

Location: _____

Enhanced Recovery After Surgery (ERAS) Orders

ERAS Postop Diet/Nutrition and Multimodal Pain Medications

ERAS Diet and Nutrition

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

ERAS Diet and Nutrition for Acute patients

IMPACT Advanced Recovery Frequency: Daily with meals **Phase of Care:** PACU & Post-op **Priority:** Routine
Comments: IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.

Question(s):

Can/Bottle Supplements: Impact Advanced Recovery

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Can/Bottle Supplements: Impact AR

Can/Bottle Supplements: Impact Advance Recovery

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Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Can/Bottle Supplements:

Encourage sips of IMPACT as tolerated Frequency: Until discontinued **Phase of Care:** PACU & Post-op **Priority:** Routine **Comments:** Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

Diet - Soft easy to digest Frequency: Diet effective now **Priority:** Routine **Comments:** soft

Question(s):

Diet(s): Easy to digest (GERD)

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Consult to Nutrition Services Frequency: Once **Priority:** Routine

Question(s):

Reason For Consult? Other (Specify)

Specify: ERAS Nutrition Screening

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

Reason for Consult?

Chew Gum Frequency: Until discontinued **Priority:** Routine **Comments:** Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

Sign: _____

Printed Name: _____

Date/Time: _____

IMPACT Advanced Recovery Frequency: Daily with meals Frequency Limit: 5 Days Start Date: S+1 Phase of Care: PACU & Post-op Priority: Routine Comments: IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.

Question(s):

Can/Bottle Supplements: Impact Advanced Recovery
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Can/Bottle Supplements:
Can/Bottle Supplements:

Encourage sips of IMPACT as tolerated Frequency: Until discontinued Phase of Care: PACU & Post-op Priority: Routine Comments: After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

Nursing communication Frequency: Until discontinued Phase of Care: PACU & Post-op Priority: Routine Comments: After extubation, perform bedside swallow evaluation.

Diet - Full Liquids Frequency: Diet effective now Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Diet(s): Full Liquids
Advance Diet as Tolerated? Yes
Target Diet: GERD - Easy to Digest diet
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

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

Question(s):

Reason For Consult? Other (Specify)
Specify: ERAS
Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate
Reason for Consult?

ERAS Diet and Nutrition

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

ERAS Diet and Nutrition for Acute patients

Diet - Soft easy to digest Frequency: Diet effective now Phase of Care: Post-op Priority: Routine Comments: soft

Question(s):

Diet(s): Easy to digest (GERD)
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Chew Gum Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

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

Nursing communication Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** After extubation, perform bedside swallow evaluation.

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

Question(s):

Diet(s): Full Liquids

Advance Diet as Tolerated? Yes

Target Diet: GERD - Easy to Digest diet

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

ERAS Multimodal Pain Medications

Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)

acetaminophen (TYLENOL)

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

Acetaminophen oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg **Route:** oral **Frequency:** every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg **Route:** oral **Frequency:** every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg **Route:** rectal **Frequency:** every 6 hours PRN

PRN Reasons: mild pain (score 1-3)

fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 IV followed by oral

acetaminophen (OFIRMEV) IV Dose: 1000 mg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

Allowance for Patient Preference:

Admin Instructions:

IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.

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)

Acetaminophen oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6

hours PRN PRN Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal Dose: 1000 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 3 Occurrences **Phase of Care:** PACU & Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

Allowance for Patient Preference:

Admin Instructions:

IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.

Product Admin Instructions:

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

Nonsteroidal Anti-inflammatory Drug (NSAID)

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

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

ketorolac (TORADOL) IV

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

Gabapentinoids

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)

Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

HM IP MEDICATIONS PREGABALIN ERAS

Pregabalin for patients GREATER than 65 years old

pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) Dose: 25 mg
Route: oral Frequency: 3 times daily Frequency Limit: 5 Days

Admin Instructions:

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

pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) Dose: 25 mg Route: oral Frequency:
2 times daily Frequency Limit: 5 Days

Admin Instructions:

