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 swallow 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:

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **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 - Full Liquids** Diet effective now, 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:

☐ **ERAS/BSTOP Multimodal Pain Medications**

○ **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.

○ **Acetaminophen oral, per tube or rectal panel**

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) 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.

◉ **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).

○ **Acetaminophen oral, per tube or rectal panel**

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) 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.

◉ **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).

○ **acetaminophen IV followed by oral**

☑ **acetaminophen (OFIRMEV) IV** 1000 mg, intravenous, once, 1, Occurrences
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **acetaminophen (TYLENOL)**

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

◉ **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).

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

Sign:_____ **Printed Name:**_____ **Date**_____

◉ **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).

○ **acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal**
1000 mg, intravenous, every 8 hours, 3, Occurrences, PACU & Post-op
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **Nonsteroidal Anti-inflammatory Drug (NSAID)**

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

○ **Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose**

☐ **ketorolac (TORADOL) IV**

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose**

☐ **ketorolac (TORADOL) IV**

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **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

○ **HM IP MEDICATIONS PREGABALIN ERAS**

○ **Pregabalin for patients GREATER than 65 years old**

○ **pregabalin (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/min

Sign:_____ **Printed Name:**_____ **Date**_____

○ **pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)** 25 mg, oral, 2 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)** 25 mg, oral, at bedtime, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **Pregabalin for patients LESS than 65 years old**

○ **pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)** 50 mg, oral, 3 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)** 50 mg, oral, 2 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)** 50 mg, oral, at bedtime
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **HM IP GABAPENTIN POSTOP ACUTE ERAS**

○ **Gabapentin for patients GREATER than 65 years old**

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)** 100 mg, oral, 3 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)** 100 mg, oral, 2 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)** 100 mg, oral, at bedtime, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **Gabapentin for patients LESS than 65 years old**

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)** 300 mg, oral, 3 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)** 300 mg, oral, 2 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)** 300 mg, oral, at bedtime
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

☐ **Muscle Relaxant**

○ **Patients GREATER THAN or EQUAL to 65 years old**

☑ **methocarbamol (ROBAXIN) IV followed 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

☐ **lidocaine (LIDODERM) patch**

☑ **lidocaine (LIDODERM) 5 %** 1 patch, transdermal, every 24 hours
Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
Apply to affected area. Remove patch 12 hours after applying.

☐ **Opioids**

Only for moderate to severe breakthrough pain

☐ **For moderate breakthrough pain (pain score 4-6)**

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **oxyCODone (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, moderate pain (Non verbal CPOT or pain score 4-6), moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADoL (ULTRAM)**

○ **traMADoL (ULTRAM) tablet - patients with cirrhosis** 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

○ **traMADoL (ULTRAM) tablet** 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **For severe breakthrough pain (pain score 7-10)**

☐ **oxyCODone (ROXICODONE) IR - patients LESS than 65 years old** 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **oxyCODONE (ROXICODONE) IR - patients 65 years old and greater** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADol (ULTRAM) tablet** 100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **hydromorPHONE (DILAUDID) injection** 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
IF unable to tolerate oral intake

○ **BSTOP Multimodal Pain Medications**

☐ **Acetaminophen oral, per tube or rectal panel**
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)
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.

◉ **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).

☐ **Nonsteroidal Anti-inflammatory Drug (NSAID)**
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.

○ **ketorolac (TORADOL) IV**
Start NOW if not already given in O.R. or 6 hours after O.R. dose if given; **Do not administer for Creatinine >1.1 or when anticoagulation status contraindicates administration.**

○ **ketorolac (TORADOL) 15 mg** 15 mg, intravenous, every 6 hours, 4, Occurrences, moderate pain (score 4-6)

Sign:_____ **Printed Name:**_____ **Date**_____

○ **ketorolac (TORADOL) 30 mg** 30 mg, intravenous, every 6 hours, 4, Occurrences, moderate pain (score 4-6)

○ **celecoxib (CeleBREX) capsule** 200 mg, oral, 2 times daily, PACU & Post-op
Do not administer to patients with CrCl<30

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **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

○ **Gabapentinoids**

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 30 mL/min)** 300 mg, oral, once, 1, Occurrences
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 200 mg (CrCl 15-29 mL/min)** 200 mg, oral, once, 1, Occurrences
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule**
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

○ **pregabalin (LYRICA) capsule 25 mg** 25 mg, oral, 2 times daily

○ **pregabalin (LYRICA) capsule 50 mg** 50 mg, oral, 2 times daily

☐ **Patients GREATER THAN or EQUAL to 65 years old**

☑ **methocarbamol (ROBAXIN) IV followed 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 panel**
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)
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.

