

Location: _____

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
- 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:

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

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

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:

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

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

Vitals

Vital signs - T/P/R/BP Frequency: Per unit protocol **Start Date:** S **Priority:** Routine **Comments:** per ICU postanesthesia protocol then unit protocol

Activity

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

Question(s):

Specify: Activity as tolerated

Nursing

Nursing communication Frequency: Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Post-op **Priority:** Routine
Comments: All orders to be cleared through Liver Attending or SICU Intensivist

Hemodynamic Monitoring Frequency: Every 4 hours **Phase of Care:** Post-op **Priority:** Routine **Comments:** If pulmonary arterial catheter in place, continuous pressure measurements per protocol: CO, SVR, PCWP

Question(s):

Measure:

Apply warming blanket Frequency: As needed **Phase of Care:** Post-op **Priority:** Routine **Comments:** as needed to raise body temperature to 98.6°F

Intake and output Frequency: Per unit protocol **Phase of Care:** Post-op **Priority:** Routine **Comments:** per ICU postanesthesia protocol then unit protocol

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

Weigh patient Frequency: Daily Phase of Care: Post-op Priority: Routine

Drain care Frequency: Every 6 hours Phase of Care: Post-op Priority: Routine Comments: Every 6 hours and as needed.

Label drains 1, 2, 3, etc.

Question(s):

Drain 1: Jackson Pratt

Specify location: Abdomen

Drainage/Suction: To Compression (Bulb) Suction

Drain 2:

Drain 3:

Drain 4:

All Drains:

Drain care Frequency: Every shift Phase of Care: Post-op Priority: Routine Comments: record output every shift

Question(s):

Drain 1: T-Tube

Specify location: Abdomen

Drainage/Suction: To Gravity

Drain 2:

Drain 3:

Drain 4:

All Drains:

Drain care Frequency: Every 12 hours PRN Phase of Care: Post-op Priority: Routine

Question(s):

Drain 1:

Drain 2:

Drain 3:

Drain 4:

All Drains:

Wound care instructions (free text) Frequency: Every 12 hours Phase of Care: Post-op Priority: Routine Comments: Every 12 hours and as needed. Remove surgical dressing on the morning of post operative day 2

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.

Nasogastric tube maintenance Frequency: Continuous Phase of Care: Post-op Priority: Routine Comments: to low intermittent wall suction

Question(s):

Tube Care Orders: To Low Intermittent Suction

Foley catheter care Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: to straight drainage with standard Foley care

Question(s):

Orders: Maintain to gravity

Head of bed 30 degrees Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

Question(s):

Head of bed: 30 degrees

Patient position: elevate LUE Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: If bypass used, elevate for 24 hours. No blood pressure cuff on left upper extremity.

Question(s):

Additional instructions: elevate extremity

Extremity: LUE

Position:

Notify

Physician communication order Frequency: Once Frequency Limit: 1 Occurrences Priority: STAT Comments:

Transplant Liver Surgery Service upon patient arrival to DSICU

Physician communication order Frequency: Once Frequency Limit: 1 Occurrences Priority: STAT Comments:

Transplant Hepatology Service upon patient arrival to DSICU

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

Notify Liver team for vitals: **Frequency:** Until discontinued **Priority:** Routine **Comments:** Active bleeding, any change in condition. Urine output less than 30 milliliters per hour.

Question(s):

Temperature greater than: 100.5

Systolic BP greater than: 160

Systolic BP less than: 90

Heart rate greater than (BPM): 110 100

Heart rate less than (BPM): 60

Temperature less than:

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 92

Diet

NPO **Frequency:** Diet effective now **Phase of Care:** Post-op **Priority:** Routine **Comments:** Give only specifically ordered medications

Question(s):NPO: Except meds

Pre-Operative fasting options:

Process Instructions:

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

Patient may have tube feeding **Frequency:** Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Initiate

IV Fluids**Peripheral IV Access**

Initiate and maintain IV

Insert peripheral IV **Frequency:** Once **Priority:** Routine

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

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

IV Fluids

dextrose 5%-0.45% sodium chloride infusion **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

sodium chloride 0.45 % infusion **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

sodium chloride 0.9 % infusion **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

IV Fluids

sodium chloride 0.45 % infusion **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

Medications

Hepatitis B Prophylaxis - Select ONLY for hepatitis B virus positive recipients (HBsAg+) OR hepatitis B core positive donors (anti-HBc+)

hepatitis B immune globulin (HEPAGAM B) + premeds

diphenhydramine (BENADRYL) tablet **Dose:** 25 mg **Route:** oral **Frequency:** every 24 hours **Frequency Limit:** 6

Occurrences **Phase of Care:** Post-op**Admin Instructions:**

To be given 60 minutes prior to hepatitis B immune globulin (HEPAGAM B).