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

- pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) Dose:** 25 mg **Route:** oral **Frequency:** at bedtime **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- Pregabalin for patients LESS than 65 years old**
 - pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** 3 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** 2 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** at bedtime
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- HM IP GABAPENTIN POSTOP ACUTE ERAS**
 - Gabapentin for patients GREATER than 65 years old**
 - gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** 3 times daily **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** at bedtime **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - Gabapentin for patients LESS than 65 years old**
 - gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** 3 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** 2 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
 - gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** at bedtime
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- Muscle Relaxant**
 - Patients GREATER THAN or EQUAL to 65 years old**
 - methocarbamol (ROBAXIN) IV followed by oral**
 - methocarbamol (ROBAXIN) IVPB Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours scheduled **Frequency Limit:** 3 Occurrences
 - methocarbamol (ROBAXIN) tablet Dose:** 500 mg **Route:** oral **Frequency:** every 6 hours scheduled **Frequency Limit:** 14 Days

cyclobenzaprine (FLEXERIL) tablet Dose: 5 mg Route: oral Frequency: every 12 hours scheduled
Frequency Limit: 3 Days

Patients LESS THAN 65 years old

methocarbamol (ROBAXIN) IV followed by oral

methocarbamol (ROBAXIN) IVPB Dose: 500 mg Route: intravenous Frequency: every 8 hours
scheduled Frequency Limit: 3 Occurrences

methocarbamol (ROBAXIN) tablet Dose: 500 mg Route: oral Frequency: every 6 hours
scheduled Frequency Limit: 14 Days

cyclobenzaprine (FLEXERIL) tablet Dose: 5 mg Route: oral Frequency: 3 times daily Frequency Limit:
7 Days

lidocaine (LIDODERM) patch

lidocaine (LIDODERM) 5 % Dose: 1 patch Route: transdermal Frequency: every 24 hours

Admin Instructions:

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

Product Admin Instructions:

Apply to affected area. Remove patch 12 hours after applying.

Opioids

Only for moderate to severe breakthrough pain

For moderate breakthrough pain (pain score 4-6)

oxyCODone (ROXICODONE) immediate release tablet Dose: 5 mg Route: oral Frequency: every 6
hours PRN PRN Comment: moderate pain (Non verbal CPOT or pain score 4-6) PRN Reasons: moderate
pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

traMADoL (ULTRAM)

traMADoL (ULTRAM) tablet - patients with cirrhosis Dose: 50 mg Route: oral Frequency:
every 12 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

traMADoL (ULTRAM) tablet Dose: 50 mg Route: oral Frequency: every 6 hours PRN PRN
Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

For severe breakthrough pain (pain score 7-10)

oxyCODone (ROXICODONE) IR - patients LESS than 65 years old Dose: 10 mg Route: oral
Frequency: every 6 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 - patients 65 years old and greater Dose: 5 mg Route: oral
Frequency: every 6 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.

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

traMADol (ULTRAM) tablet Dose: 100 mg Route: oral Frequency: every 6 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.

hydromorPHONE (DILAUDID) injection Dose: 0.2 mg Route: intravenous Frequency: every 3 hours PRN PRN Reasons: severe pain (score 7-10)

Admin Instructions:

IF unable to tolerate oral intake

Initiate ERAS

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

Post Procedure ERAS Initiation Frequency: Continuous Frequency Limit: 14 Days Priority: Routine

ERAS Postop Diet/Nutrition and Multimodal Pain Medications

ERAS Diet and Nutrition

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

ERAS Diet and Nutrition for Acute patients

Diet - Soft easy to digest Frequency: Diet effective now Phase of Care: Post-op Priority: Routine Comments: soft

Question(s):

Diet(s): Easy to digest (GERD)

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Chew Gum Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

Nursing communication Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: After extubation, perform bedside swallow evaluation.

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

Question(s):

Diet(s): Full Liquids

Advance Diet as Tolerated? Yes

Target Diet: GERD - Easy to Digest diet

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

ERAS Diet and Nutrition

Encourage early return to normal diet (hydration and nourishment); Start or advance diet based on patient's tolerance and disease state

ERAS Diet and Nutrition for Acute patients

IMPACT Advanced Recovery Frequency: Daily with meals **Phase of Care:** PACU & Post-op **Priority:** Routine
Comments: IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.