◉ **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).

☐ **For severe breakthrough pain (pain score 7-10)**

☐ **oxyCODONE (ROXICODONE) IR** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADol (ULTRAM) tablet** 100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **hydromorPHONE (DILAUDID) injection** 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
IF unable to tolerate oral intake

☐ **naloxone (NARCAN) 0.4 mg/mL injection** 0.2 mg, intravenous, every 2 min PRN, respiratory depression

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, 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:

☐ **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 - Full Liquids** Diet effective now, 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:

☐ **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:

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **Nursing communication** Until discontinued, PACU & Post-op, Routine, After extubation, perform bedside swallow 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/BSTOP Multimodal Pain Medications**

○ **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.

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

◉ **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).

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

Sign:_____ **Printed Name:**_____ **Date**_____

◉ **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).

○ **acetaminophen IV followed by oral**

☑ **acetaminophen (OFIRMEV) IV** 1000 mg, intravenous, once, 1, Occurrences
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **acetaminophen (TYLENOL)**

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

◉ **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).

○ **Acetaminophen oral, per tube or rectal panel**

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)
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.

Sign:_____ **Printed Name:**_____ **Date**_____

◉ **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).

○ **acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal**
1000 mg, intravenous, every 8 hours, 3, Occurrences, PACU & Post-op
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **Nonsteroidal Anti-inflammatory Drug (NSAID)**

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

○ **Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose**

☐ **ketorolac (TORADOL) IV**

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose**

☐ **ketorolac (TORADOL) IV**

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **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.

○ **naproxen (NAPROSYN) tablet** 375 mg, oral, once, 1, Occurrences
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **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

○ **HM IP MEDICATIONS PREGABALIN ERAS**

○ **Pregabalin for patients GREATER than 65 years old**

○ **pregabalin (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/min

Sign:_____ **Printed Name:**_____ **Date**_____

○ **pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)** 25 mg, oral, 2 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)** 25 mg, oral, at bedtime, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **Pregabalin for patients LESS than 65 years old**

○ **pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)** 50 mg, oral, 3 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)** 50 mg, oral, 2 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)** 50 mg, oral, at bedtime
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **HM IP GABAPENTIN POSTOP ACUTE ERAS**

○ **Gabapentin for patients GREATER than 65 years old**

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)** 100 mg, oral, 3 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)** 100 mg, oral, 2 times daily, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)** 100 mg, oral, at bedtime, 5, Days
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **Gabapentin for patients LESS than 65 years old**

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)** 300 mg, oral, 3 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)** 300 mg, oral, 2 times daily
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)** 300 mg, oral, at bedtime
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

☐ **Muscle Relaxant**

○ **Patients GREATER THAN or EQUAL to 65 years old**

☑ **methocarbamol (ROBAXIN) IV followed 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

☐ **lidocaine (LIDODERM) patch**

☑ **lidocaine (LIDODERM) 5 %** 1 patch, transdermal, every 24 hours
Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).
Apply to affected area. Remove patch 12 hours after applying.

☐ **Opioids**

Only for moderate to severe breakthrough pain

☐ **For moderate breakthrough pain (pain score 4-6)**

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **oxyCODone (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, moderate pain (Non verbal CPOT or pain score 4-6), moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADoL (ULTRAM)**

○ **traMADoL (ULTRAM) tablet - patients with cirrhosis** 50 mg, oral, every 12 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

○ **traMADoL (ULTRAM) tablet** 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **For severe breakthrough pain (pain score 7-10)**

☐ **oxyCODone (ROXICODONE) IR - patients LESS than 65 years old** 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **oxyCODONE (ROXICODONE) IR - patients 65 years old and greater** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADol (ULTRAM) tablet** 100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **hydromorPHONE (DILAUDID) injection** 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
IF unable to tolerate oral intake

○ **BSTOP Multimodal Pain Medications**

☐ **Acetaminophen oral, per tube or rectal panel**

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)
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.

