, Routine
Precautions	
	tions Continuous, Post-op, Routine
Increased observation le	
	Continuous, Post-op, Routine
Increased observation le	ns Continuous, Post-op, Routine evel needed:
Nursing Vital Signs	
_	BP Every hour, Post-op, Routine, Every 1 hour x 4 then every 4 hours x 6 then per floor protocol.
_	BP Per unit protocol, Post-op, Routine
	ntinuous, Post-op, Routine
Activity	
HOB 30 degrees U Head of bed: ○ 30 degre	Intil discontinued, Post-op, Routine, If not contraindicated ees

gn:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date\_\_\_\_\_ Page 19 of 54

Votatolii. 21 Votii. 0/20/2020
✓ Out of bed Once, 1, Occurrences, Post-op, Routine, Once within two hours after arrival to floor. Specify: ○ Out of bed
✓ Ambulate with assistance Every 2 hours, Post-op, Routine, Ambulate patient 4 x per shift Specify: ○ with assistance
☐ Patient may shower Daily, Post-op, Routine, PostOp Day ***, Per surgeons instructions Specify:
Additional modifier:
Nursing
✓ Intake and output Now then every 8 hours, Post-op, Routine, Notify M.D if urine less than 240 ml over 8 hours
☐ Intake and output Every 4 hours, 24, Hours, S, Post-op, Routine, Notify M.D if urine less than 240 ml over 8 hours.
☐ Insert and maintain Foley
✓ Insert Foley catheter Once, Routine Type: Size:
Urinometer needed: Indication:
Foley catheter may be removed per nursing protocol.
✓ Foley Catheter Care Until discontinued, Routine
Orders: Maintain
Remove Foley catheter Once, S+1, Post-op, Routine, If present, discontinue Foley PostOp Day 1 unless contraindicated
Saline lock IV Continuous, S+1, Routine, Post-Op Day 1
Medication Administration Instructions Once, 1, Occurrences, Post-op, Routine, DO NOT administer Extended-release medications.
✓ Medication Administration Instructions for Non-Extended Release Medications Once, 1, Occurrences, Post-op, Routine CRUSH all tablets, OPEN all capsules, mix with food and swallow whole. DO NOT CHEW.
Wound/Incision Care
Drain care Every 4 hours, Post-op, Routine, and PRN Drain 1: ○ Jackson Pratt Drainage/Suction: Strip tubing Drain 2: Drain 3: Drain 4: All Drains:
Surgical/incision site care As needed, Post-op, Routine Location: Site: Apply: Dressing Type: Open to air?
Provide equipment / supplies at bedside Once, Post-op, Routine
Supplies: ○ Suture removal kit
Notify
Notify Physician for vitals: Until discontinued, Post-op, Routine  Temperature greater than: ○ 101 ○ 100.5  Systolic BP greater than: 160  Systolic BP less than: ○ 100 ○ 90  Diastolic BP greater than: 100  Diastolic BP less than: 50  Heart rate greater than (BPM): 100  Heart rate less than (BPM): 60  Respiratory rate greater than: 25  Respiratory rate less than: ○ 10 ○ 8  SpO2 less than: 92  Temperature less than:  MAP less than: 60.000
✓ Notify Physician of urine output Until discontinued, Post-op, Routine, If urine less than 240 milliliters/8 hours

Sign:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date\_\_\_\_\_\_ Page 20 of 54

	✓ Notify Physician upon admission Until discontinued, Post-op, Routine, For patient's arrival and room number
	✓ Consult to Nutrition Services Once, -1, Occurrences, Post-op, Routine Reason For Consult? ○ Diet Education Purpose/Topic: ○ Dietician MUST provide bariatric education prior to discharge.
Die	Reason for Consult?
Die	NPO until after GI results Diet effective now, Post-op, Routine, NPO until after upper GI results communicated to Surgeon NPO: Pre-Operative fasting options:
	Diet - Bariatric Clear Liquid Diet effective now, Post-op, Routine, NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery. Diet(s): ○ Bariatric Bariatric Clear Liquid Foods to Avoid: ○ Carbonated Beverages Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
	Diet - Bariatric Full Liquids Diet effective now, Post-op, Routine, NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery.  Diet(s): ○ Bariatric  Bariatric: Bariatric Full Liquid  Foods to Avoid: ○ Carbonated Beverages  Cultural/Special:  Other Options:  Advance Diet as Tolerated?  IDDSI Liquid Consistency:  Fluid Restriction:  Foods to Avoid:
Die	et et
	NPO until after GI results Diet effective now, Post-op, Routine, NPO until after upper GI results communicated to Surgeon NPO: Pre-Operative fasting options:
	NPO for 2 hours post-op Diet effective now, 2, Hours, Post-op, Routine, Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids NPO: Pre-Operative fasting options:
	Diet - Bariatric Clear Liquid Diet effective now, Post-op, Routine, NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery. Diet(s): ○ Bariatric Bariatric Clear Liquid Foods to Avoid: ○ Carbonated Beverages Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