Question(s):

Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements: Impact AR
 Can/Bottle Supplements: Impact Advance Recovery
 Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements:
 Can/Bottle Supplements:
 Can/Bottle Supplements:
 Can/Bottle Supplements:

Encourage sips of IMPACT as tolerated Frequency: Until discontinued **Phase of Care:** PACU & Post-op
Priority: Routine **Comments:** Postop day 0 encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

Diet - Soft easy to digest Frequency: Diet effective now **Priority:** Routine **Comments:** soft

Question(s):

Diet(s): Easy to digest (GERD)
 Cultural/Special:
 Cultural/Special:
 Other Options:
 Other Options:
 Advance Diet as Tolerated?
 IDDSI Liquid Consistency:
 Fluid Restriction:
 Foods to Avoid:
 Foods to Avoid:

Consult to Nutrition Services Frequency: Once **Priority:** Routine

Question(s):

Reason For Consult? Other (Specify)
 Specify: ERAS Nutrition Screening
 Purpose/Topic: RD to perform nutrition screening and manage ERAS nutrition including post-op Impact formula as appropriate
 Reason for Consult?

Chew Gum Frequency: Until discontinued **Priority:** Routine **Comments:** Chew gum 3 times a day (for at least 30 minutes each time) beginning evening of POD # 0.

ERAS Diet and Nutrition for ICU patients

For patients LESS THAN 65 years old:

IMPACT Advanced Recovery Frequency: Daily with meals **Frequency Limit:** 5 Days **Start Date:** S+1 **Phase of Care:** PACU & Post-op **Priority:** Routine **Comments:** IMPACT Advanced Recovery. Drink 1 carton (6 oz/180 mL) by mouth 2 (two) times daily with meals starting postoperative day 1 for 15 doses. Contraindications: not for individuals with galactosemia deficiency, allergy to fish oil, congenital milk protein allergy, rare contraindications with intractable hyperkalemia. Suitable for these diets: lactose intolerance, gluten-free, kosher, halal.

Question(s):

Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements: Impact AR
 Can/Bottle Supplements: Impact Advance Recovery
 Can/Bottle Supplements: Impact Advanced Recovery
 Can/Bottle Supplements:
 Can/Bottle Supplements:
 Can/Bottle Supplements:

Encourage sips of IMPACT as tolerated Frequency: Until discontinued **Phase of Care:** PACU & Post-op
Priority: Routine **Comments:** After extubation, Postop day 0, encourage sips of IMPACT Advanced Recovery nutrition drink as tolerated.

Nursing communication Frequency: Until discontinued **Phase of Care:** PACU & Post-op **Priority:** Routine
Comments: After extubation, perform bedside swallow evaluation.

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

Diet - Full Liquids Frequency: Diet effective now Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Diet(s): Full Liquids
Advance Diet as Tolerated? Yes
Target Diet: GERD - Easy to Digest diet
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

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

Question(s):

Reason For Consult? Other (Specify)
Specify: ERAS
Purpose/Topic: RD to manage ERAS nutrition including post-op Impact formula as appropriate
Reason for Consult?

ERAS Multimodal Pain Medications

Goal of ERAS multimodal pain management is to preemptively manage and control postoperative pain and reduce opioid use. Select a combination of scheduled around the clock non-opioid analgesic medications and use opioid only for moderate to severe breakthrough pain (pain score 4-10)

acetaminophen (TYLENOL)

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

Acetaminophen oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN

PRN Reasons: mild pain (score 1-3)

fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN

Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN

PRN Reasons: mild pain (score 1-3)

fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 IV followed by oral

acetaminophen (OFIRMEV) IV Dose: 1000 mg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

Allowance for Patient Preference:

Admin Instructions:

IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.

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)

Acetaminophen oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3)

fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 oral, per tube or rectal panel

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

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)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

acetaminophen (TYLENOL) suppository Dose: 650 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3) fever

Admin Instructions:

Utilize this order to administer acetaminophen suppository if patient cannot use oral tablet or liquid formulation.

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 (OFIRMEV) IV (RESTRICTED) - for patients that cannot tolerate oral/enteral/rectal Dose: 1000 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 3 Occurrences **Phase of Care:** PACU & Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

Allowance for Patient Preference:

Admin Instructions:

IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.

Product Admin Instructions:

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

Nonsteroidal Anti-inflammatory Drug (NSAID)

Select Ketorolac(TORADOL) IV and one oral NSAID to follow IV dose OR select one oral NSAID unless contraindicated; Do not give to patients with Stage IV - V CKD or AKI; increases risk of GI bleeding

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

ketorolac (TORADOL) IV

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Then switch to oral NSAID

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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

Question(s):

Allowance for Patient Preference:

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.