◉ **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).

☐ **Nonsteroidal Anti-inflammatory Drug (NSAID)**

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.

○ **ketorolac (TORADOL) IV**

Start NOW if not already given in O.R. or 6 hours after O.R. dose if given; **Do not administer for Creatinine >1.1 or when anticoagulation status contraindicates administration.**

○ **ketorolac (TORADOL) 15 mg** 15 mg, intravenous, every 6 hours, 4, Occurrences, moderate pain (score 4-6)

Sign:_____ **Printed Name:**_____ **Date**_____

○ **ketorolac (TORADOL) 30 mg** 30 mg, intravenous, every 6 hours, 4, Occurrences, moderate pain (score 4-6)

○ **celecoxib (CeleBREX) capsule** 200 mg, oral, 2 times daily, PACU & Post-op
Do not administer to patients with CrCl<30

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **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

○ **Gabapentinoids**

○ **gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 30 mL/min)** 300 mg, oral, once, 1, Occurrences
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **gabapentin (NEURONTIN) capsule 200 mg (CrCl 15-29 mL/min)** 200 mg, oral, once, 1, Occurrences
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

○ **pregabalin (LYRICA) capsule**
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

○ **pregabalin (LYRICA) capsule 25 mg** 25 mg, oral, 2 times daily

○ **pregabalin (LYRICA) capsule 50 mg** 50 mg, oral, 2 times daily

☐ **Patients GREATER THAN or EQUAL to 65 years old**

☑ **methocarbamol (ROBAXIN) IV followed 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 panel**
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)
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.

◉ **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).

☐ **For severe breakthrough pain (pain score 7-10)**

☐ **oxyCODONE (ROXICODONE) IR** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **traMADol (ULTRAM) tablet** 100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **hydromorPHONE (DILAUDID) injection** 0.2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
IF unable to tolerate oral intake

☐ **naloxone (NARCAN) 0.4 mg/mL injection** 0.2 mg, intravenous, every 2 min PRN, respiratory depression

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission

○ **Elective outpatient procedure: Discharge following routine recovery** Continuous, PACU & Post-op, Routine

○ **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:

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

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:

○ **Transfer patient** Once, Scheduling/ADT, Routine
Level of Care:
Bed request comments:

○ **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.

○ **Transfer patient** Once, Scheduling/ADT, Routine
Level of Care:
Bed request comments:

○ **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:

○ **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.

○ **Full code** Continuous, Routine
Code Status decision reached by:

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

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **DNR (Do Not Resuscitate)** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Code Status decision reached by:

☐ **Consult to Palliative Care Service**

☑ **Consult to Palliative Care Service** Once, Routine
Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:
Reason for Consult?

☐ **Consult to Social Work** Once, Routine
Reason for Consult:
Reason for Consult?

○ **Modified Code** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
Code Status decision reached by:

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

Isolation

☐ **Airborne isolation status**

☑ **Airborne isolation status** Continuous, Routine

☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.** Once, Routine

☐ **Contact isolation status** Continuous, Post-op, Routine

☐ **Droplet isolation status** Continuous, Post-op, Routine

☐ **Enteric isolation status** Continuous, Post-op, Routine

Precautions

☐ **Aspiration precautions** Continuous, Post-op, Routine

☐ **Fall precautions** Continuous, Post-op, Routine
Increased observation level needed:

☐ **Latex precautions** Continuous, Post-op, Routine

☐ **Seizure precautions** Continuous, Post-op, Routine
Increased observation level needed:

Nursing

Vital Signs

☑ **Vital signs - T/P/R/BP** Every hour, Post-op, Routine, Every 1 hour x 4 then every 4 hours x 6 then per floor protocol.

☐ **Vital signs - T/P/R/BP** Per unit protocol, Post-op, Routine

☐ **Pulse oximetry** Continuous, Post-op, Routine
Current FIO2 or Room Air:

Activity

☐ **HOB 30 degrees** Until discontinued, Post-op, Routine, If not contraindicated
Head of bed: ○ 30 degrees

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **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**_____

☑ **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.
Reason for Consult?

