Cardiac Catheterization Post Procedure - Inpatient (1554)

Version: 40 **Gen:** 10/16/2026

Location: _____

General

Elective Outpatient, Observation, or Admission

- ◯ **Elective outpatient procedure: Discharge following routine recovery** Continuous, Scheduling/ADT, Routine
- ◯ **Outpatient observation services under general supervision** Once, Scheduling/ADT, Routine
  Admitting Physician:
  Attending Provider:
  Patient Condition:
  Bed request comments:
- ◯ **Outpatient in a bed - extended recovery** Once, Scheduling/ADT, Routine
  Admitting Physician:
  Bed request comments:
- ◯ **Admit to Inpatient** Once, 1, Scheduling/ADT, Routine
  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.

Elective Outpatient, Observation, or Admission

- ◯ **Elective outpatient procedure: Discharge following routine recovery** Continuous, Scheduling/ADT, Routine
- ◯ **Outpatient observation services under general supervision** Once, Scheduling/ADT, Routine
  Admitting Physician:
  Attending Provider:
  Patient Condition:
  Bed request comments:
- ◯ **Outpatient in a bed - extended recovery** Once, Scheduling/ADT, Routine
  Admitting Physician:
  Bed request comments:
- ◯ **Admit to Inpatient** Once, 1, Scheduling/ADT, Routine
  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.

Isolation

- ☐ **Airborne isolation status**
  - ☑ **Airborne isolation status** Continuous, Routine
  - ☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.** Once, Routine
- ☐ **Contact isolation status** Continuous, Post-op, Routine
- ☐ **Droplet isolation status** Continuous, Post-op, Routine
- ☐ **Enteric isolation status** Continuous, Post-op, Routine

Precautions

- ☐ **Aspiration precautions** Continuous, Post-op, Routine
- ☐ **Fall precautions** Continuous, Post-op, Routine
  Increased observation level needed:
- ☐ **Latex precautions** Continuous, Post-op, Routine
- ☐ **Seizure precautions** Continuous, Post-op, Routine
  Increased observation level needed:

Nursing - Post Procedure

Femoral - Sheath Removal

- ☐ **Closure Devices**

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

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity** (Required)

☑ **Patient was treated with a closure device.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

☐ **Manual Pressure**

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal if systolic blood pressure is >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity Post Sheath Removal-Femoral Approach** (Required)

☑ **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

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

○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

☐ **Compression Systems**

○ **C-clamp** (Required)

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.

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

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Activity Post Sheath Removal-Femoral Approach** (Required)

☑ **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

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

- [x] **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
- [x] **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
- [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
  Site: ○ catheter site
- [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
  Pulses to assess: ○ Distal
  Side:
- [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
  Assessment to Perform:

○ **Femostop**

- [x] **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.
- [x] **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.
- [x] **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, capillary refill > 3 seconds, cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication.
- [x] **Follow Femostop manufacturer's guidelines in package insert.** Until discontinued, Post-op, Routine
- [x] **Activity Post Sheath Removal-Femoral Approach** (Required)
  - [x] **Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)
    - ○ **Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
    - ○ **Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
    - ○ **Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
    - ○ **Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.
- [x] **Patient Education Prior to Sheath Removal and Hospital Discharge**
  - [x] **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
    Patient/Family: ○ Patient
    Education for: ○ Other (specify) ○ Activity
    Specify: Patient education prior to post sheath removal.

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

- [x] **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
  Patient/Family: ○ Patient
  Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
  Specify: Patient education prior to discharge.