Gabapentinoids

Consider pregabalin (LYRICA) only if unable to tolerate gabapentin (NEURONTIN)

Contact physician if somnolence or drowsiness persists; Need renal dose adjustment; Do not administer if CrCl < 15 mL/min; Give with caution to patients 65 years of age and older

HM IP MEDICATIONS PREGABALIN ERAS

Pregabalin for patients GREATER than 65 years old

pregabalin (LYRICA) capsule 25 mg (CrCl greater than or equal to 60 mL/min) Dose: 25 mg Route: oral Frequency: 3 times daily Frequency Limit: 5 Days

Admin Instructions:

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

pregabalin (LYRICA) capsule 25 mg (CrCl 30-59 mL/min) Dose: 25 mg Route: oral Frequency: 2 times daily Frequency Limit: 5 Days

Admin Instructions:

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

- pregabalin (LYRICA) capsule 25 mg (CrCl 15-29 mL/min) Dose:** 25 mg **Route:** oral **Frequency:** at bedtime **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- Pregabalin for patients LESS than 65 years old**
- pregabalin (LYRICA) capsule 50 mg (CrCl greater than or equal to 60 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** 3 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- pregabalin (LYRICA) capsule 50 mg (CrCl 30-59 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** 2 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- pregabalin (LYRICA) capsule 50 mg (CrCl 15-29 mL/min) Dose:** 50 mg **Route:** oral **Frequency:** at bedtime
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- HM IP GABAPENTIN POSTOP ACUTE ERAS**
- Gabapentin for patients GREATER than 65 years old**
- gabapentin (NEURONTIN) capsule 100 mg (CrCl greater than or equal to 60 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** 3 times daily **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- gabapentin (NEURONTIN) capsule 100 mg (CrCl 30-59 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- gabapentin (NEURONTIN) capsule 100 mg (CrCl 15-29 mL/min) Dose:** 100 mg **Route:** oral **Frequency:** at bedtime **Frequency Limit:** 5 Days
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- Gabapentin for patients LESS than 65 years old**
- gabapentin (NEURONTIN) capsule 300 mg (CrCl greater than or equal to 60 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** 3 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- gabapentin (NEURONTIN) capsule 300 mg (CrCl 30-59 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** 2 times daily
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- gabapentin (NEURONTIN) capsule 300 mg (CrCl 15-29 mL/min) Dose:** 300 mg **Route:** oral **Frequency:** at bedtime
Admin Instructions:
Contact physician if somnolence or drowsiness persists; Do not administer if CrCl <15 mL/min
- Muscle Relaxant**
- Patients GREATER THAN or EQUAL to 65 years old**
- methocarbamol (ROBAXIN) IV followed by oral**
- methocarbamol (ROBAXIN) IVPB Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours scheduled **Frequency Limit:** 3 Occurrences
- methocarbamol (ROBAXIN) tablet Dose:** 500 mg **Route:** oral **Frequency:** every 6 hours scheduled **Frequency Limit:** 14 Days

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

cyclobenzaprine (FLEXERIL) tablet Dose: 5 mg Route: oral Frequency: every 12 hours scheduled
Frequency Limit: 3 Days

Patients LESS THAN 65 years old

methocarbamol (ROBAXIN) IV followed by oral

methocarbamol (ROBAXIN) IVPB Dose: 500 mg Route: intravenous Frequency: every 8 hours
scheduled Frequency Limit: 3 Occurrences

methocarbamol (ROBAXIN) tablet Dose: 500 mg Route: oral Frequency: every 6 hours
scheduled Frequency Limit: 14 Days

cyclobenzaprine (FLEXERIL) tablet Dose: 5 mg Route: oral Frequency: 3 times daily Frequency Limit:
7 Days

lidocaine (LIDODERM) patch

lidocaine (LIDODERM) 5 % Dose: 1 patch Route: transdermal Frequency: every 24 hours

Admin Instructions:

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

Product Admin Instructions:

Apply to affected area. Remove patch 12 hours after applying.

Opioids

Only for moderate to severe breakthrough pain

For moderate breakthrough pain (pain score 4-6)

oxyCODone (ROXICODONE) immediate release tablet Dose: 5 mg Route: oral Frequency: every 6
hours PRN PRN Comment: moderate pain (Non verbal CPOT or pain score 4-6) PRN Reasons: moderate
pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

traMADoL (ULTRAM)

traMADoL (ULTRAM) tablet - patients with cirrhosis Dose: 50 mg Route: oral Frequency:
every 12 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

traMADoL (ULTRAM) tablet Dose: 50 mg Route: oral Frequency: every 6 hours PRN PRN
Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

For severe breakthrough pain (pain score 7-10)

oxyCODone (ROXICODONE) IR - patients LESS than 65 years old Dose: 10 mg Route: oral
Frequency: every 6 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 - patients 65 years old and greater Dose: 5 mg Route: oral
Frequency: every 6 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.