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

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 24 hours Frequency Limit: 6

Occurrences Phase of Care: Post-op

Admin Instructions:

To be given 60 minutes prior to hepatitis B immune globulin (HEPAGAM B).

Product Admin Instructions:

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

hepatitis B immune globulin (HEPAGAM B) in sodium chloride 0.9 % 250 mL IVPB Dose: 10000 Units Route: intravenous Frequency: every 24 hours Frequency Limit: 6 Occurrences Phase of Care: Post-op

entecavir (BARACLUDE) or tenofovir (VIREAD) tablet doses

entecavir (BARACLUDE) tablet Dose: .5 Route: oral Frequency: daily Start Date: S+1

Question(s):

Indication: Surgical Prophylaxis

Admin Instructions:

Start dose on POD#1.

tenofovir disoproxil fumarate (VIREAD) tablet Dose: 300 mg Route: oral Frequency: daily Start Date: S+1

Question(s):

Indication: Surgical Prophylaxis

Admin Instructions:

Start dose on POD#1.

Steroids POD #1

methyIPREDNISolone IV (SOLU-MEDROL) and predniSONE oral taper

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 200 mg Route: intravenous Frequency: daily at 0600 Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0600 Phase of Care: Post-op

Admin Instructions:

On POD #1

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 160 mg Route: intravenous Frequency: daily at 0600 Frequency Limit: 1 Occurrences Start Date: S+2 Start Time: 0600 Phase of Care: Post-op

Admin Instructions:

On POD #2

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 120 mg Route: intravenous Frequency: daily at 0600 Frequency Limit: 1 Occurrences Start Date: S+3 Start Time: 0600 Phase of Care: Post-op

Admin Instructions:

On POD #3

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 80 mg Route: intravenous Frequency: daily at 0600 Frequency Limit: 1 Occurrences Start Date: S+4 Start Time: 0600 Phase of Care: Post-op

Admin Instructions:

On POD #4

methyIPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 40 mg Route: intravenous Frequency: daily at 0600 Frequency Limit: 1 Occurrences Start Date: S+5 Start Time: 0600 Phase of Care: Post-op

Admin Instructions:

On POD #5

predniSONE (DELTASONE) tablet Dose: 20 mg Route: oral Frequency: daily Start Date: S+6 Start Time: 0900

Phase of Care: Post-op

Admin Instructions:

On POD #6

Product Admin Instructions:

Give with food or snacks.

Immunosuppressants

Immunosuppression Therapy: Option 1 - tacrolimus NG Tube and cyclosporine NG Tube

tacrolimus (PROGRAF) 0.5 mg/ml oral suspension Dose: .5 Route: Nasogastric Frequency: 2 times daily at 0600, 1800 (TIME CRITICAL) Phase of Care: Post-op

Admin Instructions:

Clamp Nasogastric tube times 1 hour. To be switched to oral when NG tube removed.

Product Admin Instructions:

May cause QTc prolongation.

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

cycloSPORINE (NEORAL) solution Dose: 100 Route: Nasogastric Frequency: 2 times daily at 0600, 1800 Phase of Care: Post-op
Admin Instructions:
Clamp Nasogastric tube times 1 hour. To be switched to oral when NG tube removed.

Immunosuppression Therapy: Option 2 - mycophenolate (CELLCEPT) NG Oral Solution

mycophenolate (CELLCEPT) suspension Dose: 500 mg Route: Nasogastric Frequency: 2 times daily at 0600, 1800
Admin Instructions:
To be switched to oral when NG tube removed.

mycophenolate (CELLCEPT) suspension Dose: 1000 mg Route: Nasogastric Frequency: 2 times daily at 0600, 1800
Admin Instructions:
To be switched to oral when NG tube removed.

