

Location: _____

General

Common Present on Admission

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

Elective Outpatient, Observation, or Admission

- Elective outpatient procedure: Discharge following routine recovery** Frequency: Continuous Phase of Care: PACU & Post-op Priority: Routine
- Outpatient observation services under general supervision** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

- Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Bed request comments:

- Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Admission or Observation

Patient has active outpatient status order on file

- Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
- Outpatient observation services under general supervision** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:
- Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine
Question(s):
Admitting Physician:
Bed request comments:

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

Transfer patient Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Level of Care:

Bed request comments:

Return to previous bed Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

Admission

Patient has active status order on file

Admit to inpatient Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Transfer patient Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Level of Care:

Bed request comments:

Return to previous bed Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

Transfer

Patient has active inpatient status order on file

Transfer patient Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Level of Care:

Bed request comments:

Return to previous bed Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

Code Status

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

Code Status

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

Full code Frequency: Continuous Priority: Routine

Question(s):

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Frequency: Continuous Priority: Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT

Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once Priority: Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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

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

Consult to Social Work Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous **Priority:** Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Frequency: Continuous -
Treatment Restrictions **Phase of Care:** Post-op **Priority:** Routine

Question(s):

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

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.

Isolation

Airborne isolation status

Airborne isolation status Frequency: Continuous **Priority:** Routine

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

Frequency: Once **Priority:** Routine

Contact isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Droplet isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Enteric isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Precautions

Aspiration precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Fall precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Seizure precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Increased observation level needed:

Nursing

Vital Signs

Vital signs - T/P/R/BP Frequency: Per unit protocol **Phase of Care:** Post-op **Priority:** Routine

Activity

Bed rest with bathroom privileges Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Bathroom Privileges: with bathroom privileges

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

Up in chair Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Out of bed 4 times daily

Question(s):

Specify: Up in chair

Additional modifier: all meals in chair

Ambulate with assistance Frequency: 4 times daily Start Date: S+1 Phase of Care: Post-op Priority: Routine

Question(s):

Specify: with assistance

Nursing Care

Abdominal binder Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Waking hours only?

Nurse to schedule?

Special Instructions:

Encourage deep breathing and coughing Frequency: Every 2 hours while awake Phase of Care: Post-op Priority:

Routine Comments: Until ambulatory

Incentive spirometry instructions Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority:

Routine

Question(s):

Frequency of use: Every 2 hours while awake. Place at bedside. Encourage patient to use.

Intake and output Frequency: Every shift Frequency Limit: 24 Hours Phase of Care: Post-op Priority: Routine

K-pad to bedside Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Apply as needed to area of pain

Saline lock IV Frequency: Continuous Phase of Care: Post-op Priority: Routine

No other analgesia until PCA is discontinued Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Nursing POD 1

Remove dressing Frequency: Until discontinued Start Date: S+1 Phase of Care: Post-op Priority: Routine Comments:

Remove abdominal dressing or vaginal pack if present

Nursing wound care Frequency: Daily Start Date: S+1 Phase of Care: Post-op Priority: Routine Comments: Clean incision with water

Question(s):

Location:

Site:

Irrigate wound?

Apply:

Dressing Type:

Process Instructions:

This Nursing Order is NOT for a CONSULT for PT Wound Care or WOC nurse. The order is not transmitted to any department.

Do NOT use this order to request :

Bedside debridement, Ultrasound Therapy, Pulsed Lavage, Negative Pressure Vacuum Therapy, Compression therapy, WOC ongoing wound /ostomy management and teaching.

Saline lock IV Frequency: Continuous Start Date: S+1 Phase of Care: Post-op Priority: Routine

Discontinue IV Frequency: Once Start Date: S+1 Phase of Care: Post-op Priority: Routine Comments: On POD 1 if patient is afebrile and tolerating diet

Discontinue PCA on Post-Op day # 1 Frequency: Until discontinued Start Date: S+1 Phase of Care: Post-op Priority: Routine Comments: Prior to discontinuing foley

Remove Foley catheter Frequency: Once Start Date: S+1 Phase of Care: Post-op Priority: Routine Comments: D/C Foley in AM if urine is clear. DO NOT DC FOLEY IF ANTERIOR REPAIR OR BLADDER SURGERY.