Sign: Printed Name: Date

## Bariatric Surgery Post-Op (1804)

	<b>Version:</b> 21 <b>Gen:</b> 5/29/2025	
Diet - Bariatric Full Liquid hours after surgery. Diet(s): ○ Bariatric Bariatric: Bariatric Full Liquid Foods to Avoid: ○ Carbonated Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:	ids Diet effective now, Post-op, Routine, NO SUGAR. Bariatric	c protocol *** ounces per hour, ***
Diet(s): ○ Bariatric Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:	effective now, Post-op, Routine, Additional instructions ***	
Education		
Patient/Family: ○ Both Education for: ○ Discharge ○ 0	narge & Post-Op Diet Once, Post-op, Routine  Other (specify) and discharge instructions with patient/family and provide copy	v to patient and family.
IV Fluids		
Maintenance IV Fluids		
osodium chloride 0.9 % ii	nfusion .9 , intravenous, continuous, Post-op	
O lactated Ringer's infusion	on intravenous, continuous, Post-op	
	m chloride 0.45 % with potassium chloride 20 mEq/L infus	sion 20 intravenous continuous
Post-op	in onionae 0.40 % with potassium emonae 20 meg/2 mas	20 , madvenous, commucus,
O sodium chloride 0.45 %	infusion 0.45, intravenous, continuous, Post-op	
O sodium chloride 0.45 %	with potassium chloride 20 mEq/L infusion 20 , intravenou	is, continuous, Post-op
_	1,000 mL with sodium bicarbonate 75 mEg/L infusion 0.45	
Pharmacy Consults		,a.,
Consult		
	onitor and educate for bariatric surgery patient NEW admission is to be provided for NEW Admission patients.	ssion Until discontinued, Post-op,
Medications		
Restricted Medications		
No NSAIDs Excluding as Reason for "No" order:  Pain Medications	spirin, celecoxib and IV ketorolac Until discontinued, Post-o	pp, STAT
Check Prescription Drug Mor Prior to initiation of opioid the database to assess patient's	erapy, it is recommended to check the prescription more opioid tolerance status. A summarized version of the on the patient's Storyboard. You may access the full ve	PMP report may be accessed by
Pain Management Guide		
Opioid PCA Conversion to	Oral Opioid Regimen	
	of toxic metabolite, the use of morphine in patients with e opioid should be utilized, if possible.	n renal dysfunction is not
		_
Sign:	Printed Name:	Date

\_\_\_\_ **Date**\_\_\_\_ Page 22 of 54

O Scheduled Pain Medications Consider scheduled option Do not order both scheduled	if pain source is present and patient unable to i d and PRN NSAIDs/APAP simultaneously.	reliably communicate needs.
acetaminophen (TYLENC)	DL) 500 mg tablet or liquid	
	(LENOL) tablet 500 mg, oral, every 6 hours scheduled	
• •	(LENOL) liquid 500 mg, oral, every 6 hours scheduled	
	DL) 650 mg tablet or liquid	
	<b>(LENOL) tablet</b> 650 mg, oral, every 6 hours scheduled acetaminophen per day from all sources. (Cirrhosis patient	s maximum: 2 grams per day from
acetaminophen (TY)	(LENOL) liquid 650 mg, oral, every 6 hours scheduled	
O NSAIDS: For Patients LE	SS than 65 years old	
O ibuprofen (ADVIL, I	MOTRIN) tablet or oral suspension	
Give if patient is a	<b>DVIL, MOTRIN) tablet</b> 600 mg, oral, every 6 hours PRN able to tolerate oral medication.  If for patients with eGFR LESS than 30 mL/min OR acute keeps and the control of t	idney injury.
Use if patient can	IOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6 not swallow tablet.  nfants under 6 months of age. Not recommended in patien injury.	
O naproxen (NAPROS Not recommended for pa	SYN) tablet 250 mg, oral, 2 times daily tients with eGFR LESS than 30 mL/min OR acute kidney in	njury.
For age LESS than 65 yo mL/min or acute kidney in	EX) capsule 100 mg, oral, 2 times daily of and patients GREATER than 50kg. Not recommended for njury.  Itients with eGFR LESS than 30 mL/min OR acute kidney in	•
ketorolac (TORADO For patients LESS THAN kidney injury.	<b>DL) injection</b> 30 mg, intravenous, every 6 hours scheduled 65 years old. Not recommended for patients with eGFR LI	, 5, Days ESS than 30 mL/min or acute
O NSAIDS: For Patients GR	REATER than or EQUAL to 65 years old	
○ ibuprofen (ADVIL, I	MOTRIN) tablet or oral suspension	
Give if patient is a	DVIL, MOTRIN) tablet 600 mg, oral, every 6 hours PRN able to tolerate oral medication.  d for patients with eGFR LESS than 30 mL/min OR acute k	idnev injurv
	IOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6	, , ,
Use if patient can	not swallow tablet. nfants under 6 months of age. Not recommended in patien	
	SYN) tablet 250 mg, oral, 2 times daily tients with eGFR LESS than 30 mL/min OR acute kidney in	njury.
For age GREATER than LESS than 30 mL/min or	EX) capsule 100 mg, oral, 2 times daily or EQUAL to 65 yo and patients LESS than 50kg. Not reco acute kidney injury.  tients with eGFR LESS than 30 mL/min OR acute kidney in	•
·	DL) injection 15 mg, intravenous, every 6 hours scheduled	
O PRN Pain Medications	,, - o	, 0, 20, 0
☐ PRN Medications for Mile	d Pain (Pain Score 1-3): For Patients LESS than 65 year uled and PRN NSAIDs/APAP simultaneously.	rs old
O aminophen (TYLEN	IOL) tablet OR oral suspension OR rectal suppository	
Sign:	Printed Name:	<b>Date</b> Page 23 of 54

