Location: _____

General

Common Present on Admission

- ☐ **Fibroid, uterine** Once, Routine
- ☐ **Cyst, ovarian** Once, Routine
- ☐ **Chronic female pelvic pain** Once, Routine
- ☐ **Pelvic Inflammatory Disease (PID)** Once, Routine
- ☐ **Incomplete uterovaginal prolapse** Once, Routine
- ☐ **Vaginal vault prolapse after hysterectomy** Once, Routine
- ☐ **Endometrium, hyperplasia** Once, Routine
- ☐ **Abnormal Uterine Bleeding** Once, 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:
- ○ **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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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)

☑ **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?
Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

☐ **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:
Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: Guidance for Code Status & Treatment Restrictions

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

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** Per unit protocol, Post-op, Routine

Activity

☐ **Bed rest with bathroom privileges** Until discontinued, Post-op, Routine
Bathroom Privileges: ○ with bathroom privileges

☑ **Up in chair** Until discontinued, Post-op, Routine, Out of bed 4 times daily
Specify: ○ Up in chair
Additional modifier: all meals in chair

☑ **Ambulate with assistance** 4 times daily, S+1, Post-op, Routine
Specify: ○ with assistance

Nursing Care

☐ **Abdominal binder** Once, Post-op, Routine
Waking hours only?
Nurse to schedule?
Special Instructions:

☑ **Encourage deep breathing and coughing** Every 2 hours while awake, Post-op, Routine, Until ambulatory

☑ **Incentive spirometry instructions** Once, 1, Occurrences, Post-op, Routine
Frequency of use: ○ Every 2 hours while awake. Place at bedside. Encourage patient to use.

☐ **Intake and output** Every shift, 24, Hours, Post-op, Routine

☐ **K-pad to bedside** Until discontinued, Post-op, Routine, Apply as needed to area of pain

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Saline lock IV** Continuous, Post-op, Routine

☐ **No other analgesia until PCA is discontinued** Until discontinued, Post-op, Routine

Nursing POD 1

☐ **Remove dressing** Until discontinued, S+1, Post-op, Routine, Remove abdominal dressing or vaginal pack if present

☐ **Nursing wound care** Daily, S+1, Post-op, Routine, Clean incision with water
Location:
Site:
Irrigate wound?
Apply:
Dressing Type:
This Nursing Order is NOT for a CONSULT for PT Wound Care or WOC nurse. The order is not transmitted to any department.

Do NOT use this order to request :
Bedside debridement, Ultrasound Therapy, Pulsed Lavage, Negative Pressure Vacuum Therapy, Compression therapy, WOC ongoing wound /ostomy management and teaching.

☑ **Saline lock IV** Continuous, S+1, Post-op, Routine

☐ **Discontinue IV** Once, S+1, Post-op, Routine, On POD 1 if patient is afebrile and tolerating diet

☐ **Discontinue PCA on Post-Op day # 1** Until discontinued, S+1, Post-op, Routine, Prior to discontinuing foley

☑ **Remove Foley catheter** Once, S+1, Post-op, Routine, D/C Foley in AM if urine is clear. DO NOT DC FOLEY IF ANTERIOR REPAIR OR BLADDER SURGERY.

☐ **Post-op voiding trial** Once, S+1, Post-op, Routine

Notify

☑ **Notify Physician for vitals:** Until discontinued, PACU & Post-op, Routine, And for urine output less than 30 milliliters per hour
Temperature greater than: ○ 101 ○ 100.5
Systolic BP greater than: ○ 170 ○ 160
Systolic BP less than: 90
Diastolic BP greater than: ○ 110 ○ 100
Diastolic BP less than: ○ 60 ○ 50
Heart rate greater than (BPM): ○ 120 ○ 100
Heart rate less than (BPM): 60
Respiratory rate greater than: ○ 28 ○ 25
Respiratory rate less than: ○ 10 ○ 8
Temperature less than:
MAP less than: 60.000
SpO2 less than: 92

Diet

☐ **NPO except ice chips** Diet effective now, Post-op, Routine, Until no longer nauseated
NPO: ○ Except Ice chips
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Diet -** Diet effective now, Post-op, Routine, Advance diet as tolerated 12 hours PostOP
Diet(s): ○ Regular
Advance Diet as Tolerated? ○ Yes
Target Diet: Regular
Cultural/Special:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

IV Fluids

IV Fluids

☑ **lactated ringers (LR) or sodium chloride 0.9% (NS) infusion**
Due to IV shortage, LR or NS will be administered based on availability