Post-op voiding trial Frequency: Once Start Date: S+1 Phase of Care: Post-op Priority: Routine

Notify

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

Notify Physician for vitals: Frequency: Until discontinued Phase of Care: PACU & Post-op Priority: Routine Comments:

And for urine output less than 30 milliliters per hour

Question(s):

- Temperature greater than: 101 100.5
- Systolic BP greater than: 170 160
- Systolic BP less than: 90
- Diastolic BP greater than: 110 100
- Diastolic BP less than: 60 50
- Heart rate greater than (BPM): 120 100
- Heart rate less than (BPM): 60
- Respiratory rate greater than: 28 25
- Respiratory rate less than: 10 8
- Temperature less than:
- MAP less than: 60.000
- SpO2 less than: 92

Diet

NPO except ice chips Frequency: Diet effective now Phase of Care: Post-op Priority: Routine Comments: Until no longer nauseated

Question(s):

- NPO: Except Ice chips
- Pre-Operative fasting options:

Process Instructions:

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

Diet - Clear Liquids Frequency: Diet effective now Phase of Care: Post-op Priority: Routine

Question(s):

- Diet(s): Clear Liquids
- Cultural/Special:
- Other Options:
- Other Options:
- Advance Diet as Tolerated?
- IDDSI Liquid Consistency:
- Fluid Restriction:
- Foods to Avoid:
- Foods to Avoid:

Diet - Frequency: Diet effective now Phase of Care: Post-op Priority: Routine Comments: Advance diet as tolerated 12 hours PostOP

Question(s):

- Diet(s): Regular
- Advance Diet as Tolerated? Yes
- Target Diet: Regular
- Cultural/Special:
- Other Options:
- Other Options:
- IDDSI Liquid Consistency:
- Fluid Restriction:
- Foods to Avoid:
- Foods to Avoid:

IV Fluids

IV Fluids

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

lactated ringer's infusion Dose: 125 mL/hr Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Phase of Care: Post-op

Admin Instructions:

Due to IV shortage, LR or NS will be administered based on availability

sodium chloride 0.9 % infusion Dose: 125 mL/hr Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Phase of Care: Post-op

Admin Instructions:

Due to IV shortage, LR or NS will be administered based on availability

dextrose 5 % and lactated Ringer's infusion Dose: 125 mL/hr Route: intravenous Frequency: continuous Phase of Care: Post-op

dextrose 5%-0.9% sodium chloride infusion Dose: 125 mL/hr Route: intravenous Frequency: continuous Phase of Care: Post-op

dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion Dose: 125 mL/hr Route: intravenous Frequency: continuous Phase of Care: Post-op

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Frequency: Once Priority: Routine

sodium chloride 0.9 % flush Dose: 10 mL Frequency: every 12 hours scheduled PRN Reasons: line care

sodium chloride 0.9 % flush Dose: 10 mL Route: intravenous Frequency: PRN PRN Reasons: line care

Medications

ERAS Pain Medications

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

Scheduled

Select one scheduled NSAID and one scheduled Tylenol order

ibuprofen (MOTRIN) (Required)

ibuprofen (ADVIL) tablet 800 mg Dose: 800 mg Route: oral Frequency: every 8 hours scheduled Start Date: S+1

Admin Instructions:

Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

Product Admin Instructions:

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

ibuprofen (ADVIL) tablet 600 mg Dose: 600 mg Route: oral Frequency: every 6 hours scheduled Start Date: S+1

Admin Instructions:

Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

Product Admin Instructions:

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

acetaminophen (TYLENOL) tablet (Required)

acetaminophen ER (TYLENOL) 650 mg Dose: 650 mg Route: oral Frequency: every 8 hours scheduled Frequency Limit: 4 Days Start Date: S+1

Admin Instructions:

Start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.

Product Admin Instructions:

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

acetaminophen (TYLENOL) tablet 1000 mg Dose: 1000 mg Route: oral Frequency: every 6 hours scheduled Frequency Limit: 4 Days Start Date: S+1

Admin Instructions:

Start after Anesthesia care ends - give 6 hrs after last dose of Acetaminophen(OFIRMEV) IV dose if given intraop.

acetaminophen (TYLENOL) tablet 650 mg Dose: 650 mg Route: oral Frequency: every 6 hours scheduled Frequency Limit: 4 Days Start Date: S+1

Admin Instructions:

start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.