- [x] **Pre-Sheath Removal**
  - [x] **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.
  - [x] **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.
  - [x] **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.
  - [ ] **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.
  - [ ] **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.
  - [ ] **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

- [x] **Post-Sheath Removal**
  - [x] **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
  - [x] **Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
  - [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
    Site: ○ catheter site
  - [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
    Pulses to assess: ○ Distal
    Side:
  - [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
    Assessment to Perform:

Radial - Sheath Removal

- [ ] **Radial Compression Device** (Required)
  - [x] **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal if systolic blood pressure is >160mmHg.
  - [x] **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.
  - [x] **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

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

☑ **Place/Maintain Radial Compression Device** Continuous, Post-op, Routine, Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed.
Radial Band
Side: Bilateral
Select Sleeve(s):

☑ **Progressive cuff deflation** (Required)

○ **Diagnostic Procedures only** (Required)

☑ **30-60 minutes after Radial Compression Device applied** Until discontinued, Post-op, Routine, Begin deflating 1-3cc of air from cuff after 30-60 minutes from application. If no bleeding occurs from site, deflate 1-3cc of air from the Radial Compression Device every 5-15 minutes until all air is completely removed. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 15 minutes, then restart releasing 1-3cc of air every 5-15 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Monitor access site and extremity distal to puncture wound** Until discontinued, Post-op, Routine, every 15 minutes until Radial Compression Device is removed.

☑ **Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.** Until discontinued, Post-op, Routine, If any of these are present, notify the procedural Cardiologist.

○ **Interventional Procedures only** (Required)

☑ **2 hours after Radial Compression Device applied deflate 3cc** Until discontinued, Post-op, Routine, if no bleeding at site, deflate 1-3cc every 10-15 minutes until all air removed from cuff. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 30 minutes then restart releasing 1-3cc of air every 10-15 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Evaluate access site for bleeding as follows:** Until discontinued, Post-op, Routine, every 15 minutes x 4; every 30 minutes x2; and every hour x2.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.

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

- [ ] **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

- [x] **Radial Approach** (Required)

  - [x] **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

  - [x] **Peripheral vascular assessment - Monitor access site** Every 15 min, Post-op, Routine, Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed.

  - [x] **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.

  - [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
    Site: ○ catheter site

  - [x] **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.

  - [x] **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.

  - [x] **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, S, Post-op, Routine
    Specify: ○ Other activity (specify)
    Other: Patient may ambulate 30 minutes after arrival in recovery area.

  - [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
    Pulses to assess: ○ Distal
    Side:

  - [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
    Assessment to Perform:

- [ ] **Manual Pressure - without Radial Compression Device**

  - [x] **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.

  - [x] **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.

  - [x] **Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

  - [x] **Patient Education Prior to Sheath Removal and Hospital Discharge**

    - [x] **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
      Patient/Family: ○ Patient
      Education for: ○ Other (specify) ○ Activity
      Specify: Patient education prior to post sheath removal.

    - [x] **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
      Patient/Family: ○ Patient
      Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
      Specify: Patient education prior to discharge.

  - [x] **Pre-Sheath Removal**

    - [x] **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.

    - [x] **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

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

- [x] **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.
- [ ] **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.
- [ ] **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.
- [ ] **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

- [x] **Post-Sheath Removal**
  - [x] **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
  - [x] **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.
  - [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
    Site: ○ catheter site
  - [x] **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.
  - [x] **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.
  - [x] **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, Post-op, Routine
    Specify: ○ Other activity (specify)
    Other: Patient may ambulate 30 minutes after arrival in recovery area.
  - [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
    Pulses to assess: ○ Distal
    Side:
  - [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
    Assessment to Perform:

Pre-sheath(s) Removal Diet

- [ ] **Diet Clear Liquids** Diet effective now, Post-op, Routine, Until sheath(s) removed.
  Diet(s): ○ Clear Liquids
  Advance Diet as Tolerated? ○ No
  Cultural/Special:
  Cultural/Special:
  Other Options:
  Other Options:
  IDDSI Liquid Consistency:
  Fluid Restriction:
  Foods to Avoid:
  Foods to Avoid:

Diet - Post-sheath(s) Removal

- (●) **Diet - Clear Liquids** Diet effective now, Post-op, Routine
  Diet(s): ○ Clear Liquids
  Advance Diet as Tolerated? ○ Yes
  Target Diet: Heart Healthy
  Cultural/Special:
  Cultural/Special:
  Other Options:
  Other Options:
  IDDSI Liquid Consistency:
  Fluid Restriction:
  Foods to Avoid:
  Foods to Avoid:

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

◯ **Diet - Heart Healthy** Diet effective now, Post-op, Routine
Diet(s): ○ Heart Healthy
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

◯ **Diet - 1800 Kcal/202 gm Carbohydrate** Diet effective now, Post-op, Routine
Diet(s): ○ Consistent Carbohydrate
Consistent Carbohydrate: 1800 Kcal/202 gm Carbohydrate
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Diet - Post Sheath(s) Removal HMSJ

☐ **Diet - Regular** Diet effective now, Post-op, Routine
Diet(s): ○ Regular
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - 1800 Kcal / 202 gm Carbohydrate** Diet effective now, Post-op, Routine
Diet(s): ○ Consistent Carbohydrate
Consistent Carbohydrate: 1800 Kcal/202 gm Carbohydrate
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - Heart Healthy** Diet effective now, Post-op, Routine
Diet(s): ○ Heart Healthy
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - Finger Foods** Diet effective now, Post-op, Routine
Diet(s): ○ Additional Instructions
Additional Instructions: Finger Foods
Cultural/Special:
Cultural/Special:
Other Options:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Telemetry and IV

☐ **Telemetry**

☑ **Telemetry monitoring** Continuous, 48, Hours, Routine
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for baths? Yes
Can be off for transport and tests? Yes

☑ **Telemetry additional setup information** Continuous, 48, Hours, Routine
High Heart Rate (BPM): 130.000
Low Heart Rate(BPM): 50.000
High PVC's (per minute): 10.000

☐ **Saline lock IV** Continuous, Post-op, Routine

☐ **Maintain IV access** Until discontinued, Post-op, Routine

☐ **Discontinue IV** Once, Post-op, Routine

Hydration Protocol-Prevention of Contrast Induced Nephropathy

IV Fluids

☐ **sodium chloride 0.9 % infusion** 150 mL/hr, intravenous, continuous, 10, Hours, Post-op
Indication(s) for Once Reason:

☐ **Post-Procedure Hydration**

◉ **Inpatient**

○ **sodium chloride 0.9% infusion** 125 mL/hr, continuous
Indication(s) for Once Reason:

○ **sodium chloride 0.9% infusion** .9 , continuous
Indication(s) for Once Reason:

Medications

Mild Pain (Pain Score 1-3)

○ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 4 hours PRN, Post-op, mild pain (score 1-3)
Allowance for Patient Preference:
Indication(s) for Once Reason:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Moderate Pain (Pain Score 4-6)

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet** 1 tablet, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
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:
Give if patient is able to tolerate oral medication

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet** 1 tablet, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient is able to tolerate oral medication
Give if patient can receive oral tablet/capsule.

Severe Pain (Pain Score 7-10)

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

○ **morphine 2 mg/mL injection** 2 mg, intravenous, every 2 hour PRN, Post-op, severe pain (score 7-10)
Indication(s) for Once Reason:
Use if patient is unable to swallow or faster onset is needed

○ **fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 2 hour PRN, Post-op, severe pain (score 7-10)
Indication(s) for Once Reason:
Use if patient is unable to swallow or faster onset is needed

Nitrates

☐ **nitroglycerin infusion** intravenous, continuous, Post-op

☐ **isosorbide mononitrate (ISMO,MONOKET) tablet** 20 mg, oral, 2 times daily at 0900, 1600, Post-op
BP HOLD parameters for this order:
Contact Physician if:
Post-Op

☐ **isosorbide mononitrate (IMDUR) 24 hr tablet** 30 , oral, daily, Post-op
BP HOLD parameters for this order:
Contact Physician if:
Post-Op
Do not crush or chew.