Anti-Viral Prophylaxis

ganciclovir (CYTOVENE) Options

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr

PRN Reasons: line care

Admin Instructions:

For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr

PRN Reasons: line care

Admin Instructions:

For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr

PRN Reasons: line care

Admin Instructions:

For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr

PRN Reasons: line care

Admin Instructions:

For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB**Question(s):**

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

Indication:

 sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr**PRN Reasons:** line care**Admin Instructions:**

For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

 valGANCiclovir (VALCYTE) 50 mg/mL oral solution - Start POD #1 Dose: 450 mg Route: oral Frequency: daily Start Date: S+1 Phase of Care: Post-op**Question(s):**Indication: Surgical Prophylaxis

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

Pneumocystis Prophylaxis **sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension Dose: 20 mL Route: Nasogastric Frequency: 3 times weekly Start Date: S+3 Start Time: 0900 Phase of Care: Post-op****Question(s):**Indication: Surgical Prophylaxis **PCP SULFA ALLERGIC PENTAMIDINE OR ATOVAQUONE HMH PANEL** **If Sulfa Allergic: pentamidine nebulizer solution and albuterol nebulizer solution** **albuterol (PROVENTIL) nebulizer solution Dose: 2.5 mg Route: nebulization Frequency: Respiratory Therapy - Daily Frequency Limit: 1 Occurrences Start Date: S+3****Question(s):**Aerosol Delivery Device: Hand-Held Nebulizer**Admin Instructions:**

Give as premedication for pentamidine dose.

 pentamidine (PENTAM) 300 mg in water for injection, sterile (PF) 6 mL inhalation solution Route: nebulization Frequency: Respiratory Therapy - Daily Frequency Limit: 1 Occurrences Start Date: S+3**Admin Instructions:**

Administer on POD #3

Product Admin Instructions:

May cause QTc prolongation.

 atovaquone (MEPRON) suspension Dose: 1500 mg Route: oral Frequency: daily Start Date: S+3**Admin Instructions:**

Administer on POD #3

PostOp Antibiotic Prophylaxis - Select ONLY for patients NOT on antimicrobial therapy pre-transplant **piperacillin-tazobactam (ZOSYN) IV Dose: 3.375 g Frequency: every 8 hours Frequency Limit: 9 Occurrences Phase of Care: Post-op 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:****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. **ceFEPime (MAXIPIME) 1 g IV + metronIDAZOLE (FLAGYL) 500 mg IV** **ceFEPime (MAXIPIME) IV Dose: 1 g Route: intravenous Frequency: every 6 hours Priority: STAT****Question(s):**

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

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.

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

metroNIDAZOLE (FLAGYL) IV Dose: 500 mg **Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT

Question(s):

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

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

Indication:

If Beta Lactam Allergic: levofloxacin (LEVAQUIN) IV

levofloxacin (LEVAQUIN) IV solution Route: intravenous **Phase of Care:** Post-op **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.:

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

Product Admin Instructions:

May cause QTc prolongation.

sodium chloride 0.9% bag for line care

sodium chloride 0.9 % bag for line care Dose: .9 **Frequency:** PRN **PRN Reasons:** line care

Admin Instructions:

For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

Anti-Fungal Prophylaxis

Select one medication based on the following criteria:

If patient has Lab MELD LESS THAN or EQUAL to 21 select [nystatin \(MYCOSTATIN\)](#).If patient is in hospital GREATER THAN 48 hours or Lab MELD GREATER THAN 21 select [fluconazole \(DIFLUCAN\)](#).If patient is in ICU or Lab MELD GREATER THAN or EQUAL to 30 select [voriconazole \(VFEND\)](#).

nystatin (MYCOSTATIN) 100,000 unit/mL suspension Dose: 5 mL **Route:** oral **Frequency:** 4 times daily **Phase of Care:**

Post-op

Question(s):

Indication:

Admin Instructions:

Swish and swallow.

