Location: _____

Enhanced Recovery After Surgery (ERAS) Orders

☐ **ERAS 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**

☑ **IMPACT Advanced Recovery** Daily with meals, PACU & Post-op, Routine, IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses.
Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact AR
Can/Bottle Supplements: ○ Impact Advance Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

☑ **Encourage sips of IMPACT as tolerated** Until discontinued, PACU & Post-op, Routine, Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

☑ **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:

☑ **IMPACT Advanced Recovery** Daily with meals, 5, Days, S+1, PACU & Post-op, Routine, IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact AR
Can/Bottle Supplements: ○ Impact Advance Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

☑ **Encourage sips of IMPACT as tolerated** Until discontinued, PACU & Post-op, Routine, After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

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

☑ **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:

☐ **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 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)

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

◉ **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.

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

◉ **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 (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.

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

- ○ **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**
  - ○ **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.

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

○ **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

○ **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

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

○ **Patients LESS THAN 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, 3 times daily, 7, 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)**

☐ **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

☐ **Initiate ERAS**
Use order to initiate ERAS for patients. Follow necessary steps to improve enhanced recovery.

☑ **Post Procedure ERAS Initiation** Continuous, 14, Days, Routine

☐ **ERAS 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**

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

☑ **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**

☑ **IMPACT Advanced Recovery** Daily with meals, PACU & Post-op, Routine, IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses.
Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact AR
Can/Bottle Supplements: ○ Impact Advance Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

☑ **Encourage sips of IMPACT as tolerated** Until discontinued, PACU & Post-op, Routine, Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

☑ **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?

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

☐ **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:

☑ **IMPACT Advanced Recovery** Daily with meals, 5, Days, S+1, PACU & Post-op, Routine, IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congential milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact Advanced Recovery
Can/Bottle Supplements: ○ Impact AR
Can/Bottle Supplements: ○ Impact Advance Recovery
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Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

☑ **Encourage sips of IMPACT as tolerated** Until discontinued, PACU & Post-op, Routine, After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

☑ **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 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.

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

◉ **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**

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

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 (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.

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

○ **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**

○ **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)

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

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
    - ○ **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
- ○ **Patients LESS THAN 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

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

- [ ] **cyclobenzaprine (FLEXERIL) tablet** 5 mg, oral, 3 times daily, 7, Days

- [ ] **lidocaine (LIDODERM) patch**

  - [x] **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)**

  - [ ] **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

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

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

- [ ] **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:
- ○ **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:

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

○ **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)

☑ **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?
I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:
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?

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

○ **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:
I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:
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-Per unit protocol** Per unit protocol, Post-op, Routine

☐ **Vital signs-Q4H** Every 4 hours, -1, Occurrences, Post-op, Routine

☐ **Pulse oximetry** Every 4 hours, Post-op, Routine
Current FIO2 or Room Air:

Activity

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

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

☐ **Up in chair for meals** Until discontinued, Post-op, Routine
Specify: ○ Up in chair
Additional modifier: for meals

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

☐ **Ambulate with assistance** 3 times daily, Post-op, Routine
Specify: ○ with assistance

☐ **Activity as tolerated** Until discontinued, Post-op, Routine
Specify: ○ Activity as tolerated

Nursing

☑ **Height and weight** Once, Post-op, Routine, On arrival to unit

☐ **Daily weights** Daily, Post-op, Routine

☐ **Measure drainage** Every 8 hours, Post-op, Routine, Record output from drain every 8 hours
Type of drain:

☑ **Intake and Output** Every shift, Post-op, Routine

☐ **Oral care** Every 4 hours, Post-op, Routine, For intubated patients

☐ **Oral care** Every shift, Post-op, Routine, For non intubated patients

☐ **Assist with feeding patient** Until discontinued, Post-op, Routine
Modifier:

Line/Drain Care

☐ **Saline lock IV** Once, 1, Occurrences, Post-op, Routine, When patient tolerates oral intake

☐ **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

☐ **Drain care** Until discontinued, Post-op, Routine
Drain 1:
Drain 2:
Drain 3:
Drain 4:
All Drains:

☐ **Nasogastric tube maintenance** Until discontinued, Post-op, Routine
Tube Care Orders:

Wound/Incision Care

☐ **Apply ice pack** Until discontinued, Post-op, Routine
Afftected area:
Waking hours only?
Nurse to schedule?
Special Instructions:

☐ **Reinforce dressing** As needed, Post-op, Routine
Reinforce with:

☐ **Sitz bath** Once, Post-op, Routine

☐ **Surgical/incision site care** Once, Post-op, Routine
Location:
Site:
Apply:
Dressing Type:
Open to air?