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

traMADol (ULTRAM) tablet Dose: 100 mg Route: oral Frequency: every 6 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.

hydromorPHONE (DILAUDID) injection Dose: 0.2 mg Route: intravenous Frequency: every 3 hours PRN PRN Reasons: severe pain (score 7-10)

Admin Instructions:

IF unable to tolerate oral intake

General

Common Present on Admission Diagnosis

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

Elective Outpatient, Observation, or Admission

- Elective outpatient procedure: Discharge following routine recovery** Frequency: Continuous Phase of Care: PACU & Post-op Priority: Routine

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

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:

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

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

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.

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 Per Unit Protocol Frequency: Per unit protocol **Phase of Care:** Post-op **Priority:** Routine

Telemetry

Telemetry monitoring Frequency: Continuous **Frequency Limit:** 48 Hours **Priority:** Routine

Question(s):

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Telemetry additional setup information Frequency: Continuous **Frequency Limit:** 48 Hours **Priority:** Routine

Question(s):

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

Activity

Activity as tolerated Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Specify: Activity as tolerated

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

Head of bed 30 degrees Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: If not contraindicated

Question(s):
Head of bed: 30 degrees

Bed rest Frequency: Until discontinued Frequency Limit: 24 Hours Phase of Care: Post-op Priority: Routine Comments: Evening of surgery

Question(s):
Bathroom Privileges:

Up in chair for meals Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Question(s):
Specify: Up in chair
Additional modifier: for meals

Ambulate POD 1 Frequency: 3 times daily Start Date: S+1 Phase of Care: Post-op Priority: Routine

Question(s):
Specify: in hall with assistance

Nursing Care

Measure drainage Frequency: Every 8 hours Phase of Care: Post-op Priority: Routine Comments: Record output from drain every 8 hours and as needed

Question(s):
Type of drain:

Intake and Output Frequency: Every 8 hours Phase of Care: Post-op Priority: Routine

Saline lock IV Frequency: Continuous Phase of Care: Post-op Priority: Routine Comments: When tolerating soft or regular diet

Bladder scan Frequency: As needed Phase of Care: Post-op Priority: Routine Comments: If patient does not void within 4 hours of urinary catheter removal, bladder scan and notify surgical team.

Tubes and Drain Care

Drain care Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Empty and record as it fills or Q12H if minimal output.

Question(s):

Drain 1:
Drain 2:
Drain 3:
Drain 4:
All Drains:

Remove Foley catheter Frequency: Once Phase of Care: Post-op Priority: Routine

Do not remove Foley Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Question(s):
Rationale:

Nasogastric tube insertion Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):
Type:

Nasogastric tube maintenance Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Question(s):
Tube Care Orders: To Low Intermittent Suction

Gastric tube maintenance Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Question(s):
Drainage:
Intervention:

Jejunostomy tube maintenance Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):
Drainage:
Intervention:

Incision/Wound Care

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

Question(s):

Waking hours only?
Nurse to schedule?
Special Instructions:

Surgical/incision site care Frequency: Daily Phase of Care: Post-op Priority: Routine Comments: Removed surgical dressing POD 2. After removal, wound, tube, and drain care every day and as needed. Notify MD/NP if any concern of erythema/drainage.

Question(s):

Location:
Site:
Apply:
Dressing Type:
Open to air?

Wound care orders Frequency: Every 12 hours Phase of Care: Post-op Priority: Routine

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.

Provide equipment / supplies at bedside Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Supplies:

Consult to Wound Ostomy Care Nurse Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?

Process Instructions:

This is NOT for PT Wound Care Consult order.

Notify

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

Question(s):

Systolic BP greater than: 160
Systolic BP less than: 110 90
MAP less than: 60 60.000
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 60
Respiratory rate greater than: 30 25
Respiratory rate less than: 10 8
SpO2 less than: 92
Temperature greater than: 100.5
Temperature less than:
Diastolic BP greater than: 100
Diastolic BP less than: 50

Notify Physician if urine output is less than: Frequency: Until discontinued Phase of Care: Post-op Priority: Routine
Comments: 30 milliliters/hour or less than 250 milliliters/8 hours

Notify Surgeon Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: And perform bladder scan if patient does not void within 4 hours of urinary catheter removal removal.

