

General

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)@

☒ Code Status

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

- ☐ Full code
- ☐ DNR (Do Not Resuscitate) (Selection Required)
 - ☒ DNR (Do Not Resuscitate)
 - ☐ Consult to Palliative Care Service (Selection Required) Only Appears If: **SB IP ORDERSET NOT HMSTC**
 - ☒ Consult to Palliative Care Service
 - ☐ Consult to Social Work
- ☐ Modified Code
- ☐ Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

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
- ☒ Ambulate with assistance

☒ Patient may shower

☒ Head of bed

Nursing

☒ Intake and output

☐ Remove Foley catheter

☒ Bladder scan

☐ Remove Foley catheter

☐ Do not remove Foley

☐ Saline lock IV

Incision care

☐ Stoma Care (Selection Required)

☒ Stoma Care

☒ Measure stoma output

☒ Provide equipment / supplies at bedside - STOMA

☒ Patient education - Stoma

☒ Consult to Wound Ostomy Care Nurse

☒ Consult to Case Management - Stoma

☐ Reinforce dressing

☐ Drain care

Notify

☒ Notify Physician for vitals:

☒ Notify Physician if urine output is less than:

☒ Notify Physician if patient refuses to Ambulate on Day 1 of Pathway

☐ 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

☒ Diet- Clear liquid

☒ Oral supplements - Boost Breeze

☐ Diet- 2000 Kcal/225 gm Carbohydrate

☐ Diet - Soft low residue

Education

☐ Patient education

☒ Patient education- Discharge

☐ Patient education- Wound/Incision Care

IV Fluids

IV Fluids

☐ Sodium Chloride 0.9% Followed by D5W - 0.45% Sodium Chloride with Potassium Chloride 20 mEq IV (Selection Required)

☒ sodium chloride 0.9 % infusion

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

☐ lactated ringer's infusion

Medications

Restricted Order

☐ No anti-platelet agents including aspirin

Acetaminophen IV and Oral

☐ Acetaminophen IV x 3 doses followed by PO scheduled x 2 days, then PRN (Selection Required)

acetaminophen (OFIRMEV) injection

Followed by

acetaminophen (TYLENOL) tablet

Followed by

acetaminophen (TYLENOL) tablet

☐ Acetaminophen IV followed by scheduled for 5 days (Selection Required)

acetaminophen (OFIRMEV) injection

Followed by

acetaminophen (TYLENOL) tablet

☐ Acetaminophen ORAL scheduled for 3 days then PRN (Selection Required)

acetaminophen (TYLENOL) tablet

Followed by

acetaminophen (TYLENOL) tablet

Nausea

☐ ondansetron (ZOFTRAN) IV

GI medications

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

Itching

☐ diphenhydramine (BENADRYL) tablet

Moderate Pain (Pain Score 4-6)

☐ oxyCODone (ROXICODONE) immediate release tablet

☐ traMADol (ULTRAM) tablet

Severe Pain (Pain Score 7-10)

(adjust dose for renal/liver function and age)

☐ oxyCODone (ROXICODONE) immediate release tablet

☐ traMADol (ULTRAM) tablet

☐ hydromorPHONE (DILAUDID) injection

Ketorolac followed by Celecoxib Oral

☐ ketorolac (TORADOL) IV 15 mg and celecoxib (CeleBREX) Oral (Selection Required)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

keTOROlac (TORadol) injection

Followed by

celecoxib (CeleBREX) capsule

☐ ketorolac (TORADOL) IV 30 mg and celecoxib (CeleBREX) Oral (Selection Required)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

keTOROlac (TORadol) injection

Followed by

celecoxib (CeleBREX) capsule

Other med

☐ enoxaparin (LOVENOX) injection

VTE

DVT 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

☐ 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 (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (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)

☒ 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

DVT Risk and Prophylaxis Tool Only Appears If: HM SB DVT RISK TOOL NURSES

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

☐ 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 (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (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

☐ High Bleed Risk (Selection Required)

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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)

☒ 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

Labs

Labs Tomorrow

☒ CBC with platelet and differential

☐ Hemoglobin & hematocrit

☒ Basic metabolic panel

☒ Magnesium level

☒ Phosphorus level

Cardiology

Imaging

Other Studies

Respiratory

Respiratory

☒ Incentive spirometry instructions

☐ Encourage deep breathing and coughing

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary consults

*f 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.

*New ileostomy, consult Venous Access: PICC line placement with Case Management consult for home IV rehydration therapy

☐ Consult to Wound Ostomy Care nurse

☐ Consult PT eval and treat

☐ Consult to Case Management

☐ Consult to Social Work

☐ Consult to Nutrition Services

☐ Consult for Venous Access - PICC Insertion

☐ Consult to Case Management - Home rehydration therapy

Additional Orders