Product Admin Instructions:

Swish in mouth

fluconazole (DIFLUCAN) 40 mg/mL suspension Dose: 400 mg **Route:** oral **Frequency:** daily **Phase of Care:** Post-op

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.

voriconazole (VFEND) 200 mg/5 mL (40 mg/mL) suspension Dose: 200 mg **Route:** oral **Frequency:** 2 times daily at 0600, 1800 **Phase of Care:** Post-op

Question(s):

Indication:

Admin Instructions:

Hold tube feeds for 1 hour pre- and 1 hour post-administration

Product Admin Instructions:

May cause QTc prolongation.

Stress Ulcer Prophylaxis

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.

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

- 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.

Other Medications

- ursodiol (ACTIGALL) 60 mg/ml oral suspension** Dose: 300 mg Route: Nasogastric Frequency: 2 times daily Phase of Care: Post-op
- aspirin chewable tablet** Dose: 81 mg Route: oral Frequency: daily Phase of Care: Post-op
- aspirin tablet** Dose: 325 mg Route: oral Frequency: daily Phase of Care: Post-op
- bacitracin ointment** Dose: 500 Route: Topical Frequency: daily Phase of Care: Post-op

Admin Instructions:

Apply to ALL Stapled Wounds

PCA Medications - HMM, HMWB, HMSJ, HMTW Only

- hydromorPHONE PCA (DILAUDID) 15 mg/30 mL**

- hydromorPHONE (DILAUDID) 15 mg/30 mL PCA** Dose: .5 Route: intravenous Frequency: continuous Phase of Care: Post-op

Admin Instructions:

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

- Vital signs - T/P/R/BP** Frequency: Per unit protocol Priority: Routine Comments: - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change

- Pasero Opioid-induced Sedation Scale** Frequency: Once Priority: Routine

- Notify Physician (Specify)** Frequency: Until discontinued Priority: Routine Comments: - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy

- Stop the PCA pump and call ordering physician and/or CERT team for any of the following:** Frequency: Until discontinued Priority: Routine Comments: - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention

- naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg** Dose: 0.2 mg Frequency: once PRN Phase of Care: Post-op Priority: Routine PRN Comment: as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).

Admin Instructions:

Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

- fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL**

- fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA** Dose: 50 Route: intravenous Frequency: continuous Phase of Care: Post-op

Admin Instructions:

Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

- Vital signs - T/P/R/BP** Frequency: Per unit protocol Priority: Routine Comments: - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change

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

Pasero Opioid-induced Sedation Scale Frequency: Once **Priority:** Routine

Notify Physician (Specify) Frequency: Until discontinued **Priority:** Routine **Comments:** - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy

Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Frequency: Until discontinued **Priority:** Routine **Comments:** - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention

naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg Dose: 0.2 mg **Frequency:** once PRN **Phase of Care:** Post-op **Priority:** Routine **PRN Comment:** as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).

Admin Instructions:

Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

PCA Medications - HMSL, HMW, HMSTC, HMSTJ Only

hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

hydromorPHONE (DILAUDID) 15 mg/30 mL PCA Dose: .5 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

Admin Instructions:

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

Vital signs - T/P/R/BP Frequency: Per unit protocol **Priority:** Routine **Comments:** - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change

Pasero Opioid-induced Sedation Scale Frequency: Once **Priority:** Routine

Notify Physician (Specify) Frequency: Until discontinued **Priority:** Routine **Comments:** - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy

Stop the PCA pump and call ordering physician and/or CERT team for any of the following: Frequency: Until discontinued **Priority:** Routine **Comments:** - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention

naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg Dose: 0.2 mg **Frequency:** once PRN **Phase of Care:** Post-op **Priority:** Routine **PRN Comment:** as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).

Admin Instructions:

Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

fentaNYL PCA (SUBLIMAZE) 600 mcg/30 mL

fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA Dose: 20 **Route:** intravenous **Frequency:** continuous **Phase of Care:** Post-op

Admin Instructions:

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

Vital signs - T/P/R/BP Frequency: Per unit protocol **Priority:** Routine **Comments:** - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change

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

Richmond agitation sedation scale **Frequency:** Once **Priority:** Routine **Comments:** 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.