☐ **nitroglycerin (NITRODUR) 24 hr patch** transdermal, daily, 12, Hours, Post-op
Post-Op

☐ **nitroglycerin (NITROSTAT) 2% ointment** 1 inch, Topical, every 6 hours scheduled, Post-op
Post-Op, Apply to chest wall

☐ **nitroglycerin (NITROSTAT) SL tablet** 0.4 mg, sublingual, every 5 min PRN, 3, Occurrences, Post-op, chest pain
Post-Op. Call provider after third dose.

Antiplatelet Agents

○ **Loading Dose Followed By Maintenance**

○ **clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet**

☑ **clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet**

☑ **clopidogrel (PLAVIX) Loading and Maintenance doses**

☑ **Loading Dose - clopidogrel (PLAVIX) tablet** 300 mg, oral, once, 1, Occurrences, Post-op
Loading Dose

☑ **Maintenance Dose - clopidogrel (PLAVIX) tablet** 75 mg, oral, daily, S+1, Post-op
Maintenance Dose

○ **ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet**

☑ **ticagrelor (BRILANTA) Oral Loading and Maintenance Doses**

☑ **ticagrelor (BRILINTA) tablet** 180 mg, oral, once, 1, Occurrences, Pre-op
Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
Is the patient receiving maintenance aspirin dose greater than 100 mg/day?

☑ **ticagrelor (BRILINTA) tablet** 90 mg, oral, 2 times daily, Pre-op
Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
Is the patient receiving maintenance aspirin dose greater than 100 mg/day?

☑ **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, S+1, Post-op

○ **prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet** (Required)

☑ **prasugrel (EFFIENT) Loading and Maintenance Doses**

Maintenance Dose Instructions:
Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)

☑ **prasugrel (EFFIENT) tablet** 60 mg, oral, once, 1, Occurrences, Pre-op
Does this patient have a history of transient ischemic attack (TIA) or stroke?
Is the patient's age 75 years or older?
Is the patient's weight less than 60 kilograms?

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

- [x] **prasugrel (EFFIENT) tablet** 10 mg, oral, daily, Pre-op
  Does this patient have a history of transient ischemic attack (TIA) or stroke?
  Is the patient's age 75 years or older?
  Is the patient's weight less than 60 kilograms?
- [x] **aspirin chewable tablet** 81 mg, oral, once, 1, Occurrences, S+1, Post-op
- [x] **Pharmacy Consult to educate patient on prasugrel (EFFIENT)** (Required)
  - [x] **Pharmacy Consult to educate patient on prasugrel (EFFIENT)** Once, 1, Occurrences, STAT
    Which drug do you need help dosing? ○ prasugrel (EFFIENT)
    Contact Number:

○ **Maintenance Doses Only**

○ **clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow**

- [x] **clopidogrel (PLAVIX) tablet** 75 mg, oral, daily, S+1, Post-op
- [x] **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, S+1, Post-op

○ **ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now**

- [x] **ticagrelor (BRILINTA) tablet** 90 mg, oral, 2 times daily, Post-op
  Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
  Is the patient receiving maintenance aspirin dose greater than 100 mg/day?
- [x] **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, S+1, Post-op

○ **prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow**

- [x] **prasugrel (EFFIENT) tablet** (Required)
  - [x] **prasugrel (EFFIENT) tablet** 5 , oral, daily
    Does this patient have a history of transient ischemic attack (TIA) or stroke?
    Is the patient's age 75 years or older?
    Is the patient's weight less than 60 kilograms?
- [x] **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, S+1, Post-op

Anti-hyperlipidemic Agents

○ **Moderate Intensity**

- ○ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op
- ○ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 20 mg, oral, nightly, Post-op
- ○ **rosuvastatin (CRESTOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op

○ **High Intensity**

- ○ **atorvastatin (LIPITOR) tablet - High Intensity** 40 mg, oral, nightly, Post-op
- ○ **atorvastatin (LIPITOR) tablet - High Intensity** 80 mg, oral, nightly, Post-op
- ○ **rosuvastatin (CRESTOR) tablet - High Intensity** 10 mg, oral, nightly, Post-op

