

Bariatric Surgery Post-Op

Default Phase of Care: Post-op

Use Diabetes and Hyperglycemia Management Orders when a patient is diabetic and on insulin.

Consider conversion to short acting agents in the immediate Postoperative period, assess for decreasing insulin needs at/after discharge.

Use Adult Hypoglycemia Standing Orders if Glucose Monitoring and intervention is required.

Enhanced Recovery After Surgery (ERAS) Orders

ERAS Postop Diet/Nutrition and ERAS/BSTOP Multimodal Pain Medications

☐ ERAS Diet and Nutrition (Selection Required)

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 (Selection Required)

☒ Diet - Soft easy to digest

Frequency: **Effective Now** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [

Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: soft

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] **[Easy to digest (GERD)]** [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

☒ Consult to Nutrition Services

Priority: **Routine** [STAT]

Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] **[Other (Specify)]**

Specify: ERAS Nutrition Screening

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

Purpose/Topic: RD to perform nutrition screening and manage ERAS nutrition including post-op Impact formula as appropriate

☐ Chew Gum

Priority: **Routine**

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

Starting: Today, At: N

Order comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

Scheduling Instructions:

() ERAS Diet and Nutrition for ICU patients (Selection Required)

For patients LESS THAN 65 years old:

[X] Nursing communication

Priority: **[Routine]**

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

Starting: Today, At: N

Order comments: After extubation, perform bedside swallow evaluation.

Scheduling Instructions:

[X] Diet - Full Liquids

Frequency: **[Effective Now]** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments:

Questions:

Diet(s): [Regular] [Clear Liquids] **[Full Liquids]** [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? **[Yes]** [No]

Target Diet: GERD - Easy to Digest diet

Advance target diet criteria:

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[X] Consult to Nutrition Services

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

Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] **[Other (Specify)]**

Specify: ERAS

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate

[] ERAS Diet and Nutrition (Selection Required)

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 (Selection Required)

[X] Diet - Soft easy to digest

Frequency: **[Effective Now]** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [

Effective _____] [Effective tomorrow]
Starting: Today, At: N
Order comments: soft

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [**Easy to digest (GERD)**] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] Chew Gum

Priority: [**Routine**]

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

Starting: Today, At: N

Order comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

Scheduling Instructions:

[] ERAS Diet and Nutrition for ICU patients (Selection Required)

For patients LESS THAN 65 years old:

[X] Nursing communication

Priority: [**Routine**]

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

Starting: Today, At: N

Order comments: After extubation, perform bedside swallow evaluation.

Scheduling Instructions:

[X] Diet - Full Liquids

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments:

Questions:

Diet(s): [Regular] [Clear Liquids] [**Full Liquids**] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [**Yes**] [No]

Target Diet: GERD - Easy to Digest diet
Advance target diet criteria:

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:
Foods to Avoid:
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] ERAS/BSTOP Multimodal Pain Medications (Selection Required)

() ERAS (Selection Required)

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) (Selection Required)

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 (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
For: 3 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[975 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
For: 3 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() acetaminophen IV followed by oral (Selection Required)

[X] acetaminophen (OFIRMEV) IV

Dose: **[1,000 mg]** [10 mg/kg] [12.5 mg/kg] [15 mg/kg]
Route: **[intravenous]**
Frequency: **[Once]** [Once PRN]
Admin Instructions: 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.
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

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? [Yes, care area and patient restriction criteria are met] [Formulary policy override (Pharmacist use only)] [No]

Possible Cascading Questions:

If (answer is Formulary policy override (Pharmacist use only)):
RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override"
i-Vent:
If (answer is No):
HM Policy Alert:

[X] acetaminophen (TYLENOL) (Selection Required)

() Acetaminophen oral, per tube or rectal 1000 mg (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing

For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[975 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal

Dose: **[1,000 mg]** [10 mg/kg] [12.5 mg/kg] [15 mg/kg]
Route: **[intravenous]**
Frequency: **[Q8H]** [Once] [Once PRN]
For: 3 Doses
Admin Instructions: 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.
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

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? [Yes, care area and patient restriction criteria are met] [Formulary policy override (Pharmacist use only)] [No]

Possible Cascading Questions:

If (answer is Formulary policy override (Pharmacist use only)):

RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent:

If (answer is No):

HM Policy Alert:

[] Nonsteroidal Anti-inflammatory Drug (NSAID) (Selection Required)

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 X 24 hours followed by oral NSAID (Selection Required)

[X] ketorolac (TORADOL) IV (Selection Required)

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q6H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 15 mg IV Q8H

Dose: 15 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q8H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q6H

Dose: 30 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q6H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q8H

Dose: 30 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q8H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID.

Priority: **[Routine]**

[X] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]

Route: **[oral]**

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

Starting: 24 Hours after signing

Admin Instructions: Do not administer to patients with CrCl<30

Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]

Route: **[oral]**

Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]

Starting: 24 Hours after signing

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

Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]

Route: **[oral]**

Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]

Starting: 24 Hours after signing

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

Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**

Route: **[oral]**

Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 24 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Starting: 24 Hours after signing
Admin Instructions:
Priority: **[Routine]**

() Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID (Selection Required)

[X] ketorolac (TORADOL) IV (Selection Required)

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 15 mg IV Q8H

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q8H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q6H

Dose: 30 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q8H

Dose: 30 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q8H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID.
Priority: **[Routine]**

[X] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Starting: 48 Hours after signing
Admin Instructions: Do not administer to patients with CrCl<30
Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**

Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Starting: 48 Hours after signing
Admin Instructions:
Priority: **[Routine]**

() Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions: Do not administer to patients with CrCl<30
Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Admin Instructions:
Priority: **[Routine]**

[] Gabapentinoids (Selection Required)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

() pregabalin (LYRICA) (Selection Required)

() For patients GREATER than 65 years old (Selection Required)

() pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] [BID] **[TID]**
For: 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
For: 5 Days
Admin Instructions:

Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: **[Nightly]** [Daily] [BID] [TID]

For: 5 Days

Admin Instructions:

Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() For patients LESS than 65 years old (Selection Required)

() pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: [Daily] [BID] **[TID]**

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: [Daily] **[BID]** [TID]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: **[Nightly]** [Daily] [BID] [TID]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) (Selection Required)

() For patients GREATER than 65 years old (Selection Required)

() gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: [BID] **[TID]** [Nightly]

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: **[BID]** [TID] [Nightly]

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: [BID] [TID] **[Nightly]**

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() For patients LESS than 65 years old (Selection Required)

() gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]

Route: **[oral]**

Frequency: [BID] **[TID]** [Nightly]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]

Route: **[oral]**

Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

☐ gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]
Route: **[oral]**
Frequency: [BID] [TID] **[Nightly]**
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

☐ Muscle Relaxant

☐ Patients GREATER THAN or EQUAL to 65 years old (Selection Required)

☒ methocarbamol (ROBAXIN) IV followed by oral (Selection Required)

☒ methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

☒ methocarbamol (ROBAXIN) tablet

Dose: **[250 mg]** [500 mg] [750 mg] [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 48 Hours
Admin Instructions:
Priority: **[Routine]**

☐ cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: **[Q12H SCH]** [Nightly] [TID] [TID PRN]
For: 3 Days
Admin Instructions:
Priority: **[Routine]**

☐ Patients LESS THAN 65 years old (Selection Required)

☐ methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old) (Selection Required)

☒ methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

☒ methocarbamol (ROBAXIN) tablet

Dose: [500 mg] **[750 mg]** [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 14 Days
Admin Instructions:
Priority: **[Routine]**

☐ cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Nightly] **[TID]** [TID PRN]
For: 7 Days
Admin Instructions:
Priority: **[Routine]**

☐ lidocaine (LIDODERM) patch (Selection Required)

☒ lidocaine (LIDODERM) 5 %

Dose: **[1 patch]** [2 patches]
Route: **[transdermal]**
Frequency: **[Q24H]**

Admin Duration: 12 Hours

Admin Instructions: Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

Priority: **[Routine]**

[] Opioids (Selection Required)

Only for moderate to severe breakthrough pain

[] For moderate breakthrough pain (pain score 4-6) (Selection Required)

[] oxyCODone (ROXICODONE) immediate release tablet

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] traMADoL (ULTRAM) (Selection Required)

() traMADoL (ULTRAM) tablet - patients with cirrhosis

Dose: [25 mg] **[50 mg]** [100 mg]

Route: **[oral]**

Frequency: **[Q12H PRN]** [Q4H PRN] [Q6H PRN] [TID PRN]

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() traMADoL (ULTRAM) tablet

Dose: [25 mg] **[50 mg]** [100 mg]

Route: **[oral]**

Frequency: [Q4H PRN] **[Q6H PRN]** [TID PRN]

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] For severe breakthrough pain (pain score 7-10) (Selection Required)

[] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old

Dose: [5 mg] **[10 mg]** [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] traMADoL (ULTRAM) tablet

Dose: [25 mg] [50 mg] [**100 mg**]
Route: [**oral**]
Frequency: [Q4H PRN] [**Q6H PRN**] [TID PRN]
Admin Instructions:
Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] hydromorPHONE (DILAUDID) injection

Dose: 0.2 mg
Route: [**intravenous**] [intramuscular] [subcutaneous]
Frequency: [Once] [Q2H PRN] [**Q3H PRN**] [Q4H PRN]
Admin Instructions: IF unable to tolerate oral intake
Priority: [**Routine**]

() BSTOP (Selection Required)

[] Acetaminophen oral, per tube or rectal panel (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: [**oral**]
Frequency: Q8H
Admin Instructions:
Priority: [**Routine**]

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg
Route: [**oral**]
Frequency: Q8H
Admin Instructions: Use if patient cannot swallow tablet.
Priority: [**Routine**]

Or

acetaminophen (TYLENOL) suppository

Dose: [**1,000 mg**] [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: [**rectal**]
Frequency: [**Q8H**] [Q4H PRN] [Q6H PRN] [Q8H PRN]
Admin Instructions: Use if patient cannot swallow tablet.
Priority: [**Routine**]

[] Nonsteroidal Anti-inflammatory Drug (NSAID) (Selection Required)

Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.

() ketorolac (TORADOL) IV (Selection Required)

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

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg
Route: [**intravenous**] [intramuscular]
Frequency: Q6H
For: 4 Doses
Admin Instructions:
Priority: [**Routine**]

() ketorolac (TORADOL) 15 IV Q8H

Dose: 15 mg
Route: [**intravenous**] [intramuscular]
Frequency: Q8H
For: 5 Days
Admin Instructions:
Priority: [**Routine**]

() celecoxib (CeleBREX) capsule

Dose: [100 mg] [**200 mg**] [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions:
Do not administer to patients with CrCl<30

Priority: **[Routine]**

[] Gabapentinoids (Selection Required)

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

() gabapentin (NEURONTIN) capsule (Selection Required)

() For patients GREATER than 65 years old

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]
Route: **[oral]**
Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() For patients LESS than 65 years old

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]
Route: **[oral]**
Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() pregabalin (LYRICA) capsule (Selection Required)

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

() For patients GREATER than 65 years old

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() For patients LESS than 65 years old

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

[] Muscle Relaxant (Selection Required)

[X] methocarbamol (ROBAXIN) (Selection Required)

[X] methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

[X] methocarbamol (ROBAXIN) tablet

Dose: **[250 mg]** [500 mg] [750 mg] [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 48 Hours
Admin Instructions:
Priority: **[Routine]**

[] cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]

Route: **[oral]**
Frequency: **[Q12H SCH]** [Nightly] [TID] [TID PRN]
For: 3 Days
Admin Instructions:
Priority: **[Routine]**

☐ **PRN Medications for Moderate Pain (Pain Score 4-6) (Selection Required)**

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

acetaminophen (TYLENOL) tablet

Dose: 500 mg
Route: **[oral]**
Frequency: Daily PRN
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suspension

Dose: 500 mg
Route: **[oral]**
Frequency: Daily PRN
Admin Instructions:
Use if patient cannot tolerate oral tablet.

Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[500 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: **[rectal]**
Frequency: [Q4H PRN] **[Q6H PRN]** [Q8H PRN]
Admin Instructions: Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.
Priority: **[Routine]**

☐ **Opioids (Selection Required)**

☐ **oxyCODONE (ROXICODONE) IR**

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]
Route: **[oral]**
Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**
Admin Instructions:
Option 1 medication: Only give if pain not adequately controlled with Tylenol and Toradol
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

☐ **traMADol (ULTRAM) tablet**

Dose: [25 mg] **[50 mg]** [100 mg]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]** [TID PRN]
Admin Instructions:
Option 2 medication: Only use if patient cannot tolerate OxyCODONE IR
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

☐ **hydromorPHONE (DILAUDID) injection**

Dose: 0.2 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: [Once] [Q2H PRN] **[Q3H PRN]** [Q4H PRN]
Admin Instructions:
Give IF unable to tolerate oral intake and if oral meds ineffective

Priority: **[Routine]**

☐ **naloxone (NARCAN) 0.4 mg/mL injection**

Dose: 0.2 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: **[Q2 Min PRN]** [Once] [PRN]

Admin Instructions:

Priority: **[Routine]**

ERAS Postop Diet/Nutrition and ERAS/BSTOP Multimodal Pain Medications

☐ **ERAS Diet and Nutrition (Selection Required)**

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 (Selection Required)**

☒ **Diet - Soft easy to digest**

Frequency: **[Effective Now]** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: soft

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] **[Easy to digest (GERD)]** [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

☐ **Chew Gum**

Priority: **[Routine]**

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

Starting: Today, At: N

Order comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

Scheduling Instructions:

☐ **ERAS Diet and Nutrition for ICU patients (Selection Required)**

For patients LESS THAN 65 years old:

☒ **Nursing communication**

Priority: **[Routine]**

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

Starting: Today, At: N

Order comments: After extubation, perform bedside swallow evaluation.