Product Admin Instructions:

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Avoid in patients >= 65 years old - gabapentin (NEURONTIN) oral Dose: 300 mg Route: oral Frequency: nightly

PRN ONLY for Moderate to Severe Pain

PRN severe pain

oxyCODone (ROXICODONE) IR tablet 5 mg Dose: 5 mg Route: oral Frequency: every 4 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: o Nurse may administer for higher level of pain per patient request (selection)

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

oxyCODone (ROXICODONE) IR tablet 10 mg Dose: 10 mg Route: oral Frequency: every 4 hours PRN PRN

Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

oxyCODONE (ROXICODONE) IR tablet 5 mg Dose: 5 mg Route: oral Frequency: every 4 hours PRN PRN Reasons:

moderate pain (score 4-6)

severe pain (score 7-10)

Question(s):

Allowance for Patient Preference: o Nurse may administer for higher level of pain per patient request

Admin Instructions:

Start after Anesthesia care ends

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

Breakthrough pain - hydromorPHONE (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 4

hours PRN PRN Reasons: severe pain (score 7-10)

Admin Instructions:

For breakthrough pain

Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose

ketorolac (TORADOL) IV

ketorolac (TORADOL) 15 mg IV Q6H Dose: 15 mg Route: intravenous Frequency: every 6 hours

Admin Instructions:

Then switch to oral NSAID

ketorolac (TORADOL) 15 mg IV Q8H Dose: 15 mg Route: intravenous Frequency: every 8 hours

Admin Instructions:

Then switch to oral NSAID

ketorolac (TORADOL) 30 mg IV Q6H Dose: 30 mg Route: intravenous Frequency: every 6 hours

Admin Instructions:

Then switch to oral NSAID

ketorolac (TORADOL) 30 mg IV Q8H Dose: 30 mg Route: intravenous Frequency: every 8 hours

Admin Instructions:

Then switch to oral NSAID.

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

celecoxib (CeleBREX) 200 mg Dose: 200 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Do not administer if CrCl < 30 mL/min

Product Admin Instructions:

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

ibuprofen (ADVIL) 400 mg Dose: 400 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

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

Product Admin Instructions:

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

ibuprofen (ADVIL) 600 mg Dose: 600 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

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

Product Admin Instructions:

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

ibuprofen (ADVIL) 800 mg Dose: 800 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

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

Product Admin Instructions:

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

- naproxen (NAPROSYN) tablet** Dose: 375 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences
Admin Instructions:
DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old
Product Admin Instructions:
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

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

- cefazolin (ANCEF) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

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

- cefazolin (ANCEF) IV** Dose: 3 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

Antibiotics: if Penicillin or Beta-Lactam Allergic

If patient is Penicillin or Beta-Lactam Allergic: Choose ONE option from Section 1 and ONE option from Section 2.

TWO agents MUST be selected for Core Measure compliance.

Section 1

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

- clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.** Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Priority: STAT
Question(s):
Indication:
Admin Instructions:
For penicillin or beta-lactam allergic patients.

Section 2

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

- gentamicin (GARAMYCIN) IV** Dose: 80 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Priority: STAT
Question(s):
Indication:
Admin Instructions:
For penicillin or beta-lactam allergic patients.

NALOXONE FOR OBGYN SURGERY POSTOP OPIOID PAIN MEDICATIONS

- naloxone (NARCAN) 0.4 mg/mL injection** Dose: 0.4 Frequency: PRN Phase of Care: Post-op PRN Reasons: respiratory depression
opioid reversal

Moderate Pain (Pain Score 4-6)

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

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet Dose: 2 tablet Route: oral Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 4 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

ketorolac (TORADOL) tablet - Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Admin Instructions:

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

Product Admin Instructions:

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

Adjunct Medication Option: ketorolac (TORADOL) IV

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

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

For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection Dose: 30 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

traMADol (ULTRAM) tablet Dose: 50 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Admin Instructions:

Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury. Not to exceed 400 mg/day.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

Severe Pain (Pain Score 7-10)

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Dose: 2 tablet Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Monitor and record pain scores and respiratory status.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet Dose: 2 tablet Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Monitor and record pain scores and respiratory status.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

traMADol (ULTRAM) tablet Dose: 100 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury. Not to exceed 400 mg/day.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDRomorphone (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 4 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

For breakthrough pain, if patient is NPO or cannot tolerate Oral medication, administer the ordered injection.

morPHINE injection Dose: 4 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

And Notify MD. If patient is NPO or cannot tolerate Oral medication, administer the ordered injection.