Diet

☐ **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: 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:

Diet

☐ **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: 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**_____

☐ **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:

☐ **Diet - Bariatric Diet** Diet effective now, Post-op, Routine, Additional instructions ***
Diet(s): ○ Bariatric
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Education

☑ **Patient education- Discharge & Post-Op Diet** Once, Post-op, Routine
Patient/Family: ○ Both
Education for: ○ Discharge ○ Other (specify)
Specify: Review post op diet and discharge instructions with patient/family and provide copy to patient and family.

IV Fluids

Maintenance IV Fluids

○ **sodium chloride 0.9 % infusion** .9 , intravenous, continuous, Post-op

○ **lactated Ringer's infusion** intravenous, continuous, Post-op

○ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous, Post-op

○ **sodium chloride 0.45 % infusion** 0.45 , intravenous, continuous, Post-op

○ **sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous, Post-op

○ **sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** 0.45 , intravenous, continuous, Post-op

Pharmacy Consults

Consult

☑ **Pharmacy consult to monitor and educate for bariatric surgery patient NEW admission** Until discontinued, Post-op, STAT, Bariatric Patient education is to be provided for NEW Admission patients.

Medications

Restricted Medications

☑ **No NSAIDs EXcluding aspirin, celecoxib and IV ketorolac** Until discontinued, Post-op, STAT
Reason for "No" order:

Pain Medications

Check Prescription Drug Monitoring Program.
Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here." (https://texas.pmpaware.net/login)

Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible.

Sign:_____ **Printed Name:**_____ **Date**_____

○ **Scheduled Pain Medications**

Consider scheduled option if pain source is present and patient unable to reliably communicate needs.
Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

○ **acetaminophen (TYLENOL) 500 mg tablet or liquid**

◉ **acetaminophen (TYLENOL) tablet** 500 mg, oral, every 6 hours scheduled

◉ **acetaminophen (TYLENOL) liquid** 500 mg, oral, every 6 hours scheduled

○ **acetaminophen (TYLENOL) 650 mg tablet or liquid**

◉ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours scheduled
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

◉ **acetaminophen (TYLENOL) liquid** 650 mg, oral, every 6 hours scheduled

○ **NSAIDS: For Patients LESS than 65 years old**

○ **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.

○ **naproxen (NAPROSYN) tablet** 250 mg, oral, 2 times daily
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **celecoxib (CeleBREX) capsule** 100 mg, oral, 2 times daily
For age LESS than 65 yo and patients GREATER than 50kg. 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.

○ **ketorolac (TORADOL) injection** 30 mg, intravenous, every 6 hours scheduled, 5, Days
For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

○ **NSAIDS: For Patients GREATER than or EQUAL to 65 years old**

○ **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.

○ **naproxen (NAPROSYN) tablet** 250 mg, oral, 2 times daily
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **celecoxib (CeleBREX) capsule** 100 mg, oral, 2 times daily
For age GREATER than or EQUAL to 65 yo and patients LESS than 50kg. 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.

○ **ketorolac (TORADOL) injection** 15 mg, intravenous, every 6 hours scheduled, 5, Days

○ **PRN Pain Medications**

☐ **PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old**

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

○ **aminophen (TYLENOL) tablet OR oral suspension OR rectal suppository**

Sign:_____ **Printed Name:**_____ **Date**_____

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.

○ **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.

○ **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**_____

◉ **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) Use if patient cannot swallow tablet.

○ **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 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.

◉ **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) Use if patient cannot swallow tablet.

○ **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)

◉ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN
Allowance for Patient Preference:
Give if patient able to swallow tablet.
Give if patient can receive oral tablet/capsule.

◉ **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.

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
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 old**

○ **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**_____

◉ **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) Use if patient cannot swallow tablet.

○ **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)

◉ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN
Allowance for Patient Preference:
Give if patient able to swallow tablet.
Give if patient can receive oral tablet/capsule.

◉ **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.

○ **oxyCODONE (ROXICODONE) immediate release tablet** 2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
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** 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
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 Moderate Pain (Pain Score 4-6): 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.

○ **morPHINE injection** 2 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.

○ **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

○ **ketorolac (TORADOL) IV**
Do NOT use in patients with eGFR LESS than 30 mL/min.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

◉ **For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection** 30 mg, intravenous, every 6 hours PRN, 5, Days, moderate pain (score 4-6)
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

☐ **PRN IV Medications for Moderate Pain (Pain Score 4-6): 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. (adjust dose for renal/liver function and age)

○ **morPHINE injection** 1 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.

