

Colorectal Surgery Post-Op Only Appears If: **SB IP AND NON-ED PATIENTS**

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 Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

- ☐ Elective outpatient procedure: Discharge following routine recovery
- ☐ Outpatient observation services under general supervision
- ☐ Outpatient in a bed - extended recovery
- ☐ Admit to Inpatient

Admission or Observation Only Appears If: **SB HM IP ADMIT/OBS NOT REQUIRED ALL FACILITIES**

Patient has active outpatient status order on file

- ☐ Admit to Inpatient
- ☐ Outpatient observation services under general supervision
- ☐ Outpatient in a bed - extended recovery
- ☐ Transfer patient
- ☐ Return to previous bed

Admission Only Appears If: **SB HM IP ADMIT ORDER ONLY**

Patient has active status order on file

- ☐ Admit to inpatient
- ☐ Transfer patient
- ☐ Return to previous bed

Transfer Only Appears If: **SB HM IP TRANSFER/RETURN TO OLD BED ONLY POST OP**

Patient has active inpatient status order on file

- ☐ Transfer patient

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

Code Status Only Appears If: **SB PHYSICIAN INCLUDING RESIDENTS OR FELLOWS**

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

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

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

[\(\) Full code](#)

[\(\) DNR \(Do Not Resuscitate\) \(Selection Required\)](#)

[\[X\] DNR \(Do Not Resuscitate\)](#)

[\[\] Consult to Palliative Care Service \(Selection Required\)](#) Only Appears If: **SB IP ORDERSET NOT HMSTC**

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

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

[\(\) Modified Code](#)

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

[Isolation](#)

[\[\] Airborne isolation status \(Selection Required\)](#)

[\[X\] Airborne isolation status](#)

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

[\[\] Contact isolation status](#)

[\[\] Droplet isolation status](#)

[\[\] Enteric isolation status](#)

[Precautions](#)

[\[\] Aspiration precautions](#)

[\[\] Fall precautions](#)

[\[\] Latex precautions](#)

[\[\] Seizure precautions](#)

[Nursing](#)

[Vital Signs](#)

[\[\] Telemetry \(Selection Required\)](#)

[Telemetry monitoring](#)

[And](#)

[Telemetry additional setup information](#)

[\[\] Vital signs - T/P/R/BP](#)

[Activity](#)

[\[\] Up in chair for meals](#)

[\[X\] Ambulate with assistance](#)

[\[\] Dangle at bedside](#)

[\[\] Activity as tolerated](#)

[\[\] Bed rest](#)

[Nursing Care](#)

[\[\] Measure drainage](#)

[\[\] Intake and Output](#)

[\[\] Remove Foley catheter](#)

[\[\] Remove Foley catheter](#)

[\[\] Do not remove Foley](#)

[\[\] Saline lock IV](#)

[Wound/Incision Care](#)

[\[\] Abdominal binder](#)

[\[\] Drain care](#)

[\[\] Apply ice pack](#)

[\[\] Sitz bath](#)

[\[\] Reinforce dressing](#)

[\[\] Surgical/incision site care](#)

[\[\] Provide equipment / supplies at bedside](#)

☐ Wound care orders

Notify

☐ Notify Physician for vitals:

☐ Notify Physician for fever greater than 101 that is 24 hours after surgery

☐ Notify Physician if urine output is less than:

☐ Notify Physician if urine output is less than:

☐ Notify Surgeon prior to administering Aspirin, Plavix, Warfarin, Eliquis, Pradaxa, Xarelto, Aggrenox, Pletal, Trental, Ticlid, any other blood thinners, vitamins, and sleep aids

☐ Notify Physician (Specify)

Diet

☐ NPO except ice chips

☐ Oral supplements

☐ Diet- Clear liquid advance as tolerated to Regular

☐ Diet - Regular

Education

☐ Patient education- Activity

☐ Patient education- Wound/Incision Care

☒ Patient education- Discharge

IV Fluids

IV Fluids

☐ sodium chloride 0.9 % infusion

☐ lactated Ringer's infusion

☐ dextrose 5%-0.9% sodium chloride infusion

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

Medications

Antibiotics

☐ cefoxitin (MEFOXIN) IV

☐ Standard Prophylaxis (Including Patients with PCN Allergy) - ceFAZolin (ANCEF) IV and metronidazole (FLAGYL) IV (Selection Required)

ceFAZolin (ANCEF) IV

And

metronidazole (FLAGYL)

☐ For Patients with Cephalosporin Allergy - Aztreonam + Metronidazole + Vancomycin (Selection Required)

☒ aztreonam (AZACTAM) IV

☒ metronidazole (FLAGYL)

☒ Vancomycin IV (Selection Required)

Patient Weight Vancomycin Dose

<80 kg 1 g

80-100 kg 1.5 g

>100 kg 2 g

*Maximum pre-op dose 2 g

☒ Weight < 80 kg (Selection Required) Only Appears If: **HM SB WEIGHT < 80 KG**

☒ Weight < 80 kg

☒ Weight 80-100 kg (Selection Required) Only Appears If: **HM SB WEIGHT 80-100 KG**