◉ **lactated ringer's infusion** 125 mL/hr, intravenous, once, 1, Occurrences, Post-op
Due to IV shortage, LR or NS will be administered based on availability

◉ **sodium chloride 0.9 % infusion** 125 mL/hr, intravenous, once, 1, Occurrences, Post-op
Due to IV shortage, LR or NS will be administered based on availability

☐ **dextrose 5 % and lactated Ringer's infusion** 125 mL/hr, intravenous, continuous, Post-op

☐ **dextrose 5%-0.9% sodium chloride infusion** 125 mL/hr, intravenous, continuous, Post-op

☐ **dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** 125 mL/hr, intravenous, continuous, Post-op

Peripheral IV Access

☑ **Initiate and maintain IV**

☑ **Insert peripheral IV** Once, Routine

☑ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care

☑ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

Medications

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

☐ **Scheduled**
Select one scheduled NSAID and one scheduled Tylenol order

☑ **ibuprofen (MOTRIN)** (Required)

○ **ibuprofen (ADVIL) tablet 800 mg** 800 mg, oral, every 8 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **ibuprofen (ADVIL) tablet 600 mg** 600 mg, oral, every 6 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☑ **acetaminophen (TYLENOL) tablet** (Required)

○ **acetaminophen ER (TYLENOL) 650 mg** 650 mg, oral, every 8 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **acetaminophen (TYLENOL) tablet 1000 mg** 1000 mg, oral, every 6 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 6 hrs after last dose of Acetaminophen(OFIRMEV) IV dose if given intraop.

○ **acetaminophen (TYLENOL) tablet 650 mg** 650 mg, oral, every 6 hours scheduled, 4, Days, S+1
start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☐ **Avoid in patients >/= 65 years old - gabapentin (NEURONTIN) oral** 300 mg, oral, nightly

☐ **PRN ONLY for Moderate to Severe Pain**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **PRN severe pain**

☐ **oxyCODone (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Give if patient can receive oral tablet/capsule.

☐ **oxyCODone (ROXICODONE) IR tablet 10 mg** 10 mg, oral, every 4 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

☐ **oxyCODONE (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6) severe pain (score 7-10)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request
Start after Anesthesia care ends
Give if patient can receive oral tablet/capsule.

☐ **Breakthrough pain - hydromorPHONE (DILAUDID) injection** 0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)
For breakthrough pain

☐ **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.

Antibiotics: cefazolin (ANCEF) for patients LESS than or EQUAL to 120 kg

○ **cefazolin (ANCEF) IV** 2 g, intravenous, once, 1, Occurrences, Post-op, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

Antibiotics: cefazolin (ANCEF) for patients GREATER than 120 kg

○ **cefazolin (ANCEF) IV** 3 g, intravenous, once, 1, Occurrences, Post-op, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

Antibiotics: if Penicillin or Beta-Lactam Allergic

If patient is Penicillin or Beta-Lactam Allergic: Choose ONE option from Section 1 and ONE option from Section 2.
TWO agents MUST be selected for Core Measure compliance.

☐ **Section 1**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **metronidazole (FLAGYL) IV** 500 mg, intravenous, once, 1, Occurrences, STAT
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
For penicillin or beta-lactam allergic patients.

○ **clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.** 900 mg, intravenous, once, 1, Occurrences, STAT
Indication:
For penicillin or beta-lactam allergic patients.

☐ **Section 2**

○ **levofloxacin (LEVAQUIN) IV** 500 mg, intravenous, once, 1, Occurrences, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
For penicillin or beta-lactam allergic patients.
May cause QTc prolongation.

○ **gentamicin (GARAMYCIN) IV** 80 mg, intravenous, once, 1, Occurrences, STAT
Indication:
For penicillin or beta-lactam allergic patients.

NALOXONE FOR OBGYN SURGERY POSTOP OPIOID PAIN MEDICATIONS

☑ **naloxone (NARCAN) 0.4 mg/mL injection** 0.4 , PRN, Post-op, respiratory depression
opioid reversal

Moderate Pain (Pain Score 4-6)

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 2 tablet, oral, every 3 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Give if patient can receive oral tablet/capsule.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **ketorolac (TORADOL) tablet - Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury** 10 mg, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)
Not recommended in patients with eGFR LESS than 30 mL/min OR in acute
kidney injury

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

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

○ **For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection** 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

○ **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, moderate pain (score 4-6)

○ **traMADol (ULTRAM) tablet** 50 mg, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Not recommended in patients with eGFR LESS than 30 mL/min OR in acute
kidney injury. Not to exceed 400 mg/day.