Question(s):

Hold infusion daily at:

Target RASS:

BIS Monitoring (Target BIS: 40-60):

Notify Physician (Specify) **Frequency:** Until discontinued **Priority:** Routine **Comments:** - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy

Stop the PCA pump and call ordering physician and/or CERT team for any of the following: **Frequency:** Until discontinued **Priority:** Routine **Comments:** - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention

naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg **Dose:** 0.2 mg **Frequency:** once PRN **Phase of Care:** Post-op **Priority:** STAT **PRN Comment:** as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).

Admin Instructions:

Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old

(adjust dose for renal/liver function and age)

acetaminophen-codeine (TYLENOL #3) tablet OR oral solution

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

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet **Dose:** 1 tablet **Route:** oral **Frequency:** every 6 hours

PRN **PRN Reasons:** moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution **Dose:** 12.5 mL **Route:** oral **Frequency:** every 6 hours

PRN **PRN Reasons:** moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet **Dose:** 1 tablet **Route:** oral **Frequency:** 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.

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution **Dose:** 10 mL **Route:** oral **Frequency:** every 6 hours **PRN PRN Reasons:** moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

Sign: _____ Printed Name: _____

Date/Time: _____

HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir

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

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution Dose: 15 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir

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

HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution Dose: 20 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient can not swallow tablet.

traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours Dose: 50 mg

Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

(Max Daily dose not to exceed 200 mg/day)

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old

(adjust dose for renal/liver function and age)

acetaminophen-codeine (TYLENOL #3) tablet OR oral solution

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

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution Dose: 12.5 mL Route: oral Frequency: every 6 hours

PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: 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.

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution Dose: 10 mL Route: oral Frequency: every 6

hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours Dose: 25 mg

Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

(Max Daily dose not to exceed 200 mg/day)

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old

(adjust dose for renal/liver function and age)

HYDROmorphine (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op

PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

morphine (MSIR) tablet Dose: 15 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons:

severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Do not crush, split, or chew.

oxyCODONE (ROXICODONE) immediate release tablet Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase

of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old

(adjust dose for renal/liver function and age)

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours

PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

HYDROmorphine (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

morphine (MSIR) tablet Dose: 15 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Do not crush, split, or chew.

oxyCODONE (ROXICODONE) immediate release tablet Dose: 5 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

Antiemetics (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN Phase of Care: Post-op 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 Phase of Care: Post-op 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.

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) Liquid (NG) or Capsule (Oral)

docusate (COLACE) liquid Dose: 100 mg Route: Nasogastric Frequency: 2 times daily

docusate sodium (COLACE) capsule Dose: 100 mg Route: oral Frequency: 2 times daily

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

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

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

VTE

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](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)
 - 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

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

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)**
 - 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@

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

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.

- 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**

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.

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 - 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
- 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**Laboratory 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
- Cytomegalovirus, quantitative PCR Frequency:** Every Monday **Frequency Limit:** 3 Occurrences **Phase of Care:** Post-op
Priority: Routine
Question(s):
Specimen Source:

Laboratory Stat Upon Arrival

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

- Basic metabolic panel** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Hepatic function panel** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Magnesium level** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Phosphorus level** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Ionized calcium** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
Deliver specimen immediately to the Core Laboratory.
- CBC with platelet and differential** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Prothrombin time with INR** Frequency: Once Phase of Care: Post-op Priority: STAT Specimen Type: Blood Maximum Quantity: 3
- Partial thromboplastin time** Frequency: Once Phase of Care: Post-op Priority: STAT 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.
- Arterial blood gas** Frequency: Once Phase of Care: Post-op Priority: STAT 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
- Fibrinogen** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Laboratory Daily AM x 3

- Basic metabolic panel** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatic function panel** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium level** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Phosphorus level** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Ionized calcium** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
Deliver specimen immediately to the Core Laboratory.
- LDH** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CBC with platelet and differential** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Prothrombin time with INR** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Partial thromboplastin time** Frequency: AM draw repeats Frequency Limit: 3 Days 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.
- Arterial blood gas** Frequency: AM draw repeats Frequency Limit: 3 Days Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: While intubated
- Fibrinogen** Frequency: AM draw repeats Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Laboratory Trough Level at 05:30 x 3

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

FK506 Tacrolimus level, random Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Start Time: 0530 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Trough level

Cyclosporine level, random Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Start Time: 0530 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Trough level

HLA Testing

HLA antibody screen - post transplant Frequency: Once Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Collect 1 Red Top tube (6 mL)

{HLAA Post Options:29256}

Microbiology

Urinalysis screen and microscopy, with reflex to culture Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT Specimen Type: Urine Comments: If temperature greater than 100.5 deg F

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

Specimen must be received in the laboratory within 2 hours of collection.