ARB/ACE Inhibitors

- [ ] **captopril (CAPOTEN) tablet** 6.25 mg, oral, 3 times daily, Post-op
  BP HOLD parameters for this order:
  Contact Physician if:
  Hold for systolic blood pressure less than 90 millimeters of mercury
- [ ] **enalapril (VASOTEC) tablet** 2.5 mg, oral, 2 times daily, Post-op
  BP HOLD parameters for this order:
  Contact Physician if:
  Hold for systolic blood pressure less than 90 millimeters of mercury
- [ ] **enalaprilat (VASOTEC) injection** 2.5 mg, intravenous, Post-op
  BP HOLD parameters for this order:
  Contact Physician if:
- [ ] **lisinopril (PRINIVIL,ZESTRIL) tablet** 5 mg, oral, daily, Post-op
  BP HOLD parameters for this order:
  Contact Physician if:
  Hold for systolic blood pressure less than 90 millimeters of mercury

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

☐ **valsartan (DIOVAN) tablet** 160 mg, oral, 2 times daily, Post-op
BP HOLD parameters for this order:
Contact Physician if:

☐ **losartan (COZAAR) tablet** 25 mg, oral, daily, Post-op
BP HOLD parameters for this order:
Contact Physician if:
Hold for systolic blood pressure less than 90 millimeters of mercury

Anti-Anginal

☐ **ranolazine (RANEXA) 12 hr tablet** 500 , oral, 2 times daily, Post-op

Antiemetics

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Indication(s) for Once Reason:
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☑ **promethazine (PHENERGAN) IV or Oral or Rectal**

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
Indication(s) for Once Reason:
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

◉ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◉ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Anxiolytics

○ **LORazepam (ATIVAN) tablet** 0.5 mg, oral, every 4 hours PRN, Post-op, anxiety
Indication(s): ○ Anxiety

○ **ALPRAZolam (XANAX) tablet** 0.25 mg, oral, every 8 hours PRN, Post-op, anxiety
Indication(s): ○ Anxiety

For Sheath(s) Pull Only

☐ **atropine injection** 0.5 mg, intravenous, once PRN, Post-op, for heart rate LESS than 55 beats per minute

☐ **diazepam (VALIUM) injection** 1 mg, intravenous, once PRN, Post-op, sedation
Indication(s): Sedation
Indication:

☐ **MIDAZolam (VERSED) injection** 1 mg, intravenous, once PRN, Post-op, sedation
Indication(s): ○ Sedation

☐ **fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, once PRN, Post-op, sheath pull
Indication(s) for Once Reason:

☐ **morPHINE injection** 1 mg, intravenous, once PRN, Post-op, sheath pull
Indication(s) for Once Reason:

Insomnia: For Patients LESS than 70 years old

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

○ **zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep

○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

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

○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, Post-op, sleep

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

HM IP CARDIAC CATHETERIZATION POST PROCEDURE - OTHER

- [ ] **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily PRN, Post-op, constipation
- [ ] **magnesium hydroxide suspension** 30 mL, 4 times daily PRN, Post-op, indigestion

VTE

DVT Risk and Prophylaxis Tool (Required)

- ○ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, PACU & Post-op, Routine
  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
  Therapy for the following:
- ○ **LOW Risk of VTE** (Required)
  - [x] **Low Risk** (Required)
    - ◉ **Low risk of VTE** Once, Routine
      Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
- ○ **MODERATE Risk of VTE - Surgical** (Required)
  - [x] **Moderate Risk** (Required)
    - [x] **Moderate risk of VTE** Once, Routine
  - [x] **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)
    - ○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**
      - [x] **Contraindications exist for pharmacologic prophylaxis** Once, Routine
        No pharmacologic VTE prophylaxis due to the following contraindication(s):
      - [x] **Place/Maintain sequential compression device continuous** Continuous, Routine
        Side: Bilateral
        Select Sleeve(s):
    - ○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**
      - [x] **Contraindications exist for pharmacologic prophylaxis** Once, Routine
        No pharmacologic VTE prophylaxis due to the following contraindication(s):
      - [x] **Contraindications exist for mechanical prophylaxis** Once, Routine
        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**
  - [x] **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
    Indication(s):
    Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ○ **ENOXAPARIN SQ DAILY**