Scheduling Instructions:

☒ **Diet - Full Liquids**

Frequency: **[Effective Now]** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N
Order comments:

Questions:

Diet(s): [Regular] [Clear Liquids] [**Full Liquids**] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? **Yes** [No]

Target Diet: GERD - Easy to Digest diet

Advance target diet criteria:

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] ERAS Diet and Nutrition (Selection Required)

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 (Selection Required)

[X] Diet - Soft easy to digest

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: soft

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [**Easy to digest (GERD)**] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[\[X\] Consult to Nutrition Services](#)

Priority: **[Routine]** [STAT]
Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] **[Other (Specify)]**
Specify: ERAS Nutrition Screening

Possible Cascading Questions:

If (answer is Other (Specify)):
Specify:

Purpose/Topic: RD to perform nutrition screening and manage ERAS nutrition including post-op Impact formula as appropriate

[\[\] Chew Gum](#)

Priority: **[Routine]**
Frequency: [Once] **[Until Discontinued]**
Starting: Today, At: N
Order comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.
Scheduling Instructions:

[\(\) ERAS Diet and Nutrition for ICU patients \(Selection Required\)](#)

For patients LESS THAN 65 years old:

[\[X\] Nursing communication](#)

Priority: **[Routine]**
Frequency: [Once] **[Until Discontinued]**
Starting: Today, At: N
Order comments: After extubation, perform bedside swallow evaluation.
Scheduling Instructions:

[\[X\] Diet - Full Liquids](#)

Frequency: **[Effective Now]** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]
Starting: Today, At: N
Order comments:

Questions:

Diet(s): [Regular] [Clear Liquids] **[Full Liquids]** [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Consistent Carbohydrate]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):
IDDSI Solid Consistency:
If (answer is Consistent Carbohydrate):
Consistent Carbohydrate:
If (answer is Bariatric):
Bariatric:

Other Options: [Finger Foods] [Safety Tray]
Advance Diet as Tolerated? **[Yes]** [No]
Target Diet: GERD - Easy to Digest diet
Advance target diet criteria:

Possible Cascading Questions:

If (answer is Yes):
Target Diet:
Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISDOE is satisfied:
Foods to Avoid:
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

☒ Consult to Nutrition Services

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

Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] **[Other (Specify)]**

Specify: ERAS

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate

☐ ERAS/BSTOP Multimodal Pain Medications (Selection Required)

☐ ERAS (Selection Required)

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) (Selection Required)

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 (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg

Route: **[oral]**

Frequency: Q8H

For: 3 Doses

Admin Instructions:

Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg

Route: **[oral]**

Frequency: Q8H

For: 3 Doses

Admin Instructions: Use if patient cannot swallow tablet.

Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[975 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]

Route: **[rectal]**

Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]

For: 3 Doses

Admin Instructions: Use if patient cannot swallow tablet.

Priority: **[Routine]**

☐ Acetaminophen oral, per tube or rectal - for patients with cirrhosis or severe hepatic dysfunction (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg

Route: **[oral]**

Frequency: Q8H

For: 3 Doses

Admin Instructions:

Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
For: 3 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() acetaminophen IV followed by oral (Selection Required)

[X] acetaminophen (OFIRMEV) IV

Dose: **[1,000 mg]** [10 mg/kg] [12.5 mg/kg] [15 mg/kg]
Route: **[intravenous]**
Frequency: **[Once]** [Once PRN]
Admin Instructions: 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.
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

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? [Yes, care area and patient restriction criteria are met] [Formulary policy override (Pharmacist use only)] [No]

Possible Cascading Questions:

If (answer is Formulary policy override (Pharmacist use only)):
RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override"
i-Vent:
If (answer is No):
HM Policy Alert:

[X] acetaminophen (TYLENOL) (Selection Required)

() Acetaminophen oral, per tube or rectal 1000 mg (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing

For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[975 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() Acetaminophen oral, per tube or rectal 650 mg - for patients with cirrhosis or severe hepatic dysfunction (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q8H
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Frequency: **[Q8H]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
Starting: 8 Hours after signing
For: 2 Doses
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() acetaminophen (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal

Dose: **[1,000 mg]** [10 mg/kg] [12.5 mg/kg] [15 mg/kg]
Route: **[intravenous]**
Frequency: **[Q8H]** [Once] [Once PRN]
For: 3 Doses
Admin Instructions: 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.
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

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? [Yes, care area and patient restriction criteria are met] [Formulary policy override (Pharmacist use only)] [No]

Possible Cascading Questions:

If (answer is Formulary policy override (Pharmacist use only)):

RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent:

If (answer is No):

HM Policy Alert:

[] Nonsteroidal Anti-inflammatory Drug (NSAID) (Selection Required)

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 X 24 hours followed by oral NSAID (Selection Required)

[X] ketorolac (TORADOL) IV (Selection Required)

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q6H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 15 mg IV Q8H

Dose: 15 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q8H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q6H

Dose: 30 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q6H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID

Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q8H

Dose: 30 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q8H

For: 24 Hours

Admin Instructions: Then switch to oral NSAID.

Priority: **[Routine]**

[X] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]

Route: **[oral]**

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

Starting: 24 Hours after signing

Admin Instructions: Do not administer to patients with CrCl<30

Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]

Route: **[oral]**

Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]

Starting: 24 Hours after signing

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

Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]

Route: **[oral]**

Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]

Starting: 24 Hours after signing

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

Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**

Route: **[oral]**

Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 24 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Starting: 24 Hours after signing
Admin Instructions:
Priority: **[Routine]**

() Ketorolac (TORADOL) IV X 48 hours followed by oral NSAID (Selection Required)

[X] ketorolac (TORADOL) IV (Selection Required)

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 15 mg IV Q8H

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q8H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q6H

Dose: 30 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID
Priority: **[Routine]**

() ketorolac (TORADOL) 30 mg IV Q8H

Dose: 30 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q8H
For: 48 Hours
Admin Instructions: Then switch to oral NSAID.
Priority: **[Routine]**

[X] Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Starting: 48 Hours after signing
Admin Instructions: Do not administer to patients with CrCl<30
Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**

Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Starting: 48 Hours after signing
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Starting: 48 Hours after signing
Admin Instructions:
Priority: **[Routine]**

() Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses (Selection Required)

() celecoxib (CeleBREX) 200 mg

Dose: [100 mg] **[200 mg]** [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions: Do not administer to patients with CrCl<30
Priority: **[Routine]**

() ibuprofen (ADVIL) 400 mg

Dose: [200 mg] **[400 mg]** [600 mg] [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 600 mg

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() ibuprofen (ADVIL) 800 mg

Dose: [200 mg] [400 mg] [600 mg] **[800 mg]**
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: [250 mg] **[375 mg]** [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Admin Instructions:
Priority: **[Routine]**

[] Gabapentinoids (Selection Required)

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)
Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

() pregabalin (LYRICA) (Selection Required)

() For patients GREATER than 65 years old (Selection Required)

() pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] [BID] **[TID]**
For: 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
For: 5 Days
Admin Instructions:

Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min)

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: **[Nightly]** [Daily] [BID] [TID]

For: 5 Days

Admin Instructions:

Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() For patients LESS than 65 years old (Selection Required)

() pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: [Daily] [BID] **[TID]**

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: [Daily] **[BID]** [TID]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min)

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]

Route: **[oral]**

Frequency: **[Nightly]** [Daily] [BID] [TID]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) (Selection Required)

() For patients GREATER than 65 years old (Selection Required)

() gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: [BID] **[TID]** [Nightly]

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: **[BID]** [TID] [Nightly]

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min)

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]

Route: **[oral]**

Frequency: [BID] [TID] **[Nightly]**

For: 5 Days

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() For patients LESS than 65 years old (Selection Required)

() gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]

Route: **[oral]**

Frequency: [BID] **[TID]** [Nightly]

Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min

Priority: **[Routine]**

() gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]

Route: **[oral]**

Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

☐ gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min)

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]
Route: **[oral]**
Frequency: [BID] [TID] **[Nightly]**
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

☐ Muscle Relaxant

☐ Patients GREATER THAN or EQUAL to 65 years old (Selection Required)

☒ methocarbamol (ROBAXIN) IV followed by oral (Selection Required)

☒ methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

☒ methocarbamol (ROBAXIN) tablet

Dose: **[250 mg]** [500 mg] [750 mg] [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 48 Hours
Admin Instructions:
Priority: **[Routine]**

☐ cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: **[Q12H SCH]** [Nightly] [TID] [TID PRN]
For: 3 Days
Admin Instructions:
Priority: **[Routine]**

☐ Patients LESS THAN 65 years old (Selection Required)

☐ methocarbamol (ROBAXIN) IV followed by oral (For patients GREATER than or EQUAL to 65 years old) (Selection Required)

☒ methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

☒ methocarbamol (ROBAXIN) tablet

Dose: [500 mg] **[750 mg]** [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 14 Days
Admin Instructions:
Priority: **[Routine]**

☐ cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Nightly] **[TID]** [TID PRN]
For: 7 Days
Admin Instructions:
Priority: **[Routine]**

☐ lidocaine (LIDODERM) patch (Selection Required)

☒ lidocaine (LIDODERM) 5 %

Dose: **[1 patch]** [2 patches]
Route: **[transdermal]**
Frequency: **[Q24H]**

Admin Duration: 12 Hours

Admin Instructions: Remove after 12 hours (do not give to patients with adhesive sensitivity or allergies to lidocaine).

Priority: **[Routine]**

[] Opioids (Selection Required)

Only for moderate to severe breakthrough pain

[] For moderate breakthrough pain (pain score 4-6) (Selection Required)

[] oxyCODone (ROXICODONE) immediate release tablet

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] traMADoL (ULTRAM) (Selection Required)

() traMADoL (ULTRAM) tablet - patients with cirrhosis

Dose: [25 mg] **[50 mg]** [100 mg]

Route: **[oral]**

Frequency: **[Q12H PRN]** [Q4H PRN] [Q6H PRN] [TID PRN]

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() traMADoL (ULTRAM) tablet

Dose: [25 mg] **[50 mg]** [100 mg]

Route: **[oral]**

Frequency: [Q4H PRN] **[Q6H PRN]** [TID PRN]

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] For severe breakthrough pain (pain score 7-10) (Selection Required)

[] oxyCODone (ROXICODONE) IR - patients LESS than 65 years old

Dose: [5 mg] **[10 mg]** [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] oxyCODONE (ROXICODONE) IR - patients 65 years old and greater

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**

Admin Instructions:

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] traMADoL (ULTRAM) tablet

Dose: [25 mg] [50 mg] [**100 mg**]
Route: [**oral**]
Frequency: [Q4H PRN] [**Q6H PRN**] [TID PRN]
Admin Instructions:
Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] hydromorPHONE (DILAUDID) injection

Dose: 0.2 mg
Route: [**intravenous**] [intramuscular] [subcutaneous]
Frequency: [Once] [Q2H PRN] [**Q3H PRN**] [Q4H PRN]
Admin Instructions: IF unable to tolerate oral intake
Priority: [**Routine**]

() BSTOP (Selection Required)

[] Acetaminophen oral, per tube or rectal panel (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: [**oral**]
Frequency: Q8H
Admin Instructions:
Priority: [**Routine**]

Or

acetaminophen (TYLENOL)suspension

Dose: 1,000 mg
Route: [**oral**]
Frequency: Q8H
Admin Instructions: Use if patient cannot swallow tablet.
Priority: [**Routine**]

Or

acetaminophen (TYLENOL) suppository

Dose: [**1,000 mg**] [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: [**rectal**]
Frequency: [**Q8H**] [Q4H PRN] [Q6H PRN] [Q8H PRN]
Admin Instructions: Use if patient cannot swallow tablet.
Priority: [**Routine**]

[] Nonsteroidal Anti-inflammatory Drug (NSAID) (Selection Required)

Select IV then switch to oral or enteral as scheduled OR select oral or enteral post-op; Do not exceed 4 gms a day/2 gms for cirrhotic patients.

() ketorolac (TORADOL) IV (Selection Required)

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

() ketorolac (TORADOL) 15 mg IV Q6H

Dose: 15 mg
Route: [**intravenous**] [intramuscular]
Frequency: Q6H
For: 4 Doses
Admin Instructions:
Priority: [**Routine**]

() ketorolac (TORADOL) 15 IV Q8H

Dose: 15 mg
Route: [**intravenous**] [intramuscular]
Frequency: Q8H
For: 5 Days
Admin Instructions:
Priority: [**Routine**]

() celecoxib (CeleBREX) capsule

Dose: [100 mg] [**200 mg**] [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions:
Do not administer to patients with CrCl<30

Priority: **[Routine]**

[] Gabapentinoids (Selection Required)

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

() gabapentin (NEURONTIN) capsule (Selection Required)

() For patients GREATER than 65 years old

Dose: **[100 mg]** [200 mg] [300 mg] [400 mg]
Route: **[oral]**
Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() For patients LESS than 65 years old

Dose: [100 mg] [200 mg] **[300 mg]** [400 mg]
Route: **[oral]**
Frequency: **[BID]** [TID] [Nightly]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() pregabalin (LYRICA) capsule (Selection Required)

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

() For patients GREATER than 65 years old

Dose: **[25 mg]** [50 mg] [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

() For patients LESS than 65 years old

Dose: [25 mg] **[50 mg]** [75 mg] [100 mg] [150 mg] [200 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]** [TID]
Admin Instructions: Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
Priority: **[Routine]**

[] Muscle Relaxant (Selection Required)

[X] methocarbamol (ROBAXIN) (Selection Required)

[X] methocarbamol (ROBAXIN) IVPB

Dose: [250 mg] **[500 mg]** [750 mg] [1,000 mg]
Route: **[intravenous]**
Frequency: [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] **[Q8H SCH]**
For: 3 Doses
Admin Duration: 60 Minutes
Admin Instructions:
Priority: **[Routine]**

[X] methocarbamol (ROBAXIN) tablet

Dose: **[250 mg]** [500 mg] [750 mg] [1,000 mg] [1,500 mg]
Route: **[oral]**
Frequency: **[Q8H SCH]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]
Starting: 24 Hours after signing
For: 48 Hours
Admin Instructions:
Priority: **[Routine]**

[] cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]

Route: **[oral]**
Frequency: **[Q12H SCH]** [Nightly] [TID] [TID PRN]
For: 3 Days
Admin Instructions:
Priority: **[Routine]**

☐ **PRN Medications for Moderate Pain (Pain Score 4-6) (Selection Required)**

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

acetaminophen (TYLENOL) tablet

Dose: 500 mg
Route: **[oral]**
Frequency: Daily PRN
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suspension

Dose: 500 mg
Route: **[oral]**
Frequency: Daily PRN
Admin Instructions:
Use if patient cannot tolerate oral tablet.

Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: **[500 mg]** [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] [650 mg]
Route: **[rectal]**
Frequency: [Q4H PRN] **[Q6H PRN]** [Q8H PRN]
Admin Instructions: Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.
Priority: **[Routine]**

☐ **Opioids (Selection Required)**

☐ **oxyCODONE (ROXICODONE) IR**

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]
Route: **[oral]**
Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**
Admin Instructions:
Option 1 medication: Only give if pain not adequately controlled with Tylenol and Toradol
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

☐ **traMADol (ULTRAM) tablet**

Dose: [25 mg] **[50 mg]** [100 mg]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]** [TID PRN]
Admin Instructions:
Option 2 medication: Only use if patient cannot tolerate OxyCODONE IR
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

☐ **hydromorPHONE (DILAUDID) injection**

Dose: 0.2 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: [Once] [Q2H PRN] **[Q3H PRN]** [Q4H PRN]
Admin Instructions:
Give IF unable to tolerate oral intake and if oral meds ineffective

Priority: **[Routine]**

☐ naloxone (NARCAN) 0.4 mg/mL injection

Dose: 0.2 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: **[Q2 Min PRN]** [Once] [PRN]

Admin Instructions:

Priority: **[Routine]**

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission

☐ Elective outpatient procedure: Discharge following routine recovery

Priority: **[Routine]**

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

Order comments:

Scheduling Instructions:

☐ Outpatient observation services under general supervision

Diagnosis:

Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:

Admitting Physician:

If HM Ed Obs Unit Login is satisfied:

Attending Provider:

Patient Condition:

Bed request comments:

☐ Outpatient in a bed - extended recovery

Diagnosis:
Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
Bed request comments:

() Admit to Inpatient

Diagnosis:
Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

Admission or Observation

Patient has active outpatient status order on file

() Admit to Inpatient

Diagnosis:
Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

() Outpatient observation services under general supervision

Diagnosis:
Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
If HM Ed Obs Unit Login is satisfied:
Attending Provider:
Patient Condition:
Bed request comments:

() Outpatient in a bed - extended recovery

Diagnosis:
Order comments:

Questions:

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
Bed request comments:

() Transfer patient

Service:
Order comments:

Questions:

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

[\(\) Return to previous bed](#)

Priority: **[Routine]**
Frequency: [Once] **[Until Discontinued]**
Starting: Today, At: N
Order comments:
Scheduling Instructions:

[Admission](#)

Patient has active status order on file

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

Diagnosis:
Order comments:

[Questions:](#)

If HM NOT Ed Obs Unit Login is satisfied:
Admitting Physician:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

[\(\) Transfer patient](#)

Service:
Order comments:

[Questions:](#)

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

[\(\) Return to previous bed](#)

Priority: **[Routine]**
Frequency: [Once] **[Until Discontinued]**
Starting: Today, At: N
Order comments:
Scheduling Instructions:

[Transfer](#)

Patient has active inpatient status order on file

[\(\) Transfer patient](#)

Service:
Order comments:

[Questions:](#)

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

[\(\) Return to previous bed](#)

Priority: **[Routine]**
Frequency: [Once] **[Until Discontinued]**
Starting: Today, At: N
Order comments:
Scheduling Instructions:

[Code Status](#)

@CERMSGREFRESHOPT(674511:21703,,,1)@

[\[X\] Code Status](#)

DNR and Modified Code orders should be placed by the responsible physician.

[\(\) Full code](#)

Process Instructions:

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.

Questions:

Code Status decision reached by: [Patient] [Patient by means of Directive] [Legal Surrogate]

Possible Cascading Questions:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

() DNR (Do Not Resuscitate) (Selection Required)

[X] DNR (Do Not Resuscitate)

Process Instructions:

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.

Questions:

If HM ORD INTERPRETER NEEDED YES is satisfied:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]

If HM ORD INTERPRETER NEEDED NO OR NOT ANSWERED is satisfied:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]

Does patient have decision-making capacity? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is No):

Code Status decision reached by:

If (answer is Patient by means of Oral Directive):

Witness 1 Name:

Witness 2 Name:

If (answer is No):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

If (answer is No):

Code Status decision reached by:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 2. Spouse) Or (answer is 3. Adult Child/Children) Or (answer is 4. Parent(s)) Or (answer is 1. Legal Guardian or Agent):

Concurring Physician (Optional):

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Concurring Physician (Optional):

If HM ORD USER IS RESIDENT OR FELLOW is satisfied:

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. [Yes]

[\[\] Consult to Palliative Care Service \(Selection Required\)](#)

[\[X\] Consult to Palliative Care Service](#)

Order comments:

[Questions:](#)

Priority: [24 Hrs.] [Same Day] [ASAP]

Reason for Consult? [Assistance with advance directives] [Assistance with clarification of goals of care] [Assistance with withdrawal of life prolonging interventions] [Hospice discussion] [Facilitation of Family Care Conference] [Pain] [Psychosocial support] [Symptom management] [End of Life Care Discussion] [Introductions/Established Care] [Other]

[Possible Cascading Questions:](#)

If (answer is Other):

Specify:

Order? [Make recommendations only] [Make recommendations and write orders]

Name of referring provider:

Enter call back number:

[\[\] Consult to Social Work](#)

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

Order comments:

[Questions:](#)

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [Dialysis Placement] [Discharge Placement] [Discharge Planning] [Extensivist Referral] [Fetal Demise] [Hospice Referral] [Human Trafficking] [SDOH] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Other Specify]

[Possible Cascading Questions:](#)

If (answer is Other Specify):

Specify:

If (answer is Hospice Referral):

Evaluate for:

If (answer is SDOH):

Specify for SDOH:

[\(\) Modified Code](#)

Process Instructions:

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.

Questions:

If HM ORD INTERPRETER NEEDED NO OR NOT ANSWERED is satisfied:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]

If HM ORD INTERPRETER NEEDED YES is satisfied:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]

Does patient have decision-making capacity? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is No):

Code Status decision reached by:

If (answer is Patient by means of Oral Directive):

Witness 1 Name:

Witness 2 Name:

If (answer is No):

Is the patient's death imminent?

If (answer is Yes):

Code Status decision reached by:

If (answer is Physician per criteria):

I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code medically appropriate?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

Is Patient imminently dying, regardless of provision of CPR?

If (answer is No):

Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

If (answer is No):

Code Status decision reached by:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 2. Spouse) Or (answer is 3. Adult Child/Children) Or (answer is 4. Parent(s)) Or (answer is 1. Legal Guardian or Agent):

Concurring Physician (Optional):

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Concurring Physician (Optional):

Modified Code restrictions: [No Intubation] [No Chest Compressions] [No Electrical Shocks] [No Resuscitative Drugs]
If HM ORD USER IS RESIDENT OR FELLOW is satisfied:

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. [Yes]

[] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

Process Instructions:

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.

Questions:

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. [Yes]

Treatment Restriction decision reached by: [Patient] [Patient by means of Directive] [Legal Surrogate]

Possible Cascading Questions:

If (answer is Legal Surrogate):

Name of Surrogate:

Surrogate Relation:

If (answer is 6. Primary Physician with Concurring Physician):

A Biomedical Ethics Consult is recommended.

I will consult with a second physician, listed below, to co-sign this order.

If (answer is 5. Nearest living relative (specify)):

Nearest living relative:

Specify Treatment Restrictions: [No Intubation and mechanical ventilation] [No Re-intubation] [No Non-invasive ventilation] [No Electrical shock/cardioversion] [No Pacemaker] [No Pressors/Inotropes/Chronotropes] [No Increases in Pressors/Inotropes/Chronotropes] [No Invasive hemodynamic monitoring] [No Dialysis] [No Antibiotics] [No Infusion of blood products] [No Intravenous fluids] [No Artificial nutrition/artificial hydration] [No Intensive care unit] [Other Treatment Restrictions]

Possible Cascading Questions:

If (answer is Other Treatment Restrictions):

Specify Other Treatment Restrictions:

Isolation

[] Airborne isolation status (Selection Required)

[X] Airborne isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

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

Specimen Type:

Specimen Source:

Order comments:

[] Contact isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

[] Droplet isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

[] Enteric isolation status

Order comments:

Process Instructions:

A requisition for an isolation cart will be sent to Central Supply when this order is signed.

If patient is transferred and a new cart is needed, please use "Request for central supply equipment - miscellaneous" order to obtain replacement cart.

Precautions

☐ Aspiration precautions

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

Order comments:

☐ Fall precautions

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

Order comments:

Questions:

Increased observation level needed: [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Level:

For:

Time:

☐ Latex precautions

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

Order comments:

☐ Seizure precautions

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

Order comments:

Questions:

Increased observation level needed: [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Level:

For:

Time:

Nursing

Vital Signs

☒ Vital signs - T/P/R/BP

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

Frequency: [Q1H] [Q2H] [Q4H] **[Per Unit Protocol]**

For: Until specified

Order comments:

Scheduling Instructions:

☐ Vital signs - T/P/R/BP

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

Frequency: **[Q1H]** [Q2H] [Q4H] [Per Unit Protocol]

Order comments: Every 1 hour x 4 then every 4 hours x 6 then per floor protocol.

Scheduling Instructions:

☐ Pulse oximetry

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

Frequency: [Once] [Daily] [Q PM] **[Continuous]** [HS only]

Order comments:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

Activity

☐ HOB 30 degrees

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

Frequency: Until Discontinued

Starting: Today, At: N

Order comments: If not contraindicated
Scheduling Instructions:

Questions:

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

Possible Cascading Questions:

If (answer is other degrees (specify)):
Specify:

☒ Out of bed

Priority: [**Routine**]
Frequency: [**Once**] [Until Discontinued] [Q Shift] [Daily]
Order comments: Once within two hours after arrival to floor.
Scheduling Instructions:

Questions:

Specify: [Activity as tolerated] [Up ad lib] [**Out of bed**] [Up in chair] [Up with assistance] [Other activity (specify)]

Possible Cascading Questions:

If (answer is Up in chair):
Additional modifier:
If (answer is Other activity (specify)):
Other:

☒ Ambulate with assistance

Priority: [**Routine**]
Frequency: [**Q2H**] [Until Discontinued] [Q Shift] [Daily]
Order comments: Ambulate patient 4 x per shift
Scheduling Instructions:

Questions:

Specify: [in hall] [in room] [**with assistance**] [with assistive device]

Possible Cascading Questions:

If (answer is with assistive device):
Device:
If (answer is other (specify)):
Specify:

☐ Patient may shower

Priority: [**Routine**]
Frequency: [Until Discontinued] [Q Shift] [**Daily**]
Order comments: PostOp Day ***, Per surgeons instructions
Scheduling Instructions:

Questions:

Specify: [with brace] [with wound covered] [with wound open]
Additional modifier: [with assist only] [independent]

Nursing

☒ Intake and output

Priority: [**Routine**] [STAT]
Frequency: [**Now Then Q8H**] [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Order comments: Notify M.D if urine less than 240 ml over 8 hours
Scheduling Instructions:

☐ Intake and output

Priority: [**Routine**] [STAT]
Frequency: [Once] [Q3H] [**Q4H**] [Q Shift] [Daily]
Starting: Today, First occurrence: Include Now
For: 24 Hours
Order comments: Notify M.D if urine less than 240 ml over 8 hours.
Scheduling Instructions:

☐ Insert and maintain Foley (Selection Required)

☒ Insert Foley catheter

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

Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Order comments: Foley catheter may be removed per nursing protocol.
Scheduling Instructions:

Questions:

Type: [2 Way] [3 Way] [Coude] [Temperature Sensing]
Size: [14 French] [16 French] [18 French]
Urinometer needed: [Yes] [No]
Indication: [Comfort] [Hemodynamic Monitoring] [Obstruction] [Retention] [Urologic] [Surgery]

[X] Foley Catheter Care

Priority: **[Routine]** [STAT]
Frequency: **[Until Discontinued]** [Daily]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Orders: [to gravity] [to leg bag] [flush] [flush until clear] [Site care Qshift & PRN] **[Maintain]** [Irrigate urinary catheter PRN] [Do not manipulate]

[] Remove Foley catheter

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Starting: Tomorrow
Order comments: If present, discontinue Foley PostOp Day 1 unless contraindicated
Scheduling Instructions:

[] Saline lock IV

Priority: **[Routine]**
Frequency: **[Continuous]** [Once]
Starting: Tomorrow
Order comments: Post-Op Day 1
Scheduling Instructions:

[X] Medication Administration Instructions

Priority: **[Routine]**
Frequency: **[Once]** [Until Discontinued]
Order comments: DO NOT administer Extended-release medications.
Scheduling Instructions:

[X] Medication Administration Instructions for Non-Extended Release Medications

Priority: **[Routine]**
Frequency: **[Once]** [Until Discontinued]
Order comments: CRUSH all tablets, OPEN all capsules, mix with food and swallow whole. DO NOT CHEW.
Scheduling Instructions:

Wound/Incision Care

[] Drain care

Priority: **[Routine]** [STAT]
Frequency: **[Q4H]** [Until Discontinued]
Order comments: and PRN
Scheduling Instructions:

Questions:

Drain 1: **[Jackson Pratt]** [T-Tube] [Penrose] [Chest Tube] [Other]
Specify location:
Drainage/Suction: [To Compression (Bulb) Suction] [To High Wall Suction] [To Low Wall Suction] [To Gravity] [To Ostomy Bag] [Clamp] **[Strip tubing]** [Other (specify)]
Flush drain with: [Normal saline] [Sterile water]

Possible Cascading Questions:

If (answer is Abrahams) Or (answer is Davol) Or (answer is Denver) Or (answer is Heimlich Valve) Or (answer is Hemovac) Or (answer is Jackson Pratt) Or (answer is Miller Abbott) Or (answer is Penrose) Or (answer is Stent) Or (answer is Stoma) Or (answer is T-Tube) Or (answer is Chest Tube):
Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:

Frequency:
If (answer is Other):
Specify:
Specify location:
Drainage/Suction:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

Drain 2: [Jackson Pratt] [T-Tube] [Penrose] [Chest Tube] [Other]

Possible Cascading Questions:

If (answer is Abrahams) Or (answer is Davol) Or (answer is Denver) Or (answer is Heimlich Valve) Or (answer is Hemovac) Or (answer is Jackson Pratt) Or (answer is Miller Abbott) Or (answer is Penrose) Or (answer is Stent) Or (answer is Stoma) Or (answer is T-Tube) Or (answer is Chest Tube):

Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

If (answer is Other):
Specify:
Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

Drain 3: [Jackson Pratt] [T-Tube] [Penrose] [Chest Tube] [Other]

Possible Cascading Questions:

If (answer is Abrahams) Or (answer is Davol) Or (answer is Denver) Or (answer is Heimlich Valve) Or (answer is Hemovac) Or (answer is Jackson Pratt) Or (answer is Miller Abbott) Or (answer is Penrose) Or (answer is Stent) Or (answer is Stoma) Or (answer is T-Tube) Or (answer is Chest Tube):

Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

If (answer is Other):
Specify:
Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

Drain 4: [Jackson Pratt] [T-Tube] [Penrose] [Chest Tube] [Other]

Possible Cascading Questions:

If (answer is Abrahams) Or (answer is Davol) Or (answer is Denver) Or (answer is Heimlich Valve) Or (answer is Hemovac) Or (answer is Jackson Pratt) Or (answer is Miller Abbott) Or (answer is Penrose) Or (answer is Stent) Or (answer is Stoma) Or (answer is T-Tube) Or (answer is Chest Tube):

Specify location:
Drainage/Suction:
If (answer is Other (specify)):
Specify:
Flush drain with:
If (answer is Normal saline) Or (answer is Sterile water):
Volume in milliliters:
Frequency:

If (answer is Other):
Specify:
Specify location:

Drainage/Suction:

If (answer is Other (specify)):

Specify:

Flush drain with:

If (answer is Normal saline) Or (answer is Sterile water):

Volume in milliliters:

Frequency:

All Drains: [Jackson Pratt] [T-Tube] [Penrose] [Chest Tube] [Other]

Possible Cascading Questions:

If (answer is Abrahams) Or (answer is Davol) Or (answer is Denver) Or (answer is Heimlich Valve) Or (answer is Hemovac) Or (answer is Jackson Pratt) Or (answer is Miller Abbott) Or (answer is Penrose) Or (answer is Stent) Or (answer is Stoma) Or (answer is T-Tube) Or (answer is Chest Tube):

Care Details:

Drainage/Suction:

If (answer is Other (specify)):

Specify:

Flush drain with:

If (answer is Normal saline) Or (answer is Sterile water):

Volume in milliliters:

Frequency:

If (answer is Other):

Specify:

Care Details:

Drainage/Suction:

If (answer is Other (specify)):

Specify:

Flush drain with:

If (answer is Normal saline) Or (answer is Sterile water):

Volume in milliliters:

Frequency:

[] Surgical/incision site care

Priority: **[Routine]**

Frequency: **[PRN]** [Once] [Daily] [Q12H] [Q MWF] [Q Tu and F]

Order comments:

Questions:

Location: [Bilateral] [Left] [Right] [Anterior] [Posterior] [Lateral]

Site: [Abdomen] [Cervical] [Hip(s)] [Knee(s)] [Lumbar] [Thoracic]

Possible Cascading Questions:

If (answer is Other):

Specify:

Apply: [Bactroban] [Paint with iodine] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

Dressing Type: [ABD] [Nu-Gauze] [Transparent Film]

Possible Cascading Questions:

If (answer is Other):

Specify:

Open to air? [Yes] [No]

[] Provide equipment / supplies at bedside

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

Frequency: **[Once]** [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

Questions:

Supplies: [Adaptic] [Abdominal pad] [Hydrogen peroxide] [4X4 Gauze] [2X2 Gauze] [I&D Kit] [Kerlix] [Lumbar puncture kit] [Paper tape] [Personal protective equipment] [Q-Tips] [Saline] [Silk tape] [Stapler] [Staple remover] [Sterile gloves] [Suction bottles and tubing] [Suture tray] **[Suture removal kit]** [Sutures] [Ace wrap] [Coban] [Other (specify)]

Possible Cascading Questions:

If (answer is Other (specify)):
Other:
If (answer is Sterile gloves):
Specify Gloves:
If (answer is Ace wrap):
Ace wrap size:
If (answer is Coban):
Coban wrap size:
If (answer is Silk tape) Or (answer is Paper tape):
Tape size:

Notify

☒ Notify Physician for vitals:

Priority: Routine
Frequency: **Until Discontinued** [Once]
Starting: Today, At: N
Order comments:

Questions:

Temperature greater than: 101
Temperature less than:
If HM ORD POST LVO AND POST ALTEPLASE NOT ACTIVE is satisfied:
Systolic BP greater than: 160
If HM ORD POST LVO AND POST ALTEPLASE NOT ACTIVE is satisfied:
Systolic BP less than: 100
If HM ORD POST LVO AND POST ALTEPLASE NOT ACTIVE is satisfied:
Diastolic BP greater than: 100
If HM ORD POST LVO AND POST ALTEPLASE NOT ACTIVE is satisfied:
Diastolic BP less than: 50
If HM ORD POST LVO AND POST ALTEPLASE NOT ACTIVE is satisfied:
MAP less than:
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 60
Respiratory rate greater than: 25
Respiratory rate less than: 10
SpO2 less than: 92

☒ Notify Physician of urine output

Priority: Routine
Frequency: **Until Discontinued** [Once]
Starting: Today, At: N
Order comments: If urine less than 240 milliliters/8 hours
Phase of Care: Post-op

☒ Notify Physician upon admission

Priority: Routine
Frequency: **Until Discontinued** [Once]
Starting: Today, At: N
Order comments: For patient's arrival and room number
Phase of Care: Post-op

☒ Consult to Nutrition Services

Priority: **Routine** [STAT]
Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] **Diet Education** [Wound] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):
Specify:

Purpose/Topic: Dietician MUST provide bariatric education prior to discharge.

Diet

☐ NPO until after GI results

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.
Frequency: [Effective Midnight] **Effective Now** [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]
Starting: Today, At: N
Order comments: NPO until after upper GI results communicated to Surgeon

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

[] NPO for 2 hours post-op

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Frequency: [Effective Midnight] [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]

Starting: Today, At: N
For: 2 Hours

Order comments: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

[] Diet - Bariatric Clear Liquid

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery.

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [**Bariatric**] [Consistent Carbohydrate]
Bariatric: [**Bariatric Clear Liquid**] [Bariatric Full Liquid] [Bariatric Pureed] [Bariatric Soft] [Bariatric Low Fat Regular]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):
IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):
Consistent Carbohydrate:

If (answer is Bariatric):
Bariatric:

Other Options: [Finger Foods] [Safety Tray]
Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):
Target Diet:
Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:
Foods to Avoid: Carbonated Beverages
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] Diet - Bariatric Full Liquids

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery.

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [**Bariatric**] [Consistent Carbohydrate]

Bariatric: [Bariatric Clear Liquid] [**Bariatric Full Liquid**] [Bariatric Pureed] [Bariatric Soft] [Bariatric Low Fat Regular]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):

IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid: Carbonated Beverages

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

Diet

[] NPO until after GI results

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Frequency: [Effective Midnight] [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]

Starting: Today, At: N

Order comments: NPO until after upper GI results communicated to Surgeon

Questions:

NPO: [Except meds] [Except Ice chips] [Except Sips with meds] [Except Sips of clear liquids]

Pre-Operative fasting options:

Possible Cascading Questions:

If (answer is Other):

Specify:

[] NPO for 2 hours post-op

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Frequency: [Effective Midnight] [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]

Starting: Today, At: N

For: 2 Hours

Order comments: Until 2 hours post-op, and then advance to Goal Diet: Bariatric Clear Liquids

Questions:

NPO: [Except meds] [Except Ice chips] [Except Sips with meds] [Except Sips of clear liquids]

Pre-Operative fasting options:

Possible Cascading Questions:

If (answer is Other):

Specify:

[] Diet - Bariatric Clear Liquid

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Starting: Today, At: N

Order comments: NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery.

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [**Bariatric**] [Consistent Carbohydrate]

Bariatric: [**Bariatric Clear Liquid**] [Bariatric Full Liquid] [Bariatric Pureed] [Bariatric Soft] [Bariatric Low Fat Regular]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):
IDDSI Solid Consistency:
If (answer is Consistent Carbohydrate):
Consistent Carbohydrate:
If (answer is Bariatric):
Bariatric:

Other Options: [Finger Foods] [Safety Tray]
Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):
Target Diet:
Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:
Foods to Avoid: Carbonated Beverages
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] Diet - Bariatric Full Liquids

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]
Starting: Today, At: N
Order comments: NO SUGAR. Bariatric protocol *** ounces per hour, *** hours after surgery.

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [**Bariatric**] [Consistent Carbohydrate]
Bariatric: [Bariatric Clear Liquid] [**Bariatric Full Liquid**] [Bariatric Pureed] [Bariatric Soft] [Bariatric Low Fat Regular]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):
IDDSI Solid Consistency:
If (answer is Consistent Carbohydrate):
Consistent Carbohydrate:
If (answer is Bariatric):
Bariatric:

Other Options: [Finger Foods] [Safety Tray]
Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):
Target Diet:
Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:
Foods to Avoid: Carbonated Beverages
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

[] Diet - Bariatric Diet

Frequency: [**Effective Now**] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]
Starting: Today, At: N
Order comments: Additional instructions ***

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [**Bariatric**] [Consistent Carbohydrate]
Bariatric: [Bariatric Clear Liquid] [Bariatric Full Liquid] [Bariatric Pureed] [Bariatric Soft] [Bariatric Low Fat Regular]

Possible Cascading Questions:

If (answer is IDDSI/Dysphagia):
IDDSI Solid Consistency:

If (answer is Consistent Carbohydrate):

Consistent Carbohydrate:

If (answer is Bariatric):

Bariatric:

Other Options: [Finger Foods] [Safety Tray]

Advance Diet as Tolerated? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Target Diet:

Advance target diet criteria:

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

If HM ORD NOT ACTIVE LUNG TRANSPLANT EPISODE is satisfied:

Foods to Avoid:

Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]

Education

[X] Patient education- Discharge & Post-Op Diet

Priority: [Routine]

Frequency: [Once] [Prior to Discharge]

Order comments:

Scheduling Instructions:

Questions:

Patient/Family: [Patient] [Family] [Both]

Education for: [Activity] [CHF education] [Diabetes education (performed by nurse)] [Discharge] [Drain care] [Fall risk] [Incentive spirometry] [Self admin of medication] [Smoking cessation counseling] [Other (specify)]

Specify: Review post op diet and discharge instructions with patient/family and provide copy to patient and family.

Possible Cascading Questions:

If (answer is Other (specify)):

Specify:

IV Fluids

Maintenance IV Fluids

() sodium chloride 0.9 % infusion

Dose:

Route: [intravenous]

Frequency: [Continuous]

Admin Instructions:

Priority: [Routine]

() lactated Ringer's infusion

Dose: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]

Route: [intravenous]

Frequency: [Continuous]

Admin Instructions:

Priority: [Routine]

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

Dose: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]

Route: [intravenous]

Frequency: [Continuous]

Admin Instructions:

Priority: [Routine]

() sodium chloride 0.45 % infusion

Dose:

Route: [intravenous]

Frequency: [Continuous]

Admin Instructions:

Priority: [Routine]

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

Dose:

Route: [intravenous]

Frequency: [Continuous]

Admin Instructions:

Priority: **[Routine]**

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

Dose: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]
Route: **[intravenous]**
Frequency: **[Continuous]**
Admin Instructions:
Priority: **[Routine]**

Banana Bag Infusion with optional Thiamine Supplementation

[] Banana Bag Infusion with optional Thiamine Supplementation (Selection Required)

Each Banana Bag contains 100 mg of Thiamine.
This quantity does not achieve adequate supplementation for many patients.
If clinically appropriate for your patient, please consider adding one of the Thiamine therapies below for supplementation.

[X] Banana Bag Infusion

Dose: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]
Rate: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]
Route: **[intravenous]**
Frequency: **[Once]**
Volume: Calculated during ordering
Admin Duration:
Admin Instructions:
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

[] Thiamine IVPB Supplementation (Selection Required)

Please only select additional Thiamine supplementation if you are treating an indication that requires it, see list below.