Notify Physician for Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Saturated surgical dressing, active bleeding, or change in condition

Education

Patient education- Activity Frequency: Once **Phase of Care:** Post-op **Priority:** Routine **Comments:** Review Patient Activity Guidelines with patient and family

Question(s):

Patient/Family: Both

Education for: Activity

Patient education- Wound/Incision Care Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Patient/Family: Both

Education for: Other (specify)

Specify: Wound/Incision Care

Patient education- Discharge Frequency: Once **Phase of Care:** Post-op **Priority:** Routine **Comments:** Review discharge instructions with patient and family and provide a copy to patient

Question(s):

Patient/Family: Both

Education for: Discharge

IV Fluids

Maintenance IV Fluids

dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Dose: 100 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

lactated Ringer's infusion Dose: 100 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

sodium chloride 0.9 % infusion Dose: 100 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion Dose: 100 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion Dose: 100 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

Medications

Antibiotics

piperacillin-tazobactam (ZOSYN) IV Dose: 3.375 g **Route:** intravenous **Frequency:** every 6 hours **Frequency Limit:** 24 Hours **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:

Admin Instructions:

****EXTENDED INFUSION**** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

IV Vancomycin - Medical/Surgical Prophylaxis

Medical Prophylaxis - 24 hours Dose: 15 mg/kg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT

Question(s):

Indication: Medical Prophylaxis

Medical Prophylaxis: The maximum duration of therapy that can be entered at this time is 56 days. Order can be renewed if required at that time.

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min

Medical Prophylaxis - 72 hours Dose: 15 mg/kg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 72 Hours **Priority:** STAT

Question(s):

Indication: Medical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min

Vancomycin IV

Patient Weight	Vancomycin Dose
<80 kg	1 g
80-100 kg	1.5 g
>100 kg	2 g

*Maximum pre-op dose 2 g

Weight < 80 kg

Weight < 80 kg Dose: 1 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Weight 80-100 kg

Weight 80-100 kg Dose: 1.5 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Weight >100 KG

Weight >100 kg Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Post-Operative Surgical Prophylaxis - 1 Dose Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Pharmacy to automatically adjust dose based on pre-operative administration and renal function

Post-Operative Surgical Prophylaxis - 24 hours Dose: 15 mg/kg Route: intravenous Frequency: every 12 hours Frequency Limit: 24 Hours Phase of Care: Post-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Pharmacy to automatically adjust dose based on pre-operative administration and renal function

meropenem (MERREM) IV Dose: 500 mg Route: intravenous Frequency: every 6 hours Frequency Limit: 24 Hours

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:

Admin Instructions:

****EXTENDED INFUSION**** Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

fluconazole (DIFLUCAN) IV Dose: 200 mg Route: intravenous Frequency: daily Frequency Limit: 7 Days 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.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

Product Admin Instructions:

May cause QTc prolongation.

metronidazole (FLAGYL) Dose: 500 mg Route: intravenous Frequency: every 8 hours Frequency Limit: 7 Days Phase of Care: Post-op 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:

ciprofloxacin (CIPRO) IV Dose: 400 mg Route: intravenous Frequency: every 12 hours Frequency Limit: 7 Days 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:

Product Admin Instructions:

May cause QTc prolongation.

Stress Ulcer Prophylaxis

pantoprazole (PROTONIX) EC tablet Dose: 40 mg Route: oral Frequency: daily Phase of Care: Post-op

Question(s):

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

If nasogastric tube is placed.

pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection Dose: 40 mg Route: intravenous Frequency: daily Phase of Care: Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

If nasogastric tube is placed.

pantoprazole (PROTONIX) 2 mg/ml oral suspension Dose: 40 mg Route: oral Frequency: daily Phase of Care: Post-op

Question(s):

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

If nasogastric tube is placed.

omeprazole (PRILOSEC) suspension Dose: 20 mg Route: oral Frequency: daily Phase of Care: Post-op

Question(s):

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

Separate administration with all other oral medications by 1 hour.