☐ **Wound care orders** Every 12 hours, Post-op, Routine
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.

☐ **Provide equipment / supplies at bedside** Once, Post-op, Routine
Supplies:

☐ **Wound vac (Not Consult Order)** Every Mon, Wed, Fri, Post-op, Routine
Pressure (mmHg): 125
Existing wound vac?
Type of Wound:
Wound Location:
Therapy Settings:
Intensity:
Foam Type:

☐ **Consult to Wound Ostomy Care Nurse** Once, Post-op, Routine
Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?
This is NOT for PT Wound Care Consult order.

Diet

☐ **NPO** Diet effective now, Post-op, Routine
NPO:
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **Diet- Clear liquid** 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:

Notify

☐ **Notify Physician for vitals:** Until discontinued, Post-op, Routine
Temperature greater than: 100.5
Temperature less than:
Systolic BP greater than: 160
Systolic BP less than: 90
Diastolic BP greater than: 100
Diastolic BP less than: 50
MAP less than: 60.000
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 60
Respiratory rate greater than: 25
Respiratory rate less than: 8
SpO2 less than: 92

☐ **Notify Physician (Specify)** Until discontinued, Post-op, Routine

IV Fluids

IV Fluids

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

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

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

○ **sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous, Post-op

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

Medications

Postoperative Antibiotics: For Patients LESS than or EQUAL to 120 kg

○ **cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg** 2 g, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

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

○ **cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV**

☑ **cefTRIAxone (ROCEPHIN) IV** 1 g, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **metronidazole (FLAGYL)** 500 mg, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Postoperative Antibiotics: For Patients GREATER than 120 kg

○ **cefazolin (ANCEF) IV - For Patients GREATER than 120 kg** 3 g, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

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

○ **cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV**

☑ **cefTRIAxone (ROCEPHIN) IV** 1 g, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **metronidazole (FLAGYL)** 500 mg, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Postoperative Antibiotics: If Beta-Lactam Allergy

☐ **metronidazole (FLAGYL) IV** 500 mg, intravenous, once, 1, Occurrences, Post-op, STAT
Reason for Therapy: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:

☐ **ciprofloxacin (CIPRO) IV** 400 mg, intravenous, once, 1, Occurrences, Post-op, STAT
Reason for Therapy: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
May cause QTc prolongation.

☐ **cefTRIAXone 1 g IV + metroNIDAZOLE 500 mg IV**

☑ **cefTRIAxone (ROCEPHIN) IV** 1 g, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **metronidazole (FLAGYL)** 500 mg, intravenous, once, 1, Occurrences, Post-op, STAT
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Postoperative Antibiotics: If MRSA Suspected

☐ **vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose** (Required)

☑ **vancomycin (VANCOCIN) IV** intravenous, once, 1, Occurrences, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
LOADING DOSE

☑ **Pharmacy consult to manage vancomycin** Until discontinued, Routine
Indication:
Anticipated Duration of Vancomycin Therapy (Days):
All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

Beta-Blockers

☐ **metoprolol (LOPRESSOR) injection** 5 , intravenous, every 6 hours, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:
hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm

☐ **metoprolol tartrate (LOPRESSOR) tablet** 100 , oral, 2 times daily, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:
hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm

☐ **labetalol (NORMODYNE) tablet** 100 , 2 times daily, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:

☐ **labetalol (NORMODYNE,TRANDATE) injection** Post-op
Administer if Systolic BP GREATER than ***

Respiratory

☐ **albuterol (PROVENTIL HFA;VENTOLIN HFA) inhaler** 2 puff, inhalation, Respiratory Therapy - every 6 hours, Post-op

☐ **tiotropium (SPIRIVA) 18 mcg per inhalation capsule** 1 capsule, inhalation, Respiratory Therapy - Daily, Post-op

☐ **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.