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

acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet. Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. acetaminophen (TYLENOL) suppository 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution. Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). ibuprofen (ADVIL, MOTRIN) tablet or oral suspension ibuprofen (ADVIL, MOTRIN) tablet 600 mg, oral, every 6 hours PRN Give if patient is able to tolerate oral medication. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. ibuprofen (MOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6 hours PRN Use if patient cannot swallow tablet. Not indicated for infants under 6 months of age. Not recommended in patients with eGFR LESS than 30 mL/min OR acute kidney injury. O naproxen (NAPROSYN) tablet 250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Celecoxib (CeleBREX) capsule 100 mg, oral, 2 times daily PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. O ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient unable to swallow tablet. □ PRN Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old Do not order both scheduled and PRN NSAIDs/APAP simultaneously. acetaminophen (TYLENOL) tablet OR oral suspension Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). acetaminophen (TYLENOL)suspension 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet. ibuprofen (ADVIL, MOTRIN) tablet or oral suspension ibuprofen (ADVIL, MOTRIN) tablet 600 mg, oral, every 6 hours PRN Give if patient is able to tolerate oral medication. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. ibuprofen (MOTRIN) 100 mg/5 mL suspension 600 mg, oral, every 6 hours PRN Use if patient cannot swallow tablet. Not indicated for infants under 6 months of age. Not recommended in patients with eGFR LESS than 30 mL/min OR acute kidney injury.

acetaminophen-codeine (TYLENOL #3) tablet OR elixir

acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN

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:

Allowance for Patient Preference:

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

Sign:	Printed Name:	Date
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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: Allowance for Patient Preference: Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per from all sources) Use if patient cannot swallow tablet.	er day
O ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet	
PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old	
acetaminophen-codeine (TYLENOL #3) tablet OR elixir	
acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 1 tablet, oral, every hours PRN 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: Allowance for Patient Preference:	
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per from all sources). Give if patient is able to tolerate oral medication.	∍r day
acetaminophen-codeine 300 mg-30 mg /12.5 mL solution 12.5 mL, oral, every 6 hours PRN 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: Allowance for Patient Preference: Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	er day
from all sources) Use if patient cannot swallow tablet.	
O HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir  Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<ul> <li>HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet, oral, every 6 hours PRN Allowance for Patient Preference:</li> <li>Give if patient able to swallow tablet.</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>	
HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 10 mL, oral, every 6 hours PI Allowance for Patient Preference: Give if patient unable to swallow tablet.	RN
OxyCODONE (ROXICODONE) immediate release tablet 5 mg, oral, every 6 hours PRN, moderate pain (scc 6)	ore 4-
Allowance for Patient Preference: Tablets may be crushed. Give if patient able to swallow tablet Give if patient can receive oral tablet/capsule.	
traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN Allowance for Patient Preference: Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.	
Give if patient can receive oral tablet/capsule.	
PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years	s old
acetaminophen-codeine (TYLENOL #3) tablet OR elixir	
acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 1 tablet, oral, every hours PRN The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this	6
patient OVER 12 years of age? Y/N: Allowance for Patient Preference:	
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per from all sources). Give if patient is able to tolerate oral medication.	∍r day

**Printed Name:** 

Sign:\_\_

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Sign:	Printed Name:	Date
	njection 1 mg, intravenous, every 4 hours PRN, moderate pain (so NPO, unable to swallow oral medication, or if pain unrelieved 60 m	
unable to tolerate Ora  Due to risk of toxic	ns for Moderate Pain (Pain Score 4-6): For Patients GREATER al Pain Medication. City, the use of morphine products in patients with rencommended. An alternative opioid should be utilized.	al dysfunction, particularly
mL/min - (score 4-6 Use if pati medication	ient is NPO, unable to swallow oral medication, or if pain unrelieved ns	rs PRN, 5, Days, moderate pain
WARNING: Us coronary arte	n patients with eGFR LESS than 30 mL/min. se is contraindicated for treatment of perioperative parry ry bypass graft (CABG) surgery.	•
Give if patient is medications	HONE (DILAUDID) injection 0.25 mg, intravenous, every 4 hours NPO, unable to swallow oral medication, or if pain unrelieved 60 m	PRN, moderate pain (score 4-6) inutes after giving oral pain
	<b>njection</b> 2 mg, intravenous, every 4 hours PRN, moderate pain (so NPO, unable to swallow oral medication, or if pain unrelieved 60 m	
Oral Pain Medication.  Due to risk of toxic	ns for Moderate Pain (Pain Score 4-6): For Patients LESS than city, the use of morphine products in patients with ren commended. An alternative opioid should be utilized.	•
Give if patient ab	tient Preference: 00mg in patients age GREATER THAN 75 years or 200 mg/day in le to swallow tablet. n receive oral tablet/capsule.	patients with CrCl < 30 ml/min.
Allowance for Pa Tablets may be c Give if patient ca	rushed. Give if patient able to swallow tablet n receive oral tablet/capsule. ULTRAM) tablet 25 mg, oral, every 6 hours PRN, moderate pain (s	score 4-6)
O oxyCODON	E (ROXICODONE) immediate release tablet 2.5 mg, oral, every 6	6 hours PRN, moderate pain (score
Allowance	ROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution e for Patient Preference: tient unable to swallow tablet.	1 10 mL, oral, every 6 hours PRN
Allowance Give if pat	ROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 table for Patient Preference: tient able to swallow tablet. tient can receive oral tablet/capsule.	et, oral, every 6 hours PRN
Maximum of 4	one-acetaminophen 5/325 (NORCO) tablet OR elixir grams of acetaminophen per day from all sources. (Cirrho from all sources)	osis patients maximum: 2
patient O\ Allowance Maximum from all so	of codeine-containing products is contraindicated in patients LESS of Item 12 years of age? Y/N: for Patient Preference: for 4 grams of acetaminophen per day from all sources. (Cirrhosis pources) Use if patient cannot swallow tablet.	, ,
	iminophen-codeine 300 mg-30 mg /12.5 mL solution 12.5 mL, o	