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

○ **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.

○ **morPHINE immediate-release tablet** 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Tablets may be crushed. Give if patient able to swallow tablet
Give if patient can receive oral tablet/capsule.

○ **oxyCODONE (ROXICODONE) immediate release tablet** 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Tablets may be crushed. Give if patient able to swallow tablet
Give if patient can receive oral tablet/capsule.

☐ **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.

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Oral tablets may be crushed. Give if patient able to swallow tablet
Give if patient can receive oral tablet/capsule.

○ **morPHINE immediate-release tablet** 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Oral tablets may be crushed. Give if patient able to swallow tablets.
Give if patient can receive oral tablet/capsule.

○ **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)

◉ **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN
Allowance for Patient Preference:
Give if patient able to swallow tablet.
Give if patient can receive oral tablet/capsule.

◉ **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.

○ **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.

Sign:_____ **Printed Name:**_____ **Date**_____

◉ **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.

○ **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.

○ **morPHINE 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.

○ **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.

○ **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.

○ **morPHINE 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)

○ **methocarbamol (ROBAXIN) tablet** 500 mg, oral, every 6 hours PRN, muscle spasms

○ **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 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**

◉ **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 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.

Antiemetics - NOT HMSL, HMSTJ, HMH

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **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.

○ **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**_____

◉ **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

○ **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

○ **diphenhydrAMINE (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

○ **cetirizine (ZyrTEC) tablet** 5 mg, oral, daily PRN, Post-op, itching

Insomnia: For Patients GREATER than or EQUAL to 70 years old

○ **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**

○ **zolpidem (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

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

Sign:_____ **Printed Name:**_____ **Date**_____

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **Place sequential compression device**
  - ○ **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):

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

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **Place sequential compression device**
  - ○ **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):

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

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **Place sequential compression device**
  - ○ **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):

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

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **Place sequential compression device**
  - ○ **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):

○ **LOW Risk of VTE** (Required)

- [x] **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)

- [x] **Moderate Risk** (Required)

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
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):

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **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:

○ **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):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **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):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **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:

○ **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):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

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

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

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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 CrCl LESS than 30 mL/min.

○ **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

○ **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.

○ **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**

Sign:_____ **Printed Name:**_____ **Date**_____

- ○ **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

○ **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:

☑ **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):

○ **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 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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

○ **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

○ **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.

○ **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

○ **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:

○ **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):

○ **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)

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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 CrCl LESS than 30 mL/min

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **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:

○ **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:

☑ **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):

Sign:_____ **Printed Name:**_____ **Date**_____

VTE Risk and Prophylaxis Tool

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

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

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

○ **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (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**

○ **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):

○ **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**

○ **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):

○ **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**

○ **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):

○ **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**

○ **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):

○ **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)

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
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):

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **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:

○ **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):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

Sign:_____ **Printed Name:**_____ **Date**_____

☑ **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):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **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:

○ **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):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

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

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

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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 CrCl LESS than 30 mL/min.

○ **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

○ **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.

○ **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**

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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

○ **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:

☑ **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):

○ **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 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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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.

○ **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

○ **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.

○ **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

○ **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:

○ **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):

○ **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)

Sign:_____ **Printed Name:**_____ **Date**_____

○ **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

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **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 posterolateral abdominal wall. Alternate injection site with each administration.

○ **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.

○ **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 CrCl LESS than 30 mL/min

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date**_____

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 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

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **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:

○ **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:

☑ **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):

Labs

Sign:_____ **Printed Name:**_____ **Date**_____

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 Gastroview.
  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

- [x] **Oxygen therapy** Continuous, Post-op, Routine
  Device: ○ Nasal Cannula
  Titrate to keep O2 Sat Above: 92%
  Device:
  Indications for O2 therapy:

- [x] **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? ○ 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?

- [ ] **Consult to PT Wound Care Eval and Treat** Once, Post-op, Routine
  Special Instructions:
  Location of Wound?
  Reason for PT?

Sign:_____ **Printed Name:**_____ **Date**_____

☐ **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?

Additional Orders