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

☑ **enoxaparin (LOVENOX) injection** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

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

- [x] **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)
  - [x] **Moderate Risk** (Required)
    - [x] **Moderate risk of VTE** Once, Routine
  - [x] **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)
    - ○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**
      - [x] **Contraindications exist for pharmacologic prophylaxis** Once, Routine
        No pharmacologic VTE prophylaxis due to the following contraindication(s):
      - [x] **Place/Maintain sequential compression device continuous** Continuous, Routine
        Side: Bilateral
        Select Sleeve(s):
    - ○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**
      - [x] **Contraindications exist for pharmacologic prophylaxis** Once, Routine
        No pharmacologic VTE prophylaxis due to the following contraindication(s):
      - [x] **Contraindications exist for mechanical prophylaxis** Once, Routine
        No mechanical VTE prophylaxis due to the following contraindication(s):
    - ○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

- ○ **ENOXAPARIN 30 MG DAILY**
  - [x] **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
    Indication(s):
    Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ○ **ENOXAPARIN SQ DAILY**
  - [x] **enoxaparin (LOVENOX) injection** subcutaneous, S+1
    Indication(s):
    Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

○ **heparin**

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

High Risk Bleeding Characteristics
Age ≥ 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** 5000 Units, every 12 hours scheduled
  - ○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
- ○ **Not high bleed risk**
  - ○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
  - ○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

- ○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

  Indication:

  Dose Selection Guidance:
- ○ **Medications**
  - ☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

    Indication:
  - ☐ **warfarin (COUMADIN) tablet** 1 , oral

    Indication:

    Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

- ○ **Contraindications exist for mechanical prophylaxis** Once, Routine

  No mechanical VTE prophylaxis due to the following contraindication(s):
- ◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

  Side: Bilateral

  Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

- ☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

- ○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

  No pharmacologic VTE prophylaxis due to the following contraindication(s):
- ○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (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** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

Sign:_____ **Printed Name:**_____

Date/Time:_____

- ○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
- ○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

- ○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:
Dose Selection Guidance:

- ○ **Medications**
  - ☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

    Indication:
  - ☐ **warfarin (COUMADIN) tablet** 1 , oral

    Indication:
    Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

- ○ **Contraindications exist for mechanical prophylaxis** Once, Routine

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

- ◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Non-Surgical** (Required)

☑ **High Risk** (Required)

- ☑ **High risk of VTE** Once, Routine

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

- ○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

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

- ○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

- ○ **ENOXAPARIN 30 MG DAILY**
  - ☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

    Indication(s):
    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** subcutaneous, S+1

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

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

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient** (Required)

Sign:_____ **Printed Name:**_____

Date/Time:_____

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **aspirin chewable tablet** 162 mg, daily, S+1

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

○ **heparin**

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

High Risk Bleeding Characteristics
Age ≥ 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** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **Rivaroxaban and Pharmacy Consult** (Required)

☑ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)
Indications: ○ VTE prophylaxis
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** Until discontinued, STAT
Indications: VTE prophylaxis

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

DVT Risk and Prophylaxis Tool

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

○ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, PACU & Post-op, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

○ **LOW Risk of VTE** (Required)

☑ **Low Risk** (Required)

◉ **Low risk of VTE** Once, Routine
Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae 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** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Contraindications exist for mechanical prophylaxis** Once, Routine
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** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