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hydromorPHONE (DILAUDID) injection 0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
□ PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.
O HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir  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 1 tablet, oral, every 6 hours PRN Allowance for Patient Preference: Give if patient able to swallow tablet.
HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 20 mL, oral, every 6 hours PRN Allowance for Patient Preference: Give if patient unable to swallow tablet.
<ul> <li>morPHINE immediate-release tablet 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)</li> <li>Allowance for Patient Preference:</li> <li>Tablets may be crushed. Give if patient able to swallow tablet</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>
<ul> <li>oxyCODONE (ROXICODONE) immediate release tablet 10 mg, oral, every 6 hours PRN, severe pain (score 7 10)</li> <li>Allowance for Patient Preference:</li> <li>Tablets may be crushed. Give if patient able to swallow tablet</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>
□ PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.
<ul> <li>oxyCODONE (ROXICODONE) immediate release tablet 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)</li> <li>Allowance for Patient Preference:</li> <li>Oral tablets may be crushed. Give if patient able to swallow tablet</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>
<ul> <li>morPHINE immediate-release tablet 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10)</li> <li>Allowance for Patient Preference:</li> <li>Oral tablets may be crushed. Give if patient able to swallow tablets.</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>
O HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir  Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<ul> <li>HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 1 tablet, oral, every 6 hours PRN Allowance for Patient Preference:</li> <li>Give if patient able to swallow tablet.</li> <li>Give if patient can receive oral tablet/capsule.</li> </ul>
HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 10 mL, oral, every 6 hours PRN Allowance for Patient Preference: Give if patient unable to swallow tablet.
O HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir  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 1 tablet, oral, every 6 hours PRN Allowance for Patient Preference: Give if patient able to swallow tablet.

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HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution 20 mL, oral, every 6 hours PRN Allowance for Patient Preference: Give if patient unable to swallow tablet. traMADoL (ULTRAM) tablet 50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Allowance for Patient Preference: Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet. Give if patient can receive oral tablet/capsule. PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. O fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. omorPHINE injection 4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. O hydromorPHONE (DILAUDID) injection 0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. ☐ PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication. Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. O fentaNYL (SUBLIMAZE) injection 12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. omorPHINE injection 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. hydromorPHONE (DILAUDID) injection 0.25 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. **Muscle Relaxers** (adjust dose for renal/liver function and age) O methocarbamol (ROBAXIN) tablet 500 mg, oral, every 6 hours PRN, muscle spasms O cyclobenzaprine (FLEXERIL) tablet 5 mg, oral, 3 times daily PRN, muscle spasms tiZANidine (ZANAFLEX) tablet 2 mg, oral, every 8 hours PRN, muscle spasms Antiemetics - HMH, HMSL Only ondansetron (ZOFRAN) IV or Oral (Required) ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomitina Give if patient is able to tolerate oral medication. May cause QTc prolongation. ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomitina Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation. promethazine (PHENERGAN) IV or Oral promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, Post-op, nausea vomitina Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication OR if a faster onset of action is required. promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, Post-op, nausea vomitina Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. Antiemetics - NOT HMSL, HMSTJ, HMH

**Printed Name:** 

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ondansetron (ZOFRAN) IV or Oral (Required)

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.

### promethazine (PHENERGAN) IV or Oral or Rectal

promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, Post-op, nausea vomiting

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

promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, Post-op, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, Post-op, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

### **Antiemetics - HMSTJ Only**

- ondansetron (ZOFRAN) IV or Oral (Required)
  - ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.

- promethazine (PHENERGAN) IVPB or Oral or Rectal
  - promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB 12.5 mg, intravenous, every 6 hours PRN, 30.000 Minutes, nausea vomiting

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

promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

**promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

#### **GI Medications**

- Famotidine (PEPCID) IV/PO
  - famotidine (PEPCID) tablet 20 mg, oral, 2 times daily

May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate oral medication.

• famotidine (PEPCID) injection 20 mg, intravenous, 2 times daily

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Use injection if patient cannot tolerate oral medication or requires a faster onset of action.

O Pantoprazole (PROTONIX) IV/PO

pantoprazole (PROTONIX) EC tablet 40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy: Give the tablet if the patient can tolerate oral medication.

Sign:	Printed Name:	Date	•	
9		_		_

• pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection 40 mg, intravenous, daily at 0600 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy: Use injection if patient cannot tolerate oral medication or requires a faster onset of action.