☒ Weight 80-100 kg

☒ Weight >100 KG (Selection Required) Only Appears If: **HM SB WEIGHT > 100 KG**

☒ Weight >100 kg

GI Medications

Default Phase of Care: Post-op

☐ pantoprazole (PROTONIX) IV or Oral or Tube (Selection Required)

pantoprazole (PROTONIX) EC tablet

Or

pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection

Or

pantoprazole (PROTONIX) suspension

Antiemetics

☒ ondansetron (ZOFTRAN) IV or Oral (Selection Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

Or

ondansetron (ZOFTRAN) 4 mg/2 mL injection

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

Or

acetaminophen (TYLENOL) liquid

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

acetaminophen (TYLENOL) tablet

Or

acetaminophen (TYLENOL) liquid

☐ NSAIDs: For Patients LESS than 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE<65 YEARS**

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

ibuprofen (ADVIL, MOTRIN) tablet

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

☐ naproxen (NAPROSYN) tablet

☐ celecoxib (CeleBREX) capsule

☐ ketorolac (TORADOL) injection

☐ NSAIDs: For Patients GREATER than or EQUAL to 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE>65 YEARS**

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

ibuprofen (ADVIL, MOTRIN) tablet

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

☐ naproxen (NAPROSYN) tablet

☐ celecoxib (CeleBREX) capsule

☐ ketorolac (TORADOL) injection

☐ PRN Pain Medications (Selection Required)

☐ PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE<65 YEARS**

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

Or

acetaminophen (TYLENOL)suspension

Or

acetaminophen (TYLENOL) suppository

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

ibuprofen (ADVIL, MOTRIN) tablet

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

() naproxen (NAPROSYN) tablet

() celecoxib (CeleBREX) capsule

() ketorolac (TORADOL) injection

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

SB INPATIENT AGE>65 YEARS

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

Or

acetaminophen (TYLENOL)suspension

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

ibuprofen (ADVIL, MOTRIN) tablet

Or

ibuprofen (MOTRIN) 100 mg/5 mL suspension

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

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

Or

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

() ketorolac (TORADOL) injection

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

INPATIENT AGE<65 YEARS

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

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

Or

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

() 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

Or

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

() oxyCODONE (ROXICODONE) immediate release tablet

() traMADoL (ULTRAM) tablet

[] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE>65 YEARS**

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

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

Or

[acetaminophen-codeine 300 mg-30 mg /12.5 mL solution](#)

☐ [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](#)

Or

[HYDROcodone-acetaminophen \(HYCET\) 2.5-108.3 mg/5 mL solution](#)

☐ [oxyCODONE \(ROXICODONE\) immediate release tablet](#)

☐ [traMADoL \(ULTRAM\) tablet](#)

☐ 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) Only Appears If: **SB INPATIENT AGE<65 YEARS**

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](#)

☐ [hydromorPHONE \(DILAUDID\) injection](#)

☐ [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.

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

☐ 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) Only Appears If: **SB INPATIENT AGE>65 YEARS**

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](#)

☐ [hydromorPHONE \(DILAUDID\) injection](#)

☐ PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE<65 YEARS**

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](#)

Or

[HYDROcodone-acetaminophen \(HYCET\) 2.5-108.3 mg/5 mL solution](#)

☐ [morPHINE immediate-release tablet](#)

☐ [oxyCODONE \(ROXICODONE\) immediate release tablet](#)

☐ PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old (Selection Required) Only Appears If: **SB INPATIENT AGE>65 YEARS**

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](#)

☐ [morPHINE immediate-release tablet](#)

☐ [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](#)

Or

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

☐ 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

Or

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

☐ traMADoL (ULTRAM) tablet

☐ 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) Only Appears If: **SB INPATIENT AGE<65 YEARS**

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

☐ morPHINE injection

☐ hydromorPHONE (DILAUDID) injection

☐ 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) Only Appears If: **SB INPATIENT AGE>65 YEARS**

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

☐ morPHINE injection

☐ hydromorPHONE (DILAUDID) injection

PCA Medications - Not HMSJ Only Appears If: **SB IP ORDERSET NOT HMSJ**

Default Phase of Care: Post-op

☐ fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders (Selection Required)

☒ fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Selection Required)

☐ fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

☐ hydromorPHONE PCA (DILAUDID) 15 mg/30 mL + Nursing PCA Orders (Selection Required)

☒ hydromorPHONE PCA (DILAUDID) 15 mg/30 mL (Selection Required) Only Appears If: **SB IP ORDERSET NOT HMSJ**

☐ hydromorPHONE (DILAUDID) 15 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

☐ morPHINE PCA 30 mg/30 mL + Nursing PCA Orders (Selection Required)

☒ morPHINE PCA 30 mg/30 mL (Selection Required)

☐ morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

PCA Medications - HMSJ Only Only Appears If: **SB IP ORDERSET HMSJ ONLY**

Default Phase of Care: **Post-op**

☐ fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL + Nursing PCA Orders (Selection Required)