() Indication: Confirmed Wernicke's Encephalopathy

Dose: **[500 mg]** [100 mg] [200 mg]
Route: **[intravenous]**
Frequency: **[TID]** [Once] [Q24H SCH]
For: 5 Days
Admin Instructions:
Priority: **[Routine]**

() Indication: Prevention of Wernicke's Encephalopathy (History of Alcohol Use)

Dose: [100 mg] **[200 mg]**
Route: **[intravenous]**
Frequency: **[TID]** [Once] [Q24H SCH]
For: 5 Days
Admin Instructions:
Priority: **[Routine]**

() Indication: Suspected Gayet-Wernicke Encephalopathy (Bariatric Patients)

Dose: **[500 mg]** [100 mg] [200 mg]
Route: **[intravenous]**
Frequency: **[TID]** [Once] [Q24H SCH]
For: 3 Days
Admin Instructions:
Priority: **[Routine]**

() Indication: Hyperemesis Gravidarum

Dose: [100 mg] **[200 mg]**
Route: **[intravenous]**
Frequency: **[Daily]** [Once] [Q24H SCH]
For: 3 Days
Admin Instructions: To prevent Wernicke's Encephalopathy in patients with hyperemesis gravidarum, you can give Thiamine 100-200 mg intravenous daily for 3-5 days
Priority: **[Routine]**

() Indication: Other

Dose: [100 mg] [200 mg]
Route: [intravenous]
Frequency: [Once] [Q24H SCH]
For: 5 Days
Admin Instructions:
Priority: [Routine]

Pharmacy Consults

Consult

[X] Pharmacy consult to monitor and educate for bariatric surgery patient NEW admission

Priority: [Routine] [STAT]

Frequency: [Until Discontinued]

Starting: Today, At: N

Order comments: Bariatric Patient education is to be provided for NEW Admission patients.

Process Instructions: Bariatric Patient education is to be provided for NEW Admission patients.

Medications

Restricted Medications

[X] No NSAIDs EXcluding aspirin, celecoxib and IV ketorolac

Priority: STAT

Frequency: [Until Discontinued]

Starting: Today, At: N

Order comments:

Scheduling Instructions:

Questions:

Reason for "No" order:

Pain Medications

Default Phase of Care: Post-op

Check Prescription Drug Monitoring Program.

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

Texas PMP

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

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

() Scheduled Pain Medications (Selection Required)

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 (Selection Required)

acetaminophen (TYLENOL) tablet

Dose: 500 mg

Route: [oral]

Frequency: Q6H SCH

Admin Instructions: Use if patient can tolerate oral tablet.

Priority: [Routine]

Or

acetaminophen (TYLENOL) liquid

Dose: 500 mg

Route: [oral]

Frequency: Q6H SCH

Admin Instructions:

Priority: [Routine]

() acetaminophen (TYLENOL) 650 mg tablet or liquid (Selection Required)

acetaminophen (TYLENOL) tablet

Dose: 650 mg

Route: **[oral]**
Frequency: Q6H SCH
Admin Instructions: Use if patient can tolerate oral tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) liquid

Dose: 650 mg
Route: **[oral]**
Frequency: Q6H SCH
Admin Instructions:
Priority: **[Routine]**

() NSAIDS: For Patients LESS than 65 years old (Selection Required)

() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension (Selection Required)

ibuprofen (ADVIL, MOTRIN) tablet

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

Dose: 600 mg
Route: **[oral]**
Frequency: Q6H SCH
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: **[250 mg]** [375 mg] [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Admin Instructions:
Priority: **[Routine]**

() celecoxib (CeleBREX) capsule

Dose: **[100 mg]** [200 mg] [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions:
Priority: **[Routine]**

() ketorolac (TORADOL) injection

Dose: 30 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H SCH
For: 5 Days
Admin Instructions: For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
Priority: **[Routine]**

() NSAIDS: For Patients GREATER than or EQUAL to 65 years old (Selection Required)

() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension (Selection Required)

ibuprofen (ADVIL, MOTRIN) tablet

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: **[Q6H SCH]** [TID] [4x Daily] [Q4H PRN] [Q6H PRN]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

Dose: 600 mg
Route: **[oral]**
Frequency: Q6H SCH
Admin Instructions:

Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
Use if patient cannot swallow tablet.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: **[250 mg]** [375 mg] [500 mg]
Route: **[oral]**
Frequency: **[BID]** [BID with meals] [TID with meals]
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
Priority: **[Routine]**

() celecoxib (CeleBREX) capsule

Dose: **[100 mg]** [200 mg] [400 mg]
Route: **[oral]**
Frequency: [Daily] **[BID]**
Admin Instructions: 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.
Priority: **[Routine]**

() ketorolac (TORADOL) injection

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H SCH
For: 5 Days
Admin Instructions:
Priority: **[Routine]**

() PRN Pain Medications (Selection Required)

[] PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Selection Required)

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

() acetaminophen (TYLENOL) tablet OR oral suspension OR rectal suppository (Selection Required)

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions: Give if patient able to swallow tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions: Use if patient cannot tolerate oral tablet.
Priority: **[Routine]**

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Frequency: [Q4H PRN] **[Q6H PRN]** [Q8H PRN]
Admin Instructions: Use if patient cannot tolerate oral tablet OR oral solution.
Priority: **[Routine]**

() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension (Selection Required)

ibuprofen (ADVIL, MOTRIN) tablet

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: [TID] [4x Daily] [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

Dose: 600 mg

Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

() naproxen (NAPROSYN) tablet

Dose: **[250 mg]** [375 mg] [500 mg]
Route: **[oral]**
Frequency: **[Q8H PRN]** [BID with meals] [TID with meals]
Admin Instructions:
Priority: **[Routine]**

() celecoxib (CeleBREX) capsule

Dose: **[100 mg]** [200 mg] [400 mg]
Route: **[oral]**
Frequency: **[BID PRN]** [Daily] [BID]
Admin Instructions:
Priority: **[Routine]**

() ketorolac (TORADOL) injection

Dose: 15 mg
Route: **[intravenous]** [intramuscular]
Frequency: Q6H PRN
For: 5 Days
Admin Instructions: Give if patient unable to swallow tablet.
Priority: **[Routine]**

[] PRN Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old (Selection Required)

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

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

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

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions:
Priority: **[Routine]**

Or

acetaminophen (TYLENOL)suspension

Dose: 650 mg
Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions: Use if patient cannot tolerate oral tablet.
Priority: **[Routine]**

() ibuprofen (ADVIL, MOTRIN) tablet or oral suspension (Selection Required)

ibuprofen (ADVIL, MOTRIN) tablet

Dose: [200 mg] [400 mg] **[600 mg]** [800 mg]
Route: **[oral]**
Frequency: [TID] [4x Daily] [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

Dose: 600 mg
Route: **[oral]**
Frequency: Q6H PRN
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

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

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

Dose: [0.5 tablets] **[1 tablet]** [2 tablets]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]** [Q8H PRN]

Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: **[Yes]** **[No]**

Allowance for Patient Preference: **[Nurse may administer for higher level of pain per patient request]** **[Do NOT allow for patient preference]**

Or

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

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

Route: **[oral]**

Frequency: **[Once]** **[Q4H PRN]** **[Q6H PRN]** **[Q8H PRN]**

Admin Instructions: Use if patient cannot swallow tablet.

Priority: **[Routine]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: **[Yes]** **[No]**

Allowance for Patient Preference: **[Nurse may administer for higher level of pain per patient request]** **[Do NOT allow for patient preference]**

() ketorolac (TORADOL) injection

Dose: 15 mg

Route: **[intravenous]** **[intramuscular]**

Frequency: Q6H PRN

For: 5 Days

Admin Instructions: Give if patient able to swallow tablet

Priority: **[Routine]**

[] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Selection Required)

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

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

Dose: **[0.5 tablets]** **[1 tablet]** **[2 tablets]**

Route: **[oral]**

Frequency: **[Q4H PRN]** **[Q6H PRN]** **[Q8H PRN]**

Admin Instructions: Give if patient able to swallow tablet.

Priority: **[Routine]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: **[Yes]** **[No]**

Allowance for Patient Preference: **[Nurse may administer for higher level of pain per patient request]** **[Do NOT allow for patient preference]**

Or

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

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

Route: **[oral]**

Frequency: **[Once]** **[Q4H PRN]** **[Q6H PRN]** **[Q8H PRN]**

Admin Instructions: Give if patient unable to swallow tablet.

Priority: **[Routine]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: **[Yes]** **[No]**

Allowance for Patient Preference: **[Nurse may administer for higher level of pain per patient request]** **[Do NOT allow for patient preference]**

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

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

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: [1 tablet]
Route: [oral]
Frequency: [Q4H PRN] [Q6H PRN]
Admin Instructions: Give if patient able to swallow tablet.
Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Or

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

Dose: [5 mL] [10 mL] [15 mL]
Route: [oral]
Frequency: [Q4H PRN] [Q6H PRN]
Admin Instructions: Give if patient unable to swallow tablet.
Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() oxyCODONE (ROXICODONE) immediate release tablet

Dose: [5 mg] [10 mg] [15 mg] [20 mg] [30 mg]
Route: [oral]
Frequency: [Q3H PRN] [Q4H PRN] [Q6H PRN]
Admin Instructions: Tablets may be crushed. Give if patient able to swallow tablet
Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() traMADol (ULTRAM) tablet

Dose: [25 mg] [50 mg] [100 mg]
Route: [oral]
Frequency: [Q4H PRN] [Q6H PRN] [TID PRN]
Admin Instructions: Max daily dose 200 mg/day in patients with CrCl < 30 mL/min. Give if patient able to swallow tablet.
Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Selection Required)

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

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

Dose: [0.5 tablets] [1 tablet] [2 tablets]
Route: [oral]
Frequency: [Q4H PRN] [Q6H PRN] [Q8H PRN]
Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: [Routine]

Questions:

If 0 years - 12 years old:
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [Yes] [No]
Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Or

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

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

Route: **[oral]**
Frequency: [Once] [Q4H PRN] **[Q6H PRN]** [Q8H PRN]
Admin Instructions: Use if patient cannot swallow tablet.
Priority: **[Routine]**

Questions:

If 0 years - 12 years old:

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: [Yes] [No]

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

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

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

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Give if patient able to swallow tablet.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Or

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

Dose: [5 mL] **[10 mL]** [15 mL]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Give if patient unable to swallow tablet.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[2.5 mg]** [5 mg] [10 mg] [15 mg] [20 mg] [30 mg]
Route: **[oral]**
Frequency: [Q3H PRN] [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Tablets may be crushed. Give if patient able to swallow tablet
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() traMADoL (ULTRAM) tablet

Dose: **[25 mg]** [50 mg] [100 mg]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]** [TID PRN]
Admin Instructions: 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.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Selection Required)

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

Dose: 2 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() hydromorPHONE (DILAUDID) injection

Dose: 0.25 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

Priority: **[Routine]**

() ketorolac (TORADOL) IV (Selection Required)

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.

(X) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection

Dose: 30 mg

Route: **[intravenous]** [intramuscular]

Frequency: Q6H PRN

For: 5 Days

Admin Instructions: Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

Priority: **[Routine]**

[] 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. (Selection Required)

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

Dose: 1 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() hydromorPHONE (DILAUDID) injection

Dose: 0.25 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

Priority: **[Routine]**

[] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Selection Required)

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 (Selection Required)

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

HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet

Dose: **[1 tablet]**

Route: **[oral]**

Frequency: [Q4H PRN] **[Q6H PRN]**

Admin Instructions: Give if patient able to swallow tablet.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient

preference]

Or

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

Dose: [**20 mL**] [5 mL] [10 mL] [15 mL]

Route: [**oral**]

Frequency: [Q4H PRN] [**Q6H PRN**]

Admin Instructions: Give if patient unable to swallow tablet.

Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() morPHINE immediate-release tablet

Dose: [**15 mg**] [30 mg] [60 mg]

Route: [**oral**]

Frequency: [**Q6H PRN**] [Q1H PRN] [Q2H PRN] [Q3H PRN] [Q4H PRN]

Admin Instructions: Tablets may be crushed. Give if patient able to swallow tablet

Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() oxyCODONE (ROXICODONE) immediate release tablet

Dose: [5 mg] [**10 mg**] [15 mg] [20 mg] [30 mg]

Route: [**oral**]

Frequency: [Q3H PRN] [Q4H PRN] [**Q6H PRN**]

Admin Instructions: Tablets may be crushed. Give if patient able to swallow tablet

Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Selection Required)

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

Dose: [**5 mg**] [10 mg] [15 mg] [20 mg] [30 mg]

Route: [**oral**]

Frequency: [Q3H PRN] [Q4H PRN] [**Q6H PRN**]

Admin Instructions: Oral tablets may be crushed. Give if patient able to swallow tablet

Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() morPHINE immediate-release tablet

Dose: [**7.5 mg**] [15 mg] [30 mg] [60 mg]

Route: [**oral**]

Frequency: [**Q6H PRN**] [Q1H PRN] [Q2H PRN] [Q3H PRN] [Q4H PRN]

Admin Instructions: Oral tablets may be crushed. Give if patient able to swallow tablets.

Priority: [**Routine**]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

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

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

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: [1 tablet]

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if patient able to swallow tablet.

Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Or

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

Dose: [5 mL] [10 mL] [15 mL]

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if patient unable to swallow tablet.

Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

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

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

HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet

Dose: [1 tablet]

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if patient able to swallow tablet.

Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Or

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

Dose: [20 mL] [5 mL] [10 mL] [15 mL]

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if patient unable to swallow tablet.

Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() traMADol (ULTRAM) tablet

Dose: [25 mg] [50 mg] [100 mg]

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN] [TID PRN]

Admin Instructions: 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.