Blood Pressure Medications
hydralazine (APRESOLINE) injection 10 mg, intravenous, every 6 hours PRN, high blood pressure BP HOLD parameters for this order: Contact Physician if: Administer if systolic BP GREATER than 160 mmHg
O labetalol (NORMODYNE) 10 mg, intravenous, every 6 hours PRN, high blood pressure Administer if systolic BP GREATER than 160 mmHg
Itching: For Patients LESS than 70 years old
odiphenhydrAMINE (BENADRYL) tablet 25 mg, oral, every 6 hours PRN, Post-op, itching
hydroxyzine (ATARAX) tablet 10 mg, oral, every 6 hours PRN, Post-op, itching
Cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, Post-op, itching
fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed 60 mg oral, 2 times daily PRN, Post-op, itching Itching: For Patients between 70-76 years old
Cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, Post-op, itching  Itching: For Patients GREATER than 77 years old
<ul> <li>cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, Post-op, itching</li> <li>Insomnia: For Patients GREATER than or EQUAL to 70 years old</li> </ul>
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, Post-op, sleep Insomnia: For Patients LESS than 70 years old
☐ zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep
ozolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep
Other
simethicone (MYLICON) 40 mg/0.6 mL drops 80 mg, oral, every 6 hours PRN, flatulence
polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, daily Hold for loose stools.  Mix in 4-8oz of water.
VTE

**Printed Name: Date** 

VTE Risk and Prophylaxis Tool (Required)	1	
Low Risk Definition	Definition Pharmacologic	High Risk Definition Both pharmacologic AND mechanical
	prophylaxis must be	prophylaxis must be addressed.
	addressed. Mechanical	
	prophylaxis is optional unless	
	pharmacologic is contraindicated.	
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	Thrombophilia (Factor
	disease,	V Leiden, prothrombin
	pneumonia,	variant mutations,
	active inflammation,	anticardiolipin antibody syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity, previous stroke,	myeloproliferative
	rheumatologic	uisoruers)
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous stasis and	
	nephrotic	
	syndrome	
	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	Acute ischemic stroke
	independently ambulatory	
	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)

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

$\cup$	Moderate Risk	- Patient cur	rently has an	active order	for therapeuti	c anticoagulant	or VTE prophy	laxis (Required

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date\_\_\_\_

✓ Moderate risk of VTE Once, Routine
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
✓ Place sequential compression device
<ul> <li>Contraindications exist for mechanical prophylaxis Once, Routine</li> <li>No mechanical VTE prophylaxis due to the following contraindication(s):</li> </ul>
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
✓ Moderate risk of VTE Once, Routine
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
✓ Place sequential compression device
<ul> <li>Contraindications exist for mechanical prophylaxis Once, Routine</li> <li>No mechanical VTE prophylaxis due to the following contraindication(s):</li> </ul>
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
✓ High risk of VTE Once, Routine
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
✓ Place sequential compression device
Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
✓ High risk of VTE Once, Routine
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
✓ Place sequential compression device
Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
LOW Risk of VTE (Required)
✓ Low Risk (Required)
● Low risk of VTE Once, Routine Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
MODERATE Risk of VTE - Surgical (Required)
✓ Moderate Risk (Required)

**Printed Name:** 

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Date\_ Page 32 of 54

Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	on dovice
○ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression of Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic \( \sum_{\text{to prophylaxis}} \)	on device
No pharmacologic VTE prophylaxis due to the following contraindication(s):  Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
○ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
<ul> <li>Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders following recommended doses by weight:	will apply the
Weight	Dose
LESS THAN 100kg	enoxaparir 40mg daily
100 to 139kg	enoxaparir 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparir 40mg every 12 hours
○ ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+ Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or abdominal wall. Alternate injection site with each administration.	posterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or	· posterolateral
abdominal wall. Alternate injection site with each administration.	

Date\_ Page 33 of 54 **Printed Name:** 

	Bleeding Characteristics
Age > 75	
Weight < 50	
Unstable Ho	
Renal impa	
	itelet therapy
Active canc	
	epatic failure
	ranial hemorrhage
Prior ischen	
History of b	leeding event requiring admission and/or transfusion
	e of NSAIDs/steroids
Active GI ul	cer
Every bleedir	th Bleed Risk 12 hour frequency is appropriate for most high bleeding risk patients. However, some high a risk patients also have high clotting risk in which every 8 hour frequency may be ly appropriate.
Please	weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not	t high bleed risk
○ 140	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (	COUMADIN)
Indication	FHOUT pharmacy consult 1 , oral, daily at 1700 on: election Guidance:
○ Me	dications
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:
<b>Mechanical Pro</b>	phylaxis (Required)
	ications exist for mechanical prophylaxis Once, Routine VTE prophylaxis due to the following contraindication(s):
Place/Mai Side: Bilateral Select Sleeve(s)	ntain sequential compression device continuous Continuous, Routine
,	VTE - Non-Surgical (Required)
Moderate Risk (	
	risk of VTE Once, Routine
Moderate Risk I	Pharmacological Prophylaxis - Non-Surgical Patient (Required)
○ Contraind	ications exist for pharmacologic prophylaxis - Order Sequential compression device
	ntraindications exist for pharmacologic prophylaxis Once, Routine macologic VTE prophylaxis due to the following contraindication(s):

Date\_ Page 34 of 54 **Printed Name:** 

✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparir 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparir 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (In this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min	
O heparin	