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

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

Sign:_____ **Printed Name:**_____

Date/Time:_____

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

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

○ **heparin**

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

High Risk Bleeding Characteristics
Age ≥ 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** 5000 Units, every 12 hours scheduled
  - ○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
- ○ **Not high bleed risk**
  - ○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
  - ○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

- ○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

  Indication:

  Dose Selection Guidance:
- ○ **Medications**
  - ☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

    Indication:
  - ☐ **warfarin (COUMADIN) tablet** 1 , oral

    Indication:

    Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

- ○ **Contraindications exist for mechanical prophylaxis** Once, Routine

  No mechanical VTE prophylaxis due to the following contraindication(s):
- ◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

  Side: Bilateral

  Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

- ☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

- ○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

  No pharmacologic VTE prophylaxis due to the following contraindication(s):
- ○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (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** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

Sign:_____ **Printed Name:**_____

Date/Time:_____

- ○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
- ○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Non-Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

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

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

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

○ **High Bleed Risk**

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

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

○ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient** (Required)

Sign:_____ **Printed Name:**_____

Date/Time:_____

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **aspirin chewable tablet** 162 mg, daily, S+1

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
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** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

○ **heparin**

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

High Risk Bleeding Characteristics
Age ≥ 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** 5000 Units, every 12 hours scheduled

○ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **Rivaroxaban and Pharmacy Consult** (Required)

☑ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)
Indications: ○ VTE prophylaxis
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** Until discontinued, STAT
Indications: VTE prophylaxis

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☑ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Other Studies

ECG

Sign:_____ **Printed Name:**_____

Date/Time:_____

☐ **ECG Pre/Post Op** Once, Post-op, Routine, 6
Clinical Indications: ○ Chest Pain
Interpreting Physician:

Consults

For Physician Consult orders use sidebar

Referral to Cardiac Rehabilitation Phase II HMSTJ ONLY (Required)

Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).

◉ **Referral to Cardiac Rehab Phase 2** Once
I am referring my patient to outpatient Cardiac Rehabilitation for: ○ Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation.
Patient's Phone Number:
Your physician has referred you to Cardiac Rehabilitation, a medically supervised program where you perform exercise and receive education to help improve heart health after cardiac events. The program is led by Exercise Physiologists and overseen by a Medical Director. Patients typically undergo a course of treatment that includes exercise in up to 36 one-hour sessions over 12 weeks.
Your first appointment is a one-hour evaluation with an Exercise Physiologist. They'll review your health history, walk you through the program, and answer any questions you have. From there, you'll complete a series of supervised exercise and education sessions tailored to your recovery. Throughout the program, our team monitors your heart rate, vital signs, and response to exercise, and provides guidance on medications, nutrition, and heart health.
To schedule your first appointment, a member of our team will reach out by phone, text, or MyChart. You can also schedule through MyChart or by calling Central Scheduling at 346-356-4444.
Houston Methodist Cardiac Rehabilitation Locations:
Houston Methodist Baytown Hospital, 4201 Garth Road, Plaza 1 Suite 290, Baytown TX 77521
Houston Methodist Clear Lake Hospital, MOB 4, 18123 Upper Bay Dr., Suite 110, Houston, TX 77058
Houston Methodist Cypress, 24518 Northwest Fwy. Medical Office Building 2, Suite 105 Cypress, TX 77429
Houston Methodist DeBakey Heart & Vascular Center, 6550 Fannin St., Smith Tower -Suite 631 Houston, TX 77030
Houston Methodist Sugar Land16605 SW Freeway, Suite 210, Sugar Land, TX 77479 Fax: 346.874.2051
Houston Methodist The Woodlands Hospital, 7990 State Highway 242, The Woodlands, TX 77385
Houston Methodist Comprehensive Care Center in Creekside 26424 Strake Dr. The Woodlands, TX 77389
Houston Methodist Continuing Care Hospital701 S. Fry Rd. Suite 215, Katy, TX 77450
Houston Methodist Willowbrook Hospital13802 Centerfield Drive, Suite 200, Houston, TX 77070

○ **The patient will not be