Antiemetics

ondansetron (ZOFRAN) IV or Oral (Required)

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN

PRN Reasons: nausea

vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN)

promethazine (PHENERGAN) 12.5 mg IV Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

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.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea

vomiting

Admin Instructions:

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

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

promethazine (PHENERGAN) intraMUSCULAR injection Dose: 12.5 mg Route: intramuscular Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

promethazine (PHENERGAN) IV or Oral or Rectal

promethazine (PHENERGAN) injection Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if patient is able to tolerate oral medication.
Product Admin Instructions:
May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
Product Admin Instructions:
May cause QTc prolongation.

promethazine (PHENERGAN) IVPB or Oral or Rectal

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB Dose: 12.5 mg Route: intravenous
Frequency: every 6 hours PRN Minimum Infusion Duration: 30.000 Minutes PRN Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:
nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN
Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Itching: For Patients LESS than 70 years old

diphenhydrAMINE (BENADRYL) tablet Dose: 25 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op
PRN Reasons: itching

fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed Dose:
60 mg Route: oral Frequency: 2 times daily PRN Phase of Care: Post-op PRN Reasons: itching

Bowel Regimen

sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet Dose: 2 tablet Route: oral Frequency: nightly PRN
Phase of Care: Post-op PRN Reasons: constipation

magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE
Dose: 30 mL Route: oral Frequency: every 12 hours PRN Phase of Care: Post-op PRN Reasons: constipation

Admin Instructions:

Do not give if patient is on hemodialysis or is in chronic renal failure.

bisacodyl (DULCOLAX) EC tablet Dose: 10 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN
Reasons: constipation

bisacodyl (DULCOLAX) suppository Dose: 10 mg Route: rectal Frequency: daily PRN Phase of Care: Post-op PRN
Reasons: constipation

polyethylene glycol (MIRALAX) packet 17 gram Dose: 17 g Route: oral Frequency: daily Phase of Care: Post-op
Product Admin Instructions:
Mix in 4-8oz of water.

Stool Softeners

docusate sodium (COLACE) capsule Dose: 100 mg Route: oral Frequency: 2 times daily Phase of Care: Post-op

Gas

simethicone (MYLICON) chewable tablet Dose: 160 mg Route: oral Frequency: 4 times daily Phase of Care: Post-op
PRN Reasons: flatulence

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

ramelteon (ROZEREM) tablet Dose: 8 mg Route: oral Frequency: nightly PRN Phase of Care: Post-op PRN Reasons:
sleep

Insomnia: For Patients LESS than 70 years old

zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep

zolpidem (AMBIEN) tablet Dose: 5 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

ramelteon (ROZEREM) tablet Dose: 8 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

VTE

DVT Risk and Prophylaxis Tool (Required)

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions:	One or more of the following medical conditions:
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

- Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
Question(s):
Side: Bilateral
Select Sleeve(s):
- Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**
 - Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine
Question(s):
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
Question(s):
No mechanical VTE prophylaxis due to the following contraindication(s):
- Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**
Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

- ENOXAPARIN 30 MG DAILY**
 - enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700
Start Date: S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ENOXAPARIN SQ DAILY**
 - enoxaparin (LOVENOX) injection** Route: subcutaneous Start Date: S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1
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.
- heparin**

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

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:**

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 **Route:** oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous **Priority:** Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

MODERATE Risk of VTE - Non-Surgical (Required)

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

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

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once **Priority:** Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous **Priority:** Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg **Route:** subcutaneous **Frequency:** daily at 1700 **Start Date:** S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous **Start Date:** S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

fondaparinux (ARIXTRA) injection 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

heparin

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued

Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

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.

heparin

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

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:**

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 **Route:** oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous **Priority:** Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

High Risk (Required)

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

- High risk of VTE Frequency:** Once **Priority:** Routine
 - High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**
 - Contraindications exist for pharmacologic prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**
No pharmacologic VTE prophylaxis due to the following contraindication(s):
- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**
- Patient renal status:** @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

- ENOXAPARIN 30 MG DAILY**
 - enoxaparin (LOVENOX) injection Dose:** 30 mg **Route:** subcutaneous **Frequency:** daily at 1700
 - Start Date:** S+1
 - Question(s):**
 - Indication(s):**
 - Product Admin Instructions:**
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
 - ENOXAPARIN SQ DAILY**
 - enoxaparin (LOVENOX) injection Route:** subcutaneous **Start Date:** S+1
 - Question(s):**
 - Indication(s):**
 - Product Admin Instructions:**
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
 - 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.
- heparin**

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

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:**

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 **Route:** oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous **Priority:** Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Hip/Knee) (Required)

High Risk (Required)