Sign:\_\_\_\_\_ Date\_ Page 35 of 54 **Printed Name:** 

Н	ligh Risk Bleeding Characteristics
	ge ≥ 75
	Veight < 50 kg
	Instable Hgb
	Renal impairment
	It count < 100 K/uL
	oual antiplatelet therapy
	ctive cancer Cirrhosis/hepatic failure
	rior intra-cranial hemorrhage
	rior intra-cianial hemorrhage
	listory of bleeding event requiring admission and/or transfusion
C	Chronic use of NSAIDs/steroids
	ctive GI ulcer
	O High Bleed Risk 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.
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
	O Not high bleed risk
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
С	warfarin (COUMADIN)
	○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication:
	Dose Selection Guidance:
	○ Medications
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
✓ Mec	hanical Prophylaxis (Required)
	Contraindications exist for mechanical prophylaxis Once, Routine mechanical VTE prophylaxis due to the following contraindication(s):
Sic	Place/Maintain sequential compression device continuous Continuous, Routine le: Bilateral lect Sleeve(s):
IIGH Ris	sk of VTE - Surgical (Required)
_	Risk (Required)
_	
_	High risk of VTE Once, Routine
High	Risk Pharmacological Prophylaxis - Surgical Patient (Required)
C No	Contraindications exist for pharmacologic prophylaxis Once, PACU & Post-op, Routine pharmacologic VTE prophylaxis due to the following contraindication(s):
	Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

ign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_Date\_\_\_\_\_\_Page 36 of 54

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

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin
3	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min.	
O heparin	
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	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever, 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.

	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
$\bigcirc$	lot high bleed risk

Sign:	Printed Name:	Date
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○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours so	heduled
○ warfarin (COUMADIN)	
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>	
○ Medications	
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Rou Indication:	tine
warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:	
✓ Mechanical Prophylaxis (Required)	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O HIGH Risk of VTE - Non-Surgical (Required)	
✓ High Risk (Required)	
✓ High risk of VTE Once, Routine	
High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
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
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral

**Printed Name:** 

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of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily 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.
Oheparin
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
Active Gruicer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig 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.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
○ warfarin (COUMADIN)
○ WITHOUT pharmacy consult 1 , oral, daily at 1700
Indication:  Dose Selection Guidance:
O Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral
Indication:  Dose Selection Guidance:
✓ Mechanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O HIGH Risk of VTE - Surgical (Hip/Knee) (Required)
✓ High Risk (Required)
✓ High risk of VTE Once, Routine
✓ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)

**Printed Name:** 

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#### Bariatric Surgery Post-Op (1804)

<b>Version:</b> 21 <b>Gen:</b> 5/29/2025	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1, PACU & Post-op	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1, PACU & Post-op	
O Apixaban and Pharmacy Consult (Required)	
<b>apixaban (ELIQUIS) tablet</b> 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
Capacitante Company Co	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
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
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
<ul> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1</li> <li>Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.</li> </ul>	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min	
O heparin	

Sign:\_\_\_\_ Printed Name: Date\_ Page 40 of 54

High Risk Bleeding Characte	eristics
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 requi	iring admission and/or transfusion
Chronic use of NSAIDs/steroid	ls
Active GI ulcer	
	is appropriate for most high bleeding risk patients. However, some high be have high clotting risk in which every 8 hour frequency may be
Please weight the risks/bo	enefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcir	ne) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcir	ne) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk	
_	00 Units, subcutaneous, every 8 hours scheduled
	or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
<ul> <li>Rivaroxaban and Pharmacy C</li> </ul>	onsult (Required)
daily at 0600 (TIME CRITICA Indications: ○ VTE prophylaxi	is <sup>°</sup> <sub>I</sub> , give with food or follow administration with enteral feeding to increase medication
Pharmacy consult to modifications: VTE prophylaxis Indication:	onitor rivaroxaban (XARELTO) therapy Until discontinued, STAT
○ warfarin (COUMADIN)	
<ul><li>WITHOUT pharmacy co</li><li>Indication:</li><li>Dose Selection Guidance:</li></ul>	nsult 1 , oral, daily at 1700
<ul> <li>Medications</li> </ul>	
Pharmacy cons Indication:	ult to manage warfarin (COUMADIN) Until discontinued, Routine
warfarin (COUM	IADIN) tablet 1 , oral
Indication: Dose Selection Guida	
echanical Prophylaxis (Required)	
Contraindications exist for me No mechanical VTE prophylaxis due	echanical prophylaxis Once, Routine to the following contraindication(s):
	npression device continuous Continuous, Routine

Sign:\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_ Page 41 of 54

VTE Risk and Prophylaxis Tool		
Low Risk Definition		High Risk Definition
	Definition	Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis	prophylaxis must be
	must be	addressed.
	addressed.	
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	is	
1110 11 175 116 1	contraindicated.	
Age less than 60 years and NO other VTE risk factors		One or more of the
	the following	following medical
	<u>medical</u>	conditions:
	<u>conditions</u> :	
Patient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor
	disease,	V Leiden, prothrombin
	pneumonia,	variant mutations,
	active	anticardiolipin antibody
	inflammation,	syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity,	myeloproliferative
	previous stroke,	disorders)
	rheumatologic	
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT	Multiple major traumas
	or family history	'
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	
	Moderate or	
	major surgery	1
	(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) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Date\_ Page 42 of 54 **Printed Name:** 