☒ fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL (Selection Required)

☐ fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA solution for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

☐ hydromorPHONE PCA (DILAUDID) 30 mg/30 mL + Nursing PCA Orders (Selection Required) Only Appears If: **SB IP ORDERSET HMSJ ONLY**

☒ hydromorPHONE PCA (DILAUDID) 30 mg/30 mL (Selection Required) Only Appears If: **SB IP ORDERSET HMSJ ONLY**

☐ hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

☐ morPHINE PCA 30 mg/30 mL + Nursing PCA Orders (Selection Required)

☒ morPHINE PCA 30 mg/30 mL (Selection Required)

☐ morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive

☒ Nursing PCA Orders (Selection Required)

☒ Vital signs - T/P/R/BP

☒ PCA Documentation

☒ Patient education Pain pump

☒ Pasero Opioid-induced Sedation Scale

☒ Notify Physician

☒ Stop the PCA pump and call ordering physician and/or CERT team for any of the following:

☒ IV Fluids for provision of PCA Therapy (Selection Required)

☒ sodium chloride 0.9 % infusion

☐ dextrose 5% infusion

Respiratory Depression and Somnolence

☒ naloxone (NARCAN) injection

VTE

VTE Risk and Prophylaxis Tool (Selection Required) Only Appears If: **HM SB DVT POSTOP PHYSICIANS**

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) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☒ Low risk of VTE

☐ MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

☒ 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

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ MODERATE Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

☒ 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

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

() 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

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

() fondaparinux (ARIXTRA) injection

() 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

() HEParin (porcine) injection - Q8 Hours

() Not high bleed risk (Selection Required)

() Wt > 100 kg

() Wt LESS than or equal to 100 kg

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

[X] warfarin (COUMADIN) tablet

[] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

(X) Place/Maintain sequential compression device continuous

() HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

[X] High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

() 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

☒ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

☒ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

☐ aspirin chewable tablet

☐ aspirin (ECOTRIN) enteric coated tablet

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ Rivaroxaban and Pharmacy Consult (Selection Required)

☒ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

☒ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

VTE Risk and Prophylaxis Tool Only Appears If: HM SB DVT POSTOP NURSE

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) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☐ Low risk of VTE

☐ MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

☒ 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

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ MODERATE Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

☒ 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

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

☒ High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

☐ 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

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ 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

() HEParin (porcine) injection - Q8 Hours

() Not high bleed risk (Selection Required)

() Wt > 100 kg

() Wt LESS than or equal to 100 kg

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

[X] warfarin (COUMADIN) tablet

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

[X] Place/Maintain sequential compression device continuous

() HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

() 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

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

() fondaparinux (ARIXTRA) injection

() 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

() HEParin (porcine) injection - Q8 Hours

() Not high bleed risk (Selection Required)

() Wt > 100 kg

() Wt LESS than or equal to 100 kg

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

[X] warfarin (COUMADIN) tablet

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

[X] Place/Maintain sequential compression device continuous

() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

[X] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

() aspirin chewable tablet

() aspirin (ECOTRIN) enteric coated tablet

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

() 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

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

() fondaparinux (ARIXTRA) injection

() 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
- ☐ HEParin (porcine) injection - Q8 Hours
- ☐ Not high bleed risk (Selection Required)
- ☐ Wt > 100 kg
- ☐ Wt LESS than or equal to 100 kg
- ☐ Rivaroxaban and Pharmacy Consult (Selection Required)
- ☒ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission
- ☒ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy
- ☐ warfarin (COUMADIN) (Selection Required)
- ☐ WITHOUT pharmacy consult
- ☐ WITH pharmacy consult (Selection Required)
- ☒ Pharmacy consult to manage warfarin (COUMADIN)
- ☒ warfarin (COUMADIN) tablet
- ☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**
- ☐ Contraindications exist for mechanical prophylaxis
- ☒ Place/Maintain sequential compression device continuous

Labs

Labs Tomorrow

- ☐ CBC with platelet and differential
- ☐ Hemoglobin & hematocrit
- ☐ Basic metabolic panel
- ☐ Magnesium level
- ☐ Phosphorus level

Cardiology

Imaging

X-Ray

- ☐ Abdomen Ap And Lateral
- ☐ Abdomen 2 Vw Ap W Upright And/Or Decubitus
- ☐ Chest 1 Vw Portable
- ☐ Chest 2 Vw

Other Studies

Respiratory

Respiratory

- ☒ Incentive spirometry instructions
- ☐ Encourage deep breathing and coughing
- ☐ Oxygen therapy

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

- * If Stoma creation, consult Wound Ostomy care Nurse for stoma care/teaching on POD 1.
- ** If stoma creation, consult Case Management to set up home health for ostomy supplies and post operative care.
- ***Consult physical therapy and social work POD 1 for reconditioning and postoperative placement.

- ☐ Consult to Wound Ostomy Care nurse
- ☐ Consult PT eval and treat
- ☐ Consult to Case Management
- ☐ Consult to Social Work
- ☐ Consult to Nutrition Services

Physician Consults

- ☐ Consult Pain Management