Beta Blockers

labetalol (NORMODYNE) tablet Dose: 100 Frequency: 2 times daily Phase of Care: Post-op

Question(s):

BP & HR HOLD parameters for this order:

Contact Physician if:

labetalol (NORMODYNE,TRANDATE) injection Phase of Care: Post-op

Admin Instructions:

Administer if Systolic BP GREATER than ***

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

metoprolol tartrate (LOPRESSOR) tablet Dose: 25 mg Route: oral Frequency: 2 times daily Start Date: S+1 Phase of Care: Post-op

Question(s):

BP & HR HOLD parameters for this order: Hold Parameters requested

Contact Physician if:

Admin Instructions:

DO NOT administer if heart rate is less than 60; systolic blood pressure is less than 110; patient is on inotrope, vasopressor, has pacemaker

metoprolol (LOPRESSOR) 5 mg/5 mL injection Dose: 5 Phase of Care: Post-op

Question(s):

BP & HR HOLD parameters for this order:

Contact Physician if:

Admin Instructions:

Maximum total dose is 15 mg over a 10-15 minute period.

Antiemetics - HMMH, HMSJ, HMW, HMCCH HMTW Only

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)

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

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 - HMSL, HMWB, HMCY Only

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 - HMSTJ Only

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.

Bowel Care

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

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

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

magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER
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

Itching: For Patients GREATER than 77 years old

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

Itching: For Patients between 70-76 years old

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

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

hydroxyzine (ATARAX) tablet Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN
Reasons: itching

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily 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

Insomnia: Ramelteon For Patients GREATER than 70 years old

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

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

VTE Risk and Prophylaxis Tool (Required)

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

Anticoagulation Guide for COVID patients (<https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf>)

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required)
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

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

Moderate risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

High risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

High risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

MODERATE Risk of VTE - Surgical (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

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

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

Phase of Care: PACU & Post-op

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)

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

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 (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.

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)

- 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 **Phase of Care:** PACU & Post-op **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

Phase of Care: PACU & Post-op

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.

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

- 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)

- 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

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

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

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)

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

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)

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 Phase of Care: PACU & Post-op

aspirin (ECOTRIN) enteric coated tablet Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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:

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

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

Phase of Care: PACU & Post-op

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.

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

- 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
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):

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%20-%208.20.2021v15.pdf))

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required)
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

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

Moderate risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

High risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

High risk of VTE Frequency: Once Priority: Routine

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

MODERATE Risk of VTE - Surgical (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

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

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

Phase of Care: PACU & Post-op

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)

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

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 (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:

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

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

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 (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 **Phase of Care:** PACU & Post-op **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

Phase of Care: PACU & Post-op

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.

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

- 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)

- 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

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

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

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)

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

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)

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 Phase of Care: PACU & Post-op

aspirin (ECOTRIN) enteric coated tablet Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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

Phase of Care: PACU & Post-op

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):

Labs

Labs Today

- CBC with Platelet and Differential** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Prothrombin time with INR** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Basic metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium level** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

Phosphorus level Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatic function panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CBC with platelet and differential NOW AND IN 6 HOURS Frequency: Every 6 hours Start Date: S Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Labs Recurring x 7 Start POD 1

CBC with Platelet and Differential Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Basic metabolic panel Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatic function panel Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Labs Every Monday x 3

C-reactive protein Frequency: Every Monday Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prealbumin level Frequency: Every Monday Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Arterial Blood Gas

Arterial blood gas ONCE POD 1 Frequency: Once Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cardiology

Imaging

X-Ray

XR Chest 1 Vw Portable Frequency: 1 time imaging Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

XR Abdomen 1 Vw Portable Frequency: 1 time imaging Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Respiratory

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

Respiratory

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

Routine

Question(s):

Frequency of use: 10 times every hour

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

Oxygen therapy Frequency: Continuous Phase of Care: Post-op Priority: Routine

Question(s):

Initial Device: Nasal Cannula

Initial Rate in liters per minute: 2 Lpm

Titrate FiO2 to keep O2 Sat Above: 92%

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

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

Question(s):

Special Instructions:

Location of Wound?

Reason for PT?

Consult OT eval and treat Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for referral to Occupational Therapy (mark all that apply):

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for OT?

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

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 Speech Language Pathology Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for consult:

Reason for SLP?

Consult to Wound Ostomy Care nurse Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for consult:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Reason for Consult?

Process Instructions:

This is NOT for PT Wound Care Consult order.

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

Question(s):

Reason for Consult?

Reason for Consult?

Additional Orders