Sign:	Printed Name:	Date
✓ Moderate Risk (Required)		
MODERATE Risk of VTE - Surgical	(Required)	
prophylaxis is needed. Will end	VTE prophylaxis is needed. Will encourgae early ar courage early ambulation	mbulation ○ Due to low risk, no VTE
/	outing	
Low Risk of VTE (Required)  Low Risk (Required)		
Select Sleeve(s):  LOW Risk of VTE (Required)		
	quential compression device continuous Continu	uous, Routine
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
✓ Place sequential compre		
	active order for therapeutic anticoagulant or VTI vlaxis because: patient is already on therapeutic anti	
✓ High risk of VTE Once, R		
_	as an active order for therapeutic anticoagulant	or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	quential compression device continuous Continu	
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
✓ Place sequential compre	ession device	
	active order for therapeutic anticoagulant or VT laxis because: patient is already on therapeutic anti	
✓ High risk of VTE Once, R		
	as an active order for therapeutic anticoagulant	or VTE prophylaxis (Required)
Place/Maintain se Side: Bilateral Select Sleeve(s):	quential compression device continuous Continu	uous, Routine
O Contraindications	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
✓ Place sequential compre	ession device	
✓ Patient currently has an	active order for therapeutic anticoagulant or VT /laxis because: patient is already on therapeutic anti	
✓ Moderate Risk - Patient currer  ✓ Moderate risk of VTE On		uiant of vie propriyiaxis (Required)
Side: Bilateral Select Sleeve(s):	quential compression device continuous Continuous  ntly has an active order for therapeutic anticoagu	
No mechanical VTE pro	ophylaxis due to the following contraindication(s):	
	s exist for mechanical prophylaxis Once, Routine	
Therapy for the following:  Place sequential compre	, , , , ,	nodagalation for other indication.
	ce, Routine  active order for therapeutic anticoagulant or VTI /laxis because: patient is already on therapeutic anti	
Madagata viala at VIII Ou	Double -	

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Date\_ Page 43 of 54

Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	. device
○ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic prophylaxis once, Routine	device
No pharmacologic VTE prophylaxis due to the following contraindication(s):  Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
<ul> <li>Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wiollowing recommended doses by weight:	ll apply the
Weight	Dose
LESS THAN 100kg	enoxaparir 40mg daily
100 to 139kg	enoxaparir 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparir 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or paddominal wall. Alternate injection site with each administration.	osterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or positive subcutaneous.	osterolateral
abdominal wall. Alternate injection site with each administration.	

Date\_ Page 44 of 54 **Printed Name:** 

h Risk Bleeding Characteristics
e <u>&gt;</u> 75
ight < 50 kg
stable Hgb
nal impairment count < 100 K/uL
al antiplatelet therapy
ive cancer
rhosis/hepatic failure
or intra-cranial hemorrhage
or ischemic stroke
tory of bleeding event requiring admission and/or transfusion
ronic use of NSAIDs/steroids
ive GI ulcer
O High Bleed Risk 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.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
varfarin (COUMADIN)
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:
nical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine sechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Bilateral ct Sleeve(s):
E Risk of VTE - Non-Surgical (Required)
ate Risk (Required)
Moderate risk of VTE Once, Routine
·
ate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine

Date\_ Page 45 of 54 **Printed Name:** 

✓ Place/Maintain sequential compression device continuous Continuous, Routine	
Side: Bilateral Select Sleeve(s):	
Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine	
No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Contraindications exist for mechanical prophylaxis Once, Routine	
No mechanical VTE prophylaxis due to the following contraindication(s):	
<ul> <li>Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will	apply the
following recommended doses by weight:	Desc
Weight LESS THAN 100kg	<b>Dose</b> enoxaparin
LESS THAN TOOKS	40mg daily
100 to 139kg	enoxaparin
	30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (Ithis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of mL/min	
Oheparin	

Sign:\_\_\_\_\_ Date\_ Page 46 of 54 **Printed Name:** 

gh Risk Bleeding Characteristics e ≥ 75
eight < 50 kg
stable Hgb
nal impairment
count < 100 K/uL
al antiplatelet therapy
tive cancer
rhosis/hepatic failure
or intra-cranial hemorrhage
or ischemic stroke
story of bleeding event requiring admission and/or transfusion ronic use of NSAIDs/steroids
tive GI ulcer
tive Gi uicer
O High Bleed Risk 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.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
warfarin (COUMADIN)
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
○ Medications
✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:
Dose Selection Guidance:
anical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine nechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine : Bilateral ct Sleeve(s):
of VTE - Surgical (Required)
Risk (Required)
High risk of VTE Once, Routine
Risk Pharmacological Prophylaxis - Surgical Patient (Required)
Contraindications exist for pharmacologic prophylaxis Once, PACU & Post-op, Routine harmacologic VTE prophylaxis due to the following contraindication(s):
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) ent renal status: @CRCL@

Date\_ Page 47 of 54 **Printed Name:** 

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

100 to 139kg	enoxaparin
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
	110013
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT	-) do NOT order this
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cre	CI LESS than 30
mL/min.	
O heparin	
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	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever, some high
bleeding risk patients also have high clotting risk in which every 8 hour frequence clinically appropriate.	cy may be
omnouny appropriate.	
Please weight the risks/benefits of bleeding and clotting when selecting the dosi	ing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours schedule	ed
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled	
O Not high bleed risk	

**Printed Name: Date** 

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	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours sch	eduled
	O warfarin (COUMADIN)	
	<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>	
	Medications	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routi Indication:	ne
	warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:	
✓ N	lechanical Prophylaxis (Required)	
	Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
	Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
Э нібн	Risk of VTE - Non-Surgical (Required)	
<b>✓</b> H	ligh Risk (Required)	
	✓ High risk of VTE Once, Routine	
✓ H	ligh Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
	Ocontraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
	○ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will a following recommended doses by weight:	apply the
	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
	O ENOXAPARIN 30 MG DAILY	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or post abdominal wall. Alternate injection site with each administration.	erolateral
	O ENOXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or post abdominal wall. Alternate injection site with each administration.	erolateral