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

- High risk of VTE Frequency:** Once **Priority:** Routine
- High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)**
 - Contraindications exist for pharmacologic prophylaxis Frequency:** Once **Priority:** Routine
Question(s):
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 - aspirin chewable tablet Dose:** 162 mg **Frequency:** daily **Start Date:** S+1
 - aspirin (ECOTRIN) enteric coated tablet Dose:** 162 mg **Frequency:** daily **Start Date:** S+1
 - Apixaban and Pharmacy Consult (Required)**
 - apixaban (ELIQUIS) tablet Dose:** 2.5 mg **Frequency:** 2 times daily **Start Date:** S+1
Question(s):
Indications: VTE prophylaxis
 - Pharmacy consult to monitor apixaban (ELIQUIS) therapy Frequency:** Until discontinued **Priority:** STAT
Question(s):
Indications: VTE prophylaxis
 - Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**
Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

- ENOXAPARIN 30 MG DAILY**
 - enoxaparin (LOVENOX) injection Dose:** 30 mg **Route:** subcutaneous **Frequency:** daily at 1700
Start Date: S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ENOXAPARIN SQ DAILY**
 - enoxaparin (LOVENOX) injection Route:** subcutaneous **Start Date:** S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- fondaparinux (ARIXTRA) injection Dose:** 2.5 mg **Route:** subcutaneous **Frequency:** daily **Start Date:** S+1
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
- heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Rivaroxaban and Pharmacy Consult (Required)

rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose: 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)

Question(s):

Indications: ○ VTE prophylaxis

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.

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Frequency: Until discontinued **Priority:** STAT

Question(s):

Indications: VTE prophylaxis

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:** Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

DVT Risk and Prophylaxis Tool

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions:	One or more of the following medical conditions:
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

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.

heparin

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
Question(s):
 Side: Bilateral
 Select Sleeve(s):

MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine
Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine
Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine
Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700 Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

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

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

heparin

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued

Priority: Routine

Question(s):

Indication:

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

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

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.

heparin

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
Question(s):
 Side: Bilateral
 Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis due to the following contraindication(s):

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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.

heparin

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

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:**

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 **Route:** oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once **Priority:** Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous **Priority:** Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Hip/Knee) (Required)

High Risk (Required)

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

- High risk of VTE Frequency:** Once **Priority:** Routine
- High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)**
 - Contraindications exist for pharmacologic prophylaxis Frequency:** Once **Priority:** Routine
Question(s):
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 - aspirin chewable tablet Dose:** 162 mg **Frequency:** daily **Start Date:** S+1
 - aspirin (ECOTRIN) enteric coated tablet Dose:** 162 mg **Frequency:** daily **Start Date:** S+1
 - Apixaban and Pharmacy Consult (Required)**
 - apixaban (ELIQUIS) tablet Dose:** 2.5 mg **Frequency:** 2 times daily **Start Date:** S+1
Question(s):
Indications: VTE prophylaxis
 - Pharmacy consult to monitor apixaban (ELIQUIS) therapy Frequency:** Until discontinued **Priority:** STAT
Question(s):
Indications: VTE prophylaxis
 - Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**
Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

- ENOXAPARIN 30 MG DAILY**
 - enoxaparin (LOVENOX) injection Dose:** 30 mg **Route:** subcutaneous **Frequency:** daily at 1700
Start Date: S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ENOXAPARIN SQ DAILY**
 - enoxaparin (LOVENOX) injection Route:** subcutaneous **Start Date:** S+1
Question(s):
Indication(s):
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- fondaparinux (ARIXTRA) injection Dose:** 2.5 mg **Route:** subcutaneous **Frequency:** daily **Start Date:** S+1
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
- heparin**

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

High Bleed Risk

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units **Frequency:** every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

Rivaroxaban and Pharmacy Consult (Required)

rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose: 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)

Question(s):

Indications: VTE prophylaxis

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.

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Frequency: Until discontinued **Priority:** STAT

Question(s):

Indications: VTE prophylaxis

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 **Route:** oral **Frequency:** daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued **Priority:** Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Rh Negative Mother

Nursing

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

Labs

Fetal Screen Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Comments: Conditional- One activation- If Rh Negative Mom and Rh Positive infant

Rhogam Type and Screen Frequency: Once Phase of Care: Post-op Priority: Routine Specimen Type: Blood

Medication

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

Labs Tomorrow

Hematology

CBC with differential Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hemoglobin and hematocrit Frequency: Once Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Chemistry

Basic metabolic panel Frequency: Once Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Consult Reason:

Reason for Consult?

Process Instructions:

If Ordering IV antimicrobial therapy, an additional consult to Case Management OPAT order is needed.

Consult to Social Work Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Consult PT Eval and Treat Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

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

Consult to Nutrition Services Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Consult to Spiritual Care Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.

Consult to Respiratory Therapy Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Reason for Consult?

Reason for Consult?

Additional Orders