Priority: [Routine]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

[] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication. (Selection Required)

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

Dose: 25 mcg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: **[Q3H PRN]** [Q1H PRN] [Q2H PRN] [Once]

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() morPHINE injection

Dose: 4 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() hydromorPHONE (DILAUDID) injection

Dose: 0.5 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

Priority: **[Routine]**

[] 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. (Selection Required)

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

Dose: 12.5 mcg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: **[Q3H PRN]** [Q1H PRN] [Q2H PRN] [Once]

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() morPHINE injection

Dose: 2 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

Priority: **[Routine]**

() hydromorPHONE (DILAUDID) injection

Dose: 0.25 mg

Route: **[intravenous]** [intramuscular] [subcutaneous]

Frequency: [Once] [Q2H PRN] [Q3H PRN] **[Q4H PRN]**

Admin Instructions: Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

Priority: **[Routine]**

Muscle Relaxers

Default Phase of Care: Post-op

(adjust dose for renal/liver function and age)

() methocarbamol (ROBAXIN) tablet

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

Route: **[oral]**

Frequency: **[Q6H PRN]** [TID] [4x Daily] [TID PRN] [4x Daily PRN]

Admin Instructions:

Priority: **[Routine]**

() cyclobenzaprine (FLEXERIL) tablet

Dose: **[5 mg]** [7.5 mg] [10 mg]

Route: **[oral]**

Frequency: [Nightly] [TID] **[TID PRN]**

Admin Instructions:

Priority: **[Routine]**

() tiZANidine (ZANAFLEX) tablet

Dose: **[2 mg]** [4 mg] [8 mg]
Route: **[oral]**
Frequency: [Once] [TID] [Nightly] [Q6H PRN] **[Q8H PRN]**
Admin Instructions:
Priority: **[Routine]**

Antiemetics - HMH, HMSL Only

[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

Dose: **[4 mg]** [8 mg] [16 mg] [24 mg]
Route: **[oral]**
Frequency: [Once] [Q12H SCH] **[Q8H PRN]**
Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ondansetron (ZOFran) 4 mg/2 mL injection

Dose: **[4 mg]** [8 mg] [0.1 mg/kg]
Route: **[intravenous]** [intramuscular]
Frequency: [Once] **[Q8H PRN]** [Q12H]
Admin Instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Priority: **[Routine]**

[X] promethazine (PHENERGAN) IV or Oral (Selection Required)

promethazine (PHENERGAN) 12.5 mg IV

Dose: 12.5 mg
Route: intravenous
Frequency: Q6H PRN
Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Priority: **[Routine]**

Or

promethazine (PHENERGAN) tablet

Dose: **[12.5 mg]** [25 mg] [50 mg]
Route: **[oral]**
Frequency: [Q4H PRN] **[Q6H PRN]**
Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.
Priority: **[Routine]**

Antiemetics - NOT HMSL, HMSTJ, HMH

[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

Dose: **[4 mg]** [8 mg] [16 mg] [24 mg]
Route: **[oral]**
Frequency: [Once] [Q12H SCH] **[Q8H PRN]**
Admin Instructions: Give if patient is able to tolerate oral medication.
Priority: **[Routine]**

Or

ondansetron (ZOFran) 4 mg/2 mL injection

Dose: **[4 mg]** [8 mg] [0.1 mg/kg]
Route: **[intravenous]** [intramuscular]
Frequency: [Once] **[Q8H PRN]** [Q12H]
Admin Instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Priority: **[Routine]**

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

promethazine (PHENERGAN) 12.5 mg IV

Dose: 12.5 mg
Route: intravenous
Frequency: Q6H PRN
Admin Instructions: 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.
Priority: **[Routine]**

Or

promethazine (PHENERGAN) tablet

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

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Priority: [Routine]

Or

promethazine (PHENERGAN) suppository

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

Route: [rectal]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Priority: [Routine]

Antiemetics - HMSTJ Only

[X] ondansetron (ZOFran) IV or Oral (Selection Required)

ondansetron ODT (ZOFran-ODT) disintegrating tablet

Dose: [4 mg] [8 mg] [16 mg] [24 mg]

Route: [oral]

Frequency: [Once] [Q12H SCH] [Q8H PRN]

Admin Instructions: Give if patient is able to tolerate oral medication.

Priority: [Routine]

Or

ondansetron (ZOFran) 4 mg/2 mL injection

Dose: [4 mg] [8 mg] [0.1 mg/kg]

Route: [intravenous] [intramuscular]

Frequency: [Once] [Q8H PRN] [Q12H]

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

Priority: [Routine]

[X] promethazine (PHENERGAN) IVPB or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: 12.5 mg

Route: intravenous

Frequency: Q6H PRN

Admin Instructions: 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.

Priority: [Routine]

Or

promethazine (PHENERGAN) tablet

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

Route: [oral]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Priority: [Routine]

Or

promethazine (PHENERGAN) suppository

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

Route: [rectal]

Frequency: [Q4H PRN] [Q6H PRN]

Admin Instructions: Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Priority: [Routine]

GI Medications

Default Phase of Care: Post-op

() famotidine (PEPCID) Oral or IV (Selection Required)

famotidine (PEPCID) tablet

Dose: [10 mg] [20 mg] [40 mg]

Route: [oral]

Frequency: [Daily] [BID]

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

Priority: [Routine]

Or

famotidine (PEPCID) injection

Dose: 20 mg

Route: **[intravenous]**

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

Admin Instructions: Use injection if patient cannot tolerate oral medication or requires a faster onset of action.

Priority: **[Routine]**

Questions:

If 18 years and older:

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

Possible Cascading Questions:

If (answer is Call me before conversion to PO):

Contact Number:

() pantoprazole (PROTONIX) Oral or IV (Selection Required)

pantoprazole (PROTONIX) EC tablet

Dose: [20 mg] **[40 mg]** [80 mg]

Route: **[oral]**

Frequency: **[Daily at 0600]** [BID]

Admin Instructions: Give the tablet if the patient can tolerate oral medication.

Priority: **[Routine]**

Questions:

Indication(s) for Proton Pump Inhibitor (PPI) Therapy: [Stress Ulcer Prophylaxis (SUP) in Select Critically Ill] [On combination antiplatelet and treatment anticoagulant therapy] [ACS patients on dual antiplatelet therapy or oral anticoagulants (or both) who are at high risk of gastrointestinal bleeding] [NSAID-associated gastric ulcers or prophylaxis in patients at risk] [Active GI bleeding or history of GI bleeding in the last year] [GERD] [GI Ulcer] [H. pylori infection] [Erosive esophagitis] [Pathological hypersecretory conditions (e.g. Zollinger-Ellison Syndrome)] [Other (specify)]

Possible Cascading Questions:

If (answer is Other (specify)):

Specify:

Or

pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection

Dose: **[40 mg]**

Route: **[intravenous]**

Frequency: **[Daily at 0600]** [Daily before breakfast] [Once]

Admin Duration:

Admin Instructions: Use injection if patient cannot tolerate oral medication or requires a faster onset of action.

Priority: **[Routine]**

Questions:

If 18 years and older:

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

Possible Cascading Questions:

If (answer is Call me before conversion to PO):

Contact Number:

Indication(s) for Proton Pump Inhibitor (PPI) Therapy: [Stress Ulcer Prophylaxis (SUP) in Select Critically Ill] [On combination antiplatelet and treatment anticoagulant therapy] [ACS patients on dual antiplatelet therapy or oral anticoagulants (or both) who are at high risk of gastrointestinal bleeding] [NSAID-associated gastric ulcers or prophylaxis in patients at risk] [Active GI bleeding or history of GI bleeding in the last year] [GERD] [GI Ulcer] [H. pylori infection] [Erosive esophagitis] [Pathological hypersecretory conditions (e.g. Zollinger-Ellison Syndrome)] [Other (specify)]

Possible Cascading Questions:

If (answer is Other (specify)):

Specify:

Blood Pressure Medications

Default Phase of Care: Post-op

() hydrALAZINE (APRESOLINE) injection

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

Route: **[intravenous]**
Frequency: Q6H PRN
Admin Instructions:
Administer if systolic BP GREATER than 160 mmHg

Priority: **[Routine]**

Questions:

BP HOLD parameters for this order: [BP Hold Parameters requested] [ONCE or PRN Orders - No Hold Parameters Needed]

Possible Cascading Questions:

If (answer is BP Hold Parameters requested):
BP HOLD for:
If (answer is Other Systolic BP):
Hold for Systolic BP LESS than (in mmHg):
If (answer is Other MAP):
Hold for Mean Arterial Pressure LESS than (in mmHg):
If (answer is Other Doppler BP (LVAD)):
Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

() labetalol (NORMODYNE)

Dose: [2.5 mg] [5 mg] **[10 mg]** [15 mg] [20 mg] [40 mg] [80 mg]
Route: **[intravenous]**
Frequency: Q6H PRN
Admin Instructions: Administer if systolic BP GREATER than 160 mmHg
Priority: **[Routine]**

Itching: For Patients LESS than 70 years old

() diphenhydrAMINE (BENADRYL) tablet

Dose: [12.5 mg] **[25 mg]** [50 mg]
Route: **[oral]**
Frequency: [Once] [Q6H] [Q4H PRN] **[Q6H PRN]** [Nightly PRN]
Admin Instructions:
Priority: **[Routine]**

() hydrOXYzine (ATARAX) tablet

Dose: **[10 mg]** [25 mg] [50 mg]
Route: **[oral]**
Frequency: [TID PRN] [4x Daily PRN] [Q4H PRN] **[Q6H PRN]** [TID] [4x Daily]
Admin Instructions:
Priority: **[Routine]**

() cetirizine (ZyrTEC) tablet

Dose: **[5 mg]** [10 mg]
Route: **[oral]**
Frequency: **[Daily PRN]** [Daily] [Nightly] [BID]
Admin Instructions:
Priority: **[Routine]**

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

Dose: [30 mg] **[60 mg]** [180 mg]
Route: **[oral]**
Frequency: **[BID PRN]** [Daily] [BID]
Admin Instructions:
Priority: **[Routine]**

Itching: For Patients between 70-76 years old

() cetirizine (ZyrTEC) tablet

Dose: **[5 mg]** [10 mg]
Route: **[oral]**
Frequency: [Daily] [Nightly] [BID] **[Daily PRN]**
Admin Instructions:
Priority: **[Routine]**

Itching: For Patients GREATER than 77 years old

() cetirizine (ZyrTEC) tablet

Dose: **[5 mg]** [10 mg]
Route: **[oral]**
Frequency: [Daily] [Nightly] [BID] **[Daily PRN]**
Admin Instructions:

Priority: **[Routine]**

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

☐ **ramelteon (ROZEREM) tablet**

Dose: **[8 mg]**
Route: **[oral]**
Frequency: **[Nightly PRN]**
Admin Instructions:
Priority: **[Routine]**

Insomnia: For Patients LESS than 70 years old

☐ **zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep (Selection Required)**

☐ **zolpidem (AMBIEN) tablet**

Dose: **[2.5 mg] [5 mg]**
Maximum dose: 5 mg
Route: **[oral]**
Frequency: **[Once] [Nightly] [Nightly PRN]**
Admin Instructions:
Priority: **[Routine]**

☐ **ramelteon (ROZEREM) tablet**

Dose: **[8 mg]**
Route: **[oral]**
Frequency: **[Nightly PRN]**
Admin Instructions:
Priority: **[Routine]**

Other

Default Phase of Care: Post-op

☐ **simethicone (MYLICON) 40 mg/0.6 mL drops**

Dose: **[20 mg] [40 mg] [80 mg] [120 mg]**
Route: **[oral]**
Frequency: **[Once] [4x Daily] [4x Daily PRN] [Q6H PRN]**
Admin Instructions:
Priority: **[Routine]**

☐ **polyethylene glycol (MIRALAX) packet 17 gram**

Dose: **17 g**
Route: **[oral]**
Frequency: **Daily**
Admin Instructions: **Hold for loose stools.**
Priority: **[Routine]**

VTE

VTE Risk and Prophylaxis Tool (Selection 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](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%208.20.2021v15.pdf)

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

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

☒ **Moderate risk of VTE**

Priority: **Routine**
Frequency: **[Once] [Prior to Discharge]**
Order comments:

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

☒ Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Order comments:

Questions:

Side: **Bilateral** [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

☒ Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [

Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

[X] High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

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

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

[X] High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

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

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [Routine] [STAT]
Frequency: [Continuous]
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

() LOW Risk of VTE (Selection Required)

[X] Low Risk (Selection Required)

(X) Low risk of VTE

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

Questions:

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

() MODERATE Risk of VTE - Surgical (Selection Required)

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

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

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]

Route: **[subcutaneous]**

Frequency: Daily at 1700

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [**subcutaneous**]

Frequency:

Starting: Tomorrow

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

() fondaparinux (ARIXTRA) injection

Dose: [**2.5 mg**]

Route: [**subcutaneous**]

Frequency: [**Daily**]

Starting: Tomorrow

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

Priority: [**Routine**]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: [**5,000 Units**]

Route: [**subcutaneous**]

Frequency: [Once] [**Q12H SCH**] [Q8H SCH]

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Once] [Q12H SCH] [Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: **[Routine]**

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: **[1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]**
Route: **[oral]**
Frequency: **[Once] [Daily at 1700]** [User Specified]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: **[Ordered by pharmacist per consult]**

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: **[Routine] [STAT]**
Frequency: **[Until Discontinued]**
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: **[oral]**

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

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: **[Routine]**

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

() MODERATE Risk of VTE - Non-Surgical (Selection Required)

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

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

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

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

☒ enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]

Route: **[subcutaneous]**

Frequency: Daily at 1700

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

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

☒ enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: **[subcutaneous]**

Frequency:

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**

Route: **[subcutaneous]**

Frequency: **[Daily]**

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

Priority: **[Routine]**

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] **[Q12H SCH]** [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] [Q12H SCH] **[Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Once] **[Daily at 1700]** [User Specified]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

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

Frequency: **[Until Discontinued]**

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4)

Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

☒ warfarin (COUMADIN) tablet

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

Route: **[oral]**

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

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

☐ Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

() HIGH Risk of VTE - Surgical (Selection Required)

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Frequency: Daily at 1700
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Frequency:
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Frequency: [Daily]

Starting: Tomorrow

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

Priority: [Routine]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Frequency: [Once] [Q12H SCH] [Q8H SCH]

Admin Instructions:

Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Frequency: [Once] [Q12H SCH] [Q8H SCH]

Admin Instructions:

Priority: [Routine]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [7,500 Units] [5,000 Units]
Route: [subcutaneous]
Frequency: [Q8H] [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: [Routine]

() Wt LESS than or equal to 100 kg

Dose: [5,000 Units]
Route: [subcutaneous]
Frequency: [Q8H] [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: [Routine]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [oral]
Frequency: [Once] [Daily at 1700] [User Specified]
Starting: Tomorrow
Admin Instructions:
Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4)
Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target
INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable
state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [STAT]
Frequency: [Until Discontinued]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4)
Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target
INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.
If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):
Target INR:

☒ warfarin (COUMADIN) tablet

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

Route: **[oral]**

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

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

☒ Mechanical Prophylaxis (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

☒ Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

☐ HIGH Risk of VTE - Non-Surgical (Selection Required)

☒ High Risk (Selection Required)

☒ High risk of VTE

Priority: Routine

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

Order comments:

☒ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Frequency: Daily at 1700
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Frequency:
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**
Route: **[subcutaneous]**
Frequency: **[Daily]**
Admin Instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
Priority: **[Routine]**

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg

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

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] **[Q12H SCH]** [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] [Q12H SCH] **[Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Once] **[Daily at 1700]** [User Specified]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

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

Frequency: [**Until Discontinued**]

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: [**oral**]

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

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.
If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):
Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: **Routine**

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: **Routine**

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

Order comments:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() aspirin chewable tablet

Dose: [81 mg] **[162 mg]** [243 mg] [324 mg]

Route: **[oral]**

Frequency: [Once] **[Daily]**

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

() aspirin (ECOTRIN) enteric coated tablet

Dose: [81 mg] **[162 mg]** [243 mg] [325 mg]

Route: **[oral]**

Frequency: [Once] **[Daily]**

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

Dose: **[2.5 mg]** [5 mg] [10 mg]
Route: **[oral]**
Frequency: **[BID]**
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

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

Priority: [Routine] **[STAT]**
Frequency: **[Until Discontinued]**
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Frequency: Daily at 1700
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Frequency:
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [

Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Frequency: [Daily]

Starting: Tomorrow

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

Priority: [Routine]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Frequency: [Once] [Q12H SCH] [Q8H SCH]

Admin Instructions:

Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Frequency: [Once] [Q12H SCH] [Q8H SCH]

Admin Instructions:

Priority: [Routine]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

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

Route: [subcutaneous]

Frequency: [**Q8H**] [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: [**Routine**]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Frequency: [**Q8H**] [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: [**Routine**]

() Rivaroxaban and Pharmacy Consult (Selection Required)

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

Dose: [2.5 mg] [**10 mg**] [15 mg] [20 mg]
Route: [**oral**]
Frequency: [**Daily at 0600**] [Daily at 1700] [BID]
Admin Instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

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

Priority: [Routine] [**STAT**]
Frequency: [**Until Discontinued**]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Frequency: [Once] [**Daily at 1700**] [User Specified]
Starting: Tomorrow
Admin Instructions:
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

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

Frequency: [**Until Discontinued**]

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: [**oral**]

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

Starting: Tomorrow

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

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

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

(X) Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]

Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [Routine] [STAT]
Frequency: [Continuous]
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

[X] Moderate risk of VTE

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

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

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [Routine] [STAT]
Frequency: [Continuous]
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

[X] High risk of VTE

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

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

Priority: Routine

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

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

[X] High risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

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

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis because: [patient is already on therapeutic anticoagulation for other indication.]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Possible Cascading Questions:

If (answer is Other):
Other anticoagulant therapy:

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

() LOW Risk of VTE (Selection Required)

[X] Low Risk (Selection Required)

(X) Low risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

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

() MODERATE Risk of VTE - Surgical (Selection Required)

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

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

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [

Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]

Route: **[subcutaneous]**

Frequency: Daily at 1700

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: **[subcutaneous]**

Frequency:

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**

Route: **[subcutaneous]**

Frequency: **[Daily]**

Starting: Tomorrow

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

Priority: **[Routine]**

Questions:

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

() heparin (Selection Required)

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

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Once] [Q12H SCH]** [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] [Q12H SCH] **[Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: **[Routine]**

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

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

Route: **[oral]**

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

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

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

Frequency: **[Until Discontinued]**

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: **[oral]**

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

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

() MODERATE Risk of VTE - Non-Surgical (Selection Required)

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine

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

Order comments:

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

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

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

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

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

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Frequency: Daily at 1700
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Frequency:

Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**

Route: **[subcutaneous]**

Frequency: **[Daily]**

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

Priority: **[Routine]**

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**

Route: **[subcutaneous]**

Frequency: [Once] **[Q12H SCH]** [Q8H SCH]

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**

Route: **[subcutaneous]**

Frequency: [Once] [Q12H SCH] **[Q8H SCH]**

Admin Instructions:

Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [7,500 Units] [5,000 Units]
Route: [subcutaneous]
Frequency: [Q8H] [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: [Routine]

() Wt LESS than or equal to 100 kg

Dose: [5,000 Units]
Route: [subcutaneous]
Frequency: [Q8H] [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: [Routine]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [oral]
Frequency: [Once] [Daily at 1700] [User Specified]
Admin Instructions:
Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [STAT]
Frequency: [Until Discontinued]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.
If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):
Target INR:

☒ warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Once] **[Daily at 1700]** [User Specified]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

☐ Mechanical Prophylaxis (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

☒ Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Order comments:

Questions:

Side: [Bilateral] [Left] [Right]
Select Sleeve(s): [Calf] [Foot] [Thigh]

☐ HIGH Risk of VTE - Surgical (Selection Required)

☒ High Risk (Selection Required)

☒ High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

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

☐ Contraindications exist for pharmacologic prophylaxis

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Frequency: Daily at 1700

Starting: Tomorrow

Admin Instructions:

Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Frequency:

Starting: Tomorrow

Admin Instructions:

Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Frequency: [Daily]

Starting: Tomorrow

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

Priority: [Routine]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

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

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] **[Q12H SCH]** [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] [Q12H SCH] **[Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: **[Routine]**

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Frequency: [Once] **[Daily at 1700]** [User Specified]
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

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

Frequency: [**Until Discontinued**]

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: [**oral**]

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

Starting: Tomorrow

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: [**Continuous**]

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

() HIGH Risk of VTE - Non-Surgical (Selection Required)

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine

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

Order comments:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [subcutaneous]
Frequency: Daily at 1700
Admin Instructions:
Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [subcutaneous]
Frequency:
Admin Instructions:
Priority: [Routine]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]
Route: [subcutaneous]
Frequency: [Daily]
Admin Instructions: If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
Priority: [Routine]

Questions:

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

() heparin (Selection Required)

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

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

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

Frequency: [Once] [**Q12H SCH**] [Q8H SCH]
Admin Instructions:
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Frequency: [Once] [Q12H SCH] [**Q8H SCH**]
Admin Instructions:
Priority: [**Routine**]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [**7,500 Units**] [5,000 Units]
Route: [**subcutaneous**]
Frequency: [**Q8H**] [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: [**Routine**]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Frequency: [**Q8H**] [Once] [Q12H SCH] [Q8H SCH]
Admin Instructions:
Priority: [**Routine**]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Frequency: [Once] [**Daily at 1700**] [User Specified]
Admin Instructions:
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]
Frequency: [**Until Discontinued**]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4)

Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target

INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Frequency: [Once] [**Daily at 1700**] [User Specified]
Admin Instructions:
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4)

Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target

INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3)

Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine

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

Order comments:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine

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

Order comments:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() aspirin chewable tablet

Dose: [81 mg] **[162 mg]** [243 mg] [324 mg]

Route: **[oral]**

Frequency: [Once] **[Daily]**

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

() aspirin (ECOTRIN) enteric coated tablet

Dose: [81 mg] **[162 mg]** [243 mg] [325 mg]

Route: **[oral]**

Frequency: [Once] **[Daily]**

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

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

Route: **[oral]**

Frequency: **[BID]**

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):

Specify Other Indication:

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

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

Frequency: **[Until Discontinued]**

Starting: Today, At: N

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

[X] enoxaparin (LOVENOX) injection

Dose: [**30 mg**] [40 mg]

Route: [**subcutaneous**]

Frequency: Daily at 1700

Starting: Tomorrow

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [**subcutaneous**]

Frequency:

Starting: Tomorrow

Admin Instructions:

Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() fondaparinux (ARIXTRA) injection

Dose: [**2.5 mg**]

Route: [**subcutaneous**]

Frequency: [**Daily**]

Starting: Tomorrow

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

Priority: [**Routine**]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

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

() High Bleed Risk (Selection Required)

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

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

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] **[Q12H SCH]** [Q8H SCH]
Admin Instructions:
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other):
Specify:

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: [Once] [Q12H SCH] **[Q8H SCH]**
Admin Instructions:
Priority: **[Routine]**

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow
Admin Instructions:
Priority: **[Routine]**

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Frequency: **[Q8H]** [Once] [Q12H SCH] [Q8H SCH]
Starting: Tomorrow, At: 0600
Admin Instructions:
Priority: **[Routine]**

() Rivaroxaban and Pharmacy Consult (Selection Required)

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

Dose: [2.5 mg] **[10 mg]** [15 mg] [20 mg]
Route: **[oral]**
Frequency: **[Daily at 0600]** [Daily at 1700] [BID]
Admin Instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

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

Priority: [Routine] [**STAT**]
Frequency: [**Until Discontinued**]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other: Specify):
Specify Other Indication:

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Frequency: [Once] [**Daily at 1700**] [User Specified]
Starting: Tomorrow
Admin Instructions:
Priority: [**Routine**]

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]
Frequency: [**Until Discontinued**]
Starting: Today, At: N
Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

[X] warfarin (COUMADIN) tablet

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

Route: **[oral]**

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

Starting: Tomorrow

Admin Instructions:

Priority: **[Routine]**

Questions:

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

Possible Cascading Questions:

If (answer is Other (Specify indication & Target INR)):

Specify indication & Target INR (free text):

If (answer is Mechanical Aortic Valve):

Target INR:

If (answer is Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5)):

High Clotting Risk Factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Aortic Valve (Target INR 2-3)):

If the patient has high clotting risk factors, consider selecting Mechanical Aortic Valve with high clotting risk (Target INR 2.5-3.5): High clotting risk factors include: 1) Atrial fibrillation, 2) Previous thromboembolism, 3) Hypercoagulable state, 4) Older generation prosthesis (ie. ball-in-cage), 5) Severe left ventricular dysfunction.

If (answer is Mechanical Mitral Valve (Target INR 2.5-3.5)):

Target INR:

Dose Selection Guidance: [Ordered by pharmacist per consult]

Possible Cascading Questions:

If (answer is Ordered by pharmacist per consult):

[X] Mechanical Prophylaxis (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine

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

Order comments:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

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

Frequency: **[Continuous]**

Order comments:

Questions:

Side: [Bilateral] [Left] [Right]

Select Sleeve(s): [Calf] [Foot] [Thigh]

☐ **CBC with platelet and differential**

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Order comments:

☐ **Basic metabolic panel**

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Order comments:

☐ **Comprehensive metabolic panel**

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Order comments:

Labs - Tomorrow

☐ **CBC with platelet and differential**

Frequency: [Once] [STAT] **AM Draw** [AM Draw Repeats] [Timed] [Add-on]
Order comments:

☐ **Basic metabolic panel**

Frequency: [Once] [STAT] **AM Draw** [AM Draw Repeats] [Timed] [Add-on]
Order comments:

☐ **Comprehensive metabolic panel**

Frequency: [Once] [STAT] **AM Draw** [AM Draw Repeats] [Timed] [Add-on]
Order comments:

Cardiology

Imaging

X-Ray

☐ **FL UGI with or without KUB**

Priority: **Routine** [STAT]

Frequency: **Once**

Starting: Tomorrow

Reason for Exam: [Esophageal reflux] [Neoplasm: gastric, suspected] [Abdominal mass, intra-abdominal neoplasm suspected] [Vomiting, bilious (Ped 1-12wks)] [Mass, lump or adenopathy, abdomen] [Vomiting, esophageal reflux suspected (Ped 0-1y)] [Neoplasm: gastric, staging] [Abdominal swelling, ascites suspected] [Abd pain, gastroenteritis or colitis suspected] [Neoplasm: gastric, recurrence, suspected/known] [Neoplasm: gastric, rx monitor or follow up]

Modifiers:

Order comments: PostOp Day 1; with Omnipaque or Gastroview. Exam must be done in AM.

Process Instructions: NPO 6 hrs prior to your appointment. You may take medications with a small sip of water.