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

○ **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**

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.

◉ **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.

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

◉ **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.

◉ **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.

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

◉ **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.

○ **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.

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

○ **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.

○ **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.

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.

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

◉ **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 - HMSL, HMWB, HMCY 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 or Rectal**

◉ **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 - 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.

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

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

○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

Itching: For Patients LESS than 70 years old

○ **diphenhydrAMINE (BENADRYL) tablet** 25 mg, oral, every 6 hours PRN, itching

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

○ **hydrOXYzine (ATARAX) tablet** 10 mg, oral, every 6 hours PRN, itching

◉ **cetirizine (ZyrTEC) tablet** 5 mg, oral, daily PRN, 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, itching

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.

◉ **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.

☐ **sodium chloride 0.9% bag for line care**

☑ **sodium chloride 0.9 % bag for line care** .9 , PRN, line care
For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.

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/Time:**_____

- [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/Time:**_____

☑ **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/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** (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, 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/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, 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/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, 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/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

○ **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:**_____

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/Time:**_____

- [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/Time:**_____

☑ **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/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** (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, 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/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, 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/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, 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/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

○ **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 Today

Hematology/Coagulation

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

- [ ] **Hemoglobin and hematocrit** Once, Post-op, Routine, Blood, 3
- [ ] **CBC with platelet and differential** Once, Post-op, Routine, Blood, 3
- [ ] **Prothrombin time with INR** Once, Post-op, Routine, Blood, 3
- [ ] **Partial thromboplastin time** Once, Post-op, Routine, Blood, 3
  Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
- [ ] **Type and screen** Once, Post-op, Routine, Blood

Chemistry

- [ ] **Basic metabolic panel** Once, Post-op, Routine, Blood, 3
- [ ] **Comprehensive metabolic panel** Once, Post-op, Routine, Blood, 3
- [ ] **Calcium** Once, Post-op, Routine, Blood, 3
- [ ] **Hepatic function panel** Once, Post-op, Routine, Blood, 3
- [ ] **Magnesium** Once, Post-op, Routine, Blood, 3
- [ ] **Phosphorus level** Once, Post-op, Routine, Blood, 3

Labs Tomorrow

Hematology/Coagulation

- [ ] **CBC with platelet and differential** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Prothrombin time with INR** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Partial thromboplastin time** Once, S+1, Post-op, Routine, Blood, 3
  Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
- [ ] **Type and screen** Once, S+1, Post-op, Routine, Blood

Chemistry

- [ ] **Amylase** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Basic metabolic panel** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Comprehensive metabolic panel** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Calcium** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Hepatic function panel** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Lipase level** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Magnesium** Once, S+1, Post-op, Routine, Blood, 3
- [ ] **Phosphorus level** Once, S+1, Post-op, Routine, Blood, 3

Cardiology

Imaging

X-Ray

- [ ] **Chest 1 Vw Portable** 1 time imaging, Post-op, Routine
  Is the patient pregnant?
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Abdomen 1 Vw Portable** 1 time imaging, Post-op, Routine
  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] **Incentive spirometry instructions** Once, 1, Occurrences, Post-op, Routine
  Frequency of use: ○ Every hour while awake. Instruct on use: 10 repetitions
- [x] **Encourage deep breathing and coughing** Every hour, Post-op, Routine, Waking hours only

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

☑ **Oxygen therapy** Continuous, Post-op, Routine
Device: ○ Nasal Cannula
Rate in liters per minute: 2 Lpm
Titrate to keep O2 Sat Above: 92%
Device:
Indications for O2 therapy:

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

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

☐ **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?
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational 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 Speech Language Pathology** Once, Post-op, Routine
Reason for consult:
Reason for SLP?

☐ **Consult to Wound Ostomy Care nurse** Once, Post-op, Routine
Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?
This is NOT for PT Wound Care Consult order.

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

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

Reflux Nurse Navigator

☐ **Consult to Reflux Nurse Navigator** Once, Post-op, Routine
Reason for Consult?

Additional Orders