Sputum culture Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT Specimen Type: Sputum Comments: If temperature greater than 100.5 deg F

Blood culture, aerobic and anaerobic x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (<https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>)

Blood culture, aerobic & anaerobic Frequency: Once Priority: Routine Specimen Type: Blood Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood culture, aerobic & anaerobic Frequency: Once Priority: Routine Specimen Type: Blood Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Cytomegalovirus, quantitative PCR Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Comments: For temperature GREATER than 100.5 F

Question(s):

Specimen Source: Plasma

Epstein-Barr virus (EBV), quantitative PCR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Maximum Quantity: 3

Question(s):

Specimen Source: Plasma

Specimen Source:

IKNOW Viracor Frequency: Once Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: PostOp Day 0

Primary Ordering Comments:

MUST use sodium heparin tube with no gel only.

This order is a send-out and will have a longer turnaround time.

IKNOW Viracor Frequency: Once Start Date: S+7 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: PostOp Day 7

Primary Ordering Comments:

MUST use sodium heparin tube with no gel only.

This order is a send-out and will have a longer turnaround time.

Blood Bank

Nursing communication Frequency: Once Frequency Limit: 1 Occurrences Priority: STAT Comments: All blood products must be irradiated and leukocyte reduced.

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

Nursing communication Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Comments:** If donor and recipient are negative, blood products must be CMV negative.

Cardiology**Cardiology POD#2**

ECG 12 lead Frequency: Once **Frequency Limit:** 1 Occurrences **Start Date:** S+2 **Start Time:** 0600 **Phase of Care:** Post-op **Priority:** Routine **Maximum Quantity:** 6 **Comments:** AM

Question(s):

Clinical Indications: Post-Op Surgery

Interpreting Physician:

Imaging**Diagnostics X-Ray**

Chest 1 Vw Portable Frequency: 1 time imaging **Frequency Limit:** 1 Occurrences **Phase of Care:** Post-op **Priority:** STAT **Comments:** on arrival to unit; Notify surgeon to review Chest Xray to clear Hickman for use.

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 Chest 1 Vw Portable Frequency: Daily imaging **Frequency Limit:** 2 Days **Start Date:** S+1 **Phase of Care:** Post-op **Priority:** Routine **Comments:** AM x 2

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 Chest 1 Vw Portable Frequency: Conditional Frequency **Phase of Care:** Post-op **Priority:** STAT **Comments:** If temperature is greater than 100.5 degrees Fahrenheit

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 **Priority:** Routine

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****Respiratory Therapy**

Ventilator settings: Per SICU Intensivist Team Frequency: Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Post-op **Priority:** Routine

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

Question(s):

Initial Device: Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 90%

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)@

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

Question(s):

Frequency of use: Every hour. Start when extubated.

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

Comments: Start when extubated

Rehab**Consults**

For Physician Consult orders use sidebar

Consults

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

Consult to PT eval and treat Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine
Comments: Evaluate and treat for endurance and ambulation when patient awake and following commands

Question(s):

Special Instructions: Evaluate and treat for endurance and ambulation when patient awake and following commands

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

Process Instructions:

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

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

Consult to Nutrition Services Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine
Comments: Registered Dietitian

Question(s):

Reason For Consult? Other (Specify)

Specify: Nutritional Assessment

Purpose/Topic:

Reason for Consult?

Consult to Transplant Social Work Frequency: Once Phase of Care: Post-op Priority: Routine Comments: Phone
7134415451

Question(s):

Reason for Consult? Transplant Psychosocial Evaluation

Organ Transplant: Liver

Reason for Consult?

Additional Orders

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