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

Other Studies

Respiratory

Respiratory

☒ **Oxygen therapy**

Priority: **Routine** [STAT]

Frequency: **Continuous** [PRN]

Order comments:

Questions:

If 366 days and older:

Initial Device: **Nasal Cannula** [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [Venturi Mask]

Possible Cascading Questions:

If (answer is Nasal Cannula):

If 366 days and older:

Initial Rate in liters per minute:

If 366 days and older:

Titration Option:

If (answer is Titrate Low Flow):
 Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Specify Flowrate (Lpm):
 Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other FiO2 (%):
 Room Air Trial:
 If (answer is Yes):
 Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Simple Face Mask):
 Initial Rate in liters per minute:
 If 366 days and older:
 Titration Option:
 If (answer is Titrate Low Flow):
 Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Specify Flowrate (Lpm):
 Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other FiO2 (%):
 Room Air Trial:
 If (answer is Yes):
 Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Non-rebreather mask):
 Initial Rate in liters per minute:
 If 366 days and older:
 Titration Option:
 If (answer is Titrate Low Flow):
 Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Specify Flowrate (Lpm):
 Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other FiO2 (%):
 Room Air Trial:
 If (answer is Yes):
 Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Venturi Mask):
 Initial FiO2:
 If (answer is Other (Specify)):
 Specify O2 %:
 If 366 days and older:
 Titration Option:
 If (answer is Titrate High Flow):
 Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other lpm:
 Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other FiO2 (%):
 Room Air Trial:
 If (answer is Yes):
 Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Other (Specify)):
 Specify:
 If 366 days and older:
 Titration Option:
 If (answer is Titrate High Flow) Or (answer is Titrate Low Flow):
 Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other lpm:
 Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
 If (answer is Other (specify)):
 Other FiO2 (%):
 Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is High Flow Nasal Cannula (HFNC)):
 If 366 days and older:
 Initial Rate in liters per minute:

If 366 days and older:

Titration Option:

If (answer is Titrate Low Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Specify Flowrate (Lpm):

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Heated High Flow):

Device:

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (Specify)):

Specify Flowrate (Lpm):

Initial FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Trach Collar) Or (answer is Face Tent) Or (answer is Aerosol Mask):

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (specify)):

Specify Flowrate (Lpm):

Initial FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is T-piece):

Device:

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (Specify)):

Specify Flowrate (Lpm):

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If 366 days and older:

Initial Rate in liters per minute: [1 Lpm] [2 Lpm] [3 Lpm] [4 Lpm] [5 Lpm] [6 Lpm]

If 0 days - 365 days old:

Rate in tenths of a liter per minute: [0.2 Lpm] [0.4 Lpm] [0.6 Lpm] [0.8 Lpm] [1 Lpm] [1.2 Lpm] [1.4 Lpm] [1.6 Lpm] [1.8 Lpm] [2 Lpm]

If 0 days - 365 days old:

Starting FiO2: [21%] [30%] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify O2 %:

If 365 days and older:

Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Immediate post-op period] [Acute MI] [Cluster headaches]

If 0 days - 365 days old:

Device: [Nasal Cannula] [Heated High Flow Nasal Cannula (Heated HFNC)] [RAM Cannula] [Other (Specify)]

Possible Cascading Questions:

If (answer is Nasal Cannula):

If 0 days - 365 days old:

Rate in tenths of a liter per minute:

If 0 days - 365 days old:

Starting FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Other (Specify)):

Specify:

If (answer is Heated High Flow Nasal Cannula (Heated HFNC)) Or (answer is RAM Cannula):

If 0 days - 365 days old:

Rate in liters per minute:

If (answer is Other (Specify)):

Specify lpm:

If 0 days - 365 days old:

Starting FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

SpO2 Goal: [88% - 92%] [94% - 98%] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

If 0 days - 365 days old:

Titrate FiO2 to keep O2 saturations: [90-95%] [93-97%] [95% and above] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

If 366 days and older:

Notify Physician if:

If 0 days - 365 days old:

Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

[X] Incentive spirometry instructions

Priority: **[Routine]**

Frequency: **[Q1H]** [Once]

Order comments:

Questions:

Frequency of use: Patient to perform 10 x per hour every hour. Encourage cough & deep breathing exercises.

Rehab

Consults

Ancillary Consults

☐ Consult to Bariatric Coordinator

Priority: **Routine** [STAT]

Order comments: Nurse to call and initiate consult

Questions:

Reason for Consult? Post bariatric surgery; Nurse to call and initiate consult

☐ Consult to Case Management

Priority: **Routine** [STAT]

Order comments:

Questions:

Consult Reason: [Benefit Issues] [Dialysis Placement] [Discharge Planning] [DME] [Extensivist Referral] [Home Health] [Hospice] [Insurance Issues] [LTAC Referral] [Palliative Care Education] [Rehabilitation Referral] [SDOH] [SNF Referral] **Other specify**

Specify: Evaluate and Treat Post Operative Bariatric Surgery

Possible Cascading Questions:

If (answer is Other specify):

Specify:

If (answer is Home Health):

Face-to-Face Date:

Reasons for Home Health Care:

Home Health Services:

If (answer is Skilled Nursing Evaluation & Treatment):

Times per week:

For:

Days/Week/Weeks:

If (answer is Physical Therapy Evaluation & Treatment):

(PT) Times per week:

For:

Days/Week/Weeks:

If (answer is Occupational Therapy Evaluation & Treatment):

Times per week:

For:

Days/Week/Weeks:

If (answer is Speech Language Pathology Evaluation & Treatment):

Times per week:

For:

Days/Week/Weeks:

If (answer is Social Worker):

Times per week:

For:

Days/Week/Weeks:

If (answer is Home Health Aide):

Times per week:

For:

Days/Week/Weeks:

If (answer is Home Infusion):

IV infusion needs:

If (answer is Labs):

IV Infusion Labs:

Every:

Lab results called to:

If (answer is IV Fluids):

Solution:

How often:

Start date:

Stop date:

If (answer is Antibiotics):

Antibiotic(s), please list:

Start date:

Stop date:

If (answer is Nutritional Supplies):

Nutritional DME:

If (answer is Bolus feeding):

Rate:

Formula:

If (answer is Continuous feeding):

Rate:

Formula:

If (answer is Home Wound Care):

Wound care questions:

If (answer is Dressing Instructions):

How often:

Clean with:

Cover with:

Duration:

If (answer is Pleurx):

PleurX choices:

Change every:

PleurX Duration:

If (answer is Wound vac):

Change how often:

Pressure (mmHg):

Therapy Settings:

If (answer is Other):

Specify:

If (answer is Dynamic Pressure Control):

DCP Ratio:

Intensity:

Foam Type:

Type of Wound:

If (answer is Other):

Specify:

If (answer is Ostomy supplies):

Special ostomy supplies:

Clinical Findings:

If (answer is Other):

Other Clinical Findings:

Homebound Status:

If (answer is Other):

Other Homebound Status:

If (answer is Leaving home is medically contraindicated due to):

Contraindication:

Special Instructions:

Resume home health services with previous home health agency prior to the hospital admission:

Face to Face Cert Statement:

If (answer is DME):

DME Diagnosis:

Type of DME:

If (answer is Mobility Aids):

MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:

If (answer is Walkers (With 5 inch Wheels)):

Walkers (With 5 inch wheels):

If (answer is Walkers (Without Wheels)):

Walkers (Without Wheels):

If (answer is Wheelchair):

Wheelchair:

If (answer is Canes):

Canes:

If (answer is Crutches):

Crutches:

If (answer is 3 in 1 Bedside Commode):

3-in-1 Bedside Commode:

If (answer is Respiratory Equipment):

Oxygen:

If (answer is O2 Portable Gas):

Continuous or PRN Oxygen:

O2 Duration:

O2 Sat on Room Air, at Rest %:

O2 Sat on Room Air, During Exertion %:

O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):

O2 Device:

O2 Flowrate (L/Min) Setting:

INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:

If (answer is Lung Disease Diagnosis):

INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung

Disease Diagnosis:

If (answer is Hypoxia Related Symptoms):

Hypoxia Related Symptoms:

If (answer is Nebulizer):

Nebulizer Med:

If (answer is Albuterol):

Albuterol dose:

If (answer is Xopenex):

Xopenex dose:

If (answer is Mucomyst):

Mucomyst dose:

If (answer is Atrovent):

Atrovent dose:

INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms:

If (answer is Lung Disease Diagnosis):

INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:

If (answer is Hypoxia Related Symptoms):

Hypoxia Related Symptoms:

If (answer is Trach supplies):

Type:

Size of tube:

If (answer is Home ventilator):

Home ventilator settings:

If (answer is CPAP):

Pressure:

If (answer is BIPAP):

IPAP:

EPAP:

If (answer is O2 Bleed in Rate):

Liter flow:

If (answer is Portable O2 Generator):

Continuous or PRN Oxygen:

O2 Duration:

O2 Sat on Room Air, at Rest %:

O2 Sat on Room Air, During Exertion %:

O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):

O2 Device:

O2 Flowrate (L/Min) Setting:

INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:

If (answer is Lung Disease Diagnosis):

INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:

If (answer is Hypoxia Related Symptoms):

Hypoxia Related Symptoms:

If (answer is Hospital Bed):

Hospital Bed:

If (answer is Gel Overlay):

Indicate which of the following conditions describe the patient. Answer all that apply:

If (answer is Alternating Pressure Mattress):

Indicate which of the following conditions describe the patient. Answer all that apply:

If (answer is Low Air Loss Mattress):

Additional Medical Information - select all that apply:

If (answer is Semi-Electric Hospital Bed with Split Siderails):

Pressure ulcer - check all that apply:

If (answer is Semi-Electric Hospital Bed with Full Rails):

Pressure ulcer - check all that apply:

If (answer is Other Equipment (specify)):

Other Equipment:

If (answer is Other (specify)):

Other:

If (answer is Diabetic supplies):

Diabetic supplies:

Face-to-Face Date:

If (answer is SDOH):

Specify for SDOH:

If (answer is LTAC Referral):

Transfer Rationale:

Patient/Family agree with transfer to LTCH: Yes

Anticipated Admission Date to LTCH:

Daily physician visits needed? Yes

Consultant frequent needs:

If (answer is Other):

Other:

Medical Necessity:

[\[\] Consult to Social Work](#)

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

Order comments:

[Questions:](#)

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [Dialysis Placement] [Discharge Placement] [Discharge Planning] [Extensivist Referral] [Fetal Demise] [Hospice Referral] [Human Trafficking] [SDOH] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] **[Other Specify]**

Specify: Evaluate and Treat Post Operative Bariatric Surgery

[Possible Cascading Questions:](#)

If (answer is Other Specify):

Specify:

If (answer is Hospice Referral):

Evaluate for:
If (answer is SDOH):
Specify for SDOH:

[] Consult to Respiratory Therapy

Priority: **[Routine]** [STAT]
Order comments:

Questions:

Reason for Consult? Patient has CPAP or BIPA, please assist in setting up

[] Consult PT eval and treat

Process Instructions:

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

Priority: **[Routine]**
Order comments:

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [Unsuccessful mobility attempts with Nursing personnel] [Post Neuromuscular or Musculoskeletal Surgery Care.] [New functional deficits, not expected to spontaneously recover with medical modalities] [History of recent falls (non-syncopal)] [Recommendations for post-acute hospital placement] [Mobility Program for Ventilated patients] [Other]

Possible Cascading Questions:

If (answer is Other):
Specify:

Are there any restrictions for positioning or mobility? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):
Limit:

If (answer is sitting to):

Specify:

If (answer is standing to):

Specify:

If (answer is limb/joint bend):

Specify:

If (answer is elevate limb):

Specify:

If (answer is other):

Specify:

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Possible Cascading Questions:

If (answer is LLE):

LLE Limitation:

If (answer is RLE):

RLE Limitation:

If (answer is LUE):

LUE Limitation:

If (answer is RUE):

RUE Limitation:

[] Consult to PT Wound Care Eval and Treat

Priority: **[Routine]**
Order comments:

Questions:

Special Instructions:

Location of Wound? [Abdomen] [Buttocks] [Groin] [Lower Extremity] [Sacral] [Upper Extremity] [Other Specify]

Possible Cascading Questions:

If (answer is Lower Extremity):

Lower Extremity:

If (answer is Upper Extremity):

Upper Extremity:

If (answer is Other Specify):

Other:

[] Consult OT eval and treat

Process Instructions:

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.

Priority: **[Routine]**

Order comments:

Questions:

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

Possible Cascading Questions:

If (answer is Other):

Specify:

Are there any restrictions for positioning or mobility? [Yes] [No]

Possible Cascading Questions:

If (answer is Yes):

Limit:

If (answer is sitting to):

Specify:

If (answer is standing to):

Specify:

If (answer is limb/joint bend):

Specify:

If (answer is elevate limb):

Specify:

If (answer is other):

Specify:

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Possible Cascading Questions:

If (answer is LLE):

LLE Limitation:

If (answer is RLE):

RLE Limitation:

If (answer is LUE):

LUE Limitation:

If (answer is RUE):

RUE Limitation:

[X] Consult to Nutrition Services

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

Order comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] **[Diet Education]** [Wound] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

Purpose/Topic: Diet Education

[] Consult to Spiritual Care

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

Frequency: Once

Order comments:

Process Instructions:

For urgent requests during office hours, contact the Chaplain's office.

For urgent requests after office hours, contact the ON CALL Chaplain.

Questions:

Reason for consult? [Spiritual Support] [End of Life Support] [Pre-Surgical Prayer] [Catholic-Holy Communion] [Catholic Priest] [Advance Directive] [Other Specify]

Possible Cascading Questions:

If (answer is Catholic Priest):

Reason for contacting Catholic Priest:

If (answer is Other Specify):

Specify:

If (answer is Advance Directive):

Is the patient alert and oriented?

If (answer is No):

No, Patient does not have capacity:

If (answer is Other Specify):

Specify:

Reflux Nurse Navigator

☐ Consult to Reflux Nurse Navigator

Status: ☐ Normal ☐ Standing ☐ Future]

Class: Normal

Scheduling Instructions:

Order comments:

Additional Orders