Give if patient can receive oral tablet/capsule.

Severe Pain (Pain Score 7-10)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Monitor and record pain scores and respiratory status.
Give if patient can receive oral tablet/capsule.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Monitor and record pain scores and respiratory status.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **traMADol (ULTRAM) tablet** 100 mg, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury. Not to exceed 400 mg/day.
Give if patient can receive oral tablet/capsule.

○ **HYDROmorphone (DILAUDID) injection** 0.5 mg, intravenous, every 4 hours PRN, Post-op, severe pain (score 7-10)
For breakthrough pain, if patient is NPO or cannot tolerate Oral medication, administer the ordered injection.

○ **morPHINE injection** 4 mg, intravenous, every 3 hours PRN, Post-op, severe pain (score 7-10)
And Notify MD. If patient is NPO or cannot tolerate Oral medication, administer the ordered injection.

Antiemetics

☑ **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)**

◉ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◉ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable 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.

◉ **promethazine (PHENERGAN) intraMUSCULAR injection** 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

☑ **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**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◉ **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.

Antiemetics

☑ **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.

Itching: For Patients LESS than 70 years old

◉ **diphenhydrAMINE (BENADRYL) tablet** 25 mg, oral, every 6 hours 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

Bowel Regimen

○ **sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 2 tablet, oral, nightly PRN, Post-op, constipation

○ **magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE** 30 mL, oral, every 12 hours PRN, Post-op, constipation
Do not give if patient is on hemodialysis or is in chronic renal failure.

○ **bisacodyl (DULCOLAX) EC tablet** 10 mg, oral, daily PRN, Post-op, constipation

○ **bisacodyl (DULCOLAX) suppository** 10 mg, rectal, daily PRN, Post-op, constipation

○ **polyethylene glycol (MIRALAX) packet 17 gram** 17 g, oral, daily, Post-op
Mix in 4-8oz of water.

Stool Softeners

☑ **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily, Post-op

Gas

☑ **simethicone (MYLICON) chewable tablet** 160 mg, oral, 4 times daily, Post-op, flatulence

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**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- ○ **zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep
- ○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

VTE

DVT 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	

- ○ **MODERATE Risk of VTE - Surgical** (Required)
  - ☑ **Moderate Risk** (Required)
    - ☑ **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):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **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
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/Time:**_____

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 Pharmacological Prophylaxis - Non-Surgical Patient** (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/Time:**_____

☑ **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/Time:**_____

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, 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/Time:**_____

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
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/Time:**_____

- ○ **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/Time:**_____

○ **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/Time:**_____

○ **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

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **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
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/Time:**_____

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/Time:**_____

DVT 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	

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

☑ **Moderate Risk** (Required)

☑ **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):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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
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**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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 Pharmacological Prophylaxis - Non-Surgical Patient** (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):

☑ **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:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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**

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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, Routine
No pharmacologic 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.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
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**

○ **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)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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.

○ **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.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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)

○ **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

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **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:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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
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**

○ **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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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):

Rh Negative Mother

Nursing

☐ **Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.** Until discontinued, Post-op, Routine

Labs

☐ **Fetal Screen** Conditional Frequency, 1, Occurrences, Post-op, Routine, Blood, Conditional- One activation- If Rh Negative Mom and Rh Positive infant

☐ **Rhogam Type and Screen** Once, Post-op, Routine, Blood

Medication

☐ **rho(D) immune globulin (HYPERRHO/RHOGAM) injection** 1500 unit , PRN, 1, Occurrences, Post-op, Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.

Labs Tomorrow

Hematology

☑ **CBC with differential** AM draw, 1, Occurrences, S+1, Post-op, Routine, Blood, 3

☐ **Hemoglobin and hematocrit** Once, Post-op, Routine, Blood, 3

Chemistry

☑ **Basic metabolic panel** Once, Post-op, Routine, Blood, 3

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Consult to Case Management** Once, Post-op, Routine
Consult Reason:
Reason for Consult?

☐ **Consult to Social Work** Once, Post-op, Routine
Reason for Consult:
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?
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

☐ **Consult to Nutrition Services** Once, Post-op, Routine
Reason For Consult?
Purpose/Topic:
Reason for Consult?

☐ **Consult to Spiritual Care** Once, Post-op, Routine
Reason for consult?
Reason for Consult?
For requests after hours, call the house operator.

☐ **Consult to Respiratory Therapy** Once, Post-op, Routine
Reason for Consult?
Reason for Consult?

Additional Orders

Sign:_____ **Printed Name:**_____ **Date/Time:**_____