**Printed Name:** 

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If the patient doe	ux (ARIXTRA) injection 2.5 mg, subcutaneous, daily s not have a history of or suspected case of Heparin-Induced Thrombocytopen Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure.	nia (HIT) do NOT order re, or CrCl LESS than
O heparin		
High Risk BI	eeding Characteristics	
Age ≥ 75		
Weight < 50 k	(g	
Unstable Hgb	)	
Renal impairr		
Plt count < 10		
Dual antiplate		
Active cancer		
Cirrhosis/hep		
	nial hemorrhage	
Prior ischemi		
	eding event requiring admission and/or transfusion	
	of NSAIDs/steroids	
Active GI ulce	<u> </u>	
Every 12 bleeding	Bleed Risk 2 hour frequency is appropriate for most high bleeding risk patients. I risk patients also have high clotting risk in which every 8 hour frequappropriate.	
Please v	veight the risks/benefits of bleeding and clotting when selecting the	dosing frequency.
(	HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours sche	duled
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours schedu	
O Not h	nigh bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hour	s scneduled
O warfarin (Co	DUMADIN)	
Indication	IOUT pharmacy consult 1 , oral, daily at 1700 : ection Guidance:	
O Medi	cations	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Indication:	Routine
	warfarin (COUMADIN) tablet 1 , oral adication: lose Selection Guidance:	
Mechanical Propl	nvlaxis (Required)	
O Contraindic	ations exist for mechanical prophylaxis Once, Routine (TE prophylaxis due to the following contraindication(s):	
	ain sequential compression device continuous Continuous, Routine	
O HIGH Risk of VTE - Su	urgical (Hip/Knee) (Required)	
✓ High Risk (Requir		
, .	•	
<u></u>	VTE Once, Routine acological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Requ	uired)
— ingiritisk i nafilie	1.00.03.03.1.10phylaxio The of Talloo (Altallopiasty) ourgion i alient (Negl	54/
Sign:	Printed Name:	Date

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#### Bariatric Surgery Post-Op (1804)

<b>Version:</b> 21 <b>Gen:</b> 5/29/2025	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1, PACU & Post-op	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1, PACU & Post-op	
O Apixaban and Pharmacy Consult (Required)	
<b>apixaban (ELIQUIS) tablet</b> 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
Capacitan (LOVENOX) for Prophylactic Anticoagulation (Required)  Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
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
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
Of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min	
○ heparin	

Date\_ Page 51 of 54 Sign:\_\_\_\_ **Printed Name:** 

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 Gl ulcer
7 Out of Circles
O <b>High Bleed Risk</b> Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig 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.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis 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.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication:  Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:
Dose Selection Guidance:  lechanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Labs

**✓** 

Labs Today
CBC with platelet and differential Once, Post-op, Routine, Blood, 3
☐ Basic metabolic panel Once, Post-op, Routine, Blood, 3
Comprehensive metabolic panel Once, Post-op, Routine, Blood, 3
Labs - Tomorrow
☐ CBC with platelet and differential AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
☐ Basic metabolic panel AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
Comprehensive metabolic panel AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
Cardiology
Imaging X-Ray
FL UGI with or without KUB 1 time imaging, -1, Occurrences, S+1, Routine, PostOp Day 1; with Omnipaque or Gastrovie
Exam must be done in AM.
Has the patient had previous Bariatric or GI surgery or any other issue where double contrast (air) would be contraindicated? Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Other Studies
Respiratory Respiratory
✓ Oxygen therapy Continuous, Post-op, Routine Device: ○ Nasal Cannula
Titrate to keep O2 Sat Above: 92%
Device: Indications for O2 therapy:
✓ Incentive spirometry instructions Every hour, Post-op, Routine
Frequency of use: ○ Patient to perform 10 x per hour every hour. Encourage cough & deep breathing exercises.
Rehab
Consults For Physician Consult orders use sidebar
Ancillary Consults
Consult to Bariatric Coordinator Once, Post-op, Routine, Nurse to call and initiate consult
Reason for Consult?  O Post bariatric surgery; Nurse to call and initiate consult
Consult to Case Management Once, Post-op, Routine
Consult Reason: ○ Other specify Specify: Evaluate and Treat Post Operative Bariatric Surgery
Reason for Consult?
Consult to Social Work Once, Post-op, Routine
Reason for Consult: ○ Other Specify Specify: Evaluate and Treat Post Operative Bariatric Surgery
Reason for Consult?
Consult to Respiratory Therapy Once, Post-op, Routine
Reason for Consult? ○ Patient has CPAP or BIPA, please assist in setting up Reason for Consult?
Consult PT eval and treat Once, Post-op, Routine
Reasons for referral to Physical Therapy (mark all applicable):
Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):
Weight Bearing Status:
Reason for PT?
Location of Wound?
Reason for PT?

Date\_ Page 53 of 54 **Printed Name:** 

Consult OT eval and treat Once, Post-op, Routine Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Reason for OT?
Consult to Nutrition Services Once, Post-op, Routine Reason For Consult? ○ Diet Education Purpose/Topic: ○ Diet Education Reason for Consult?
Consult to Spiritual Care Once, Post-op, Routine Reason for consult? Reason for Consult? tional Orders

**Additional Orders** 

Date\_ Page 54 of 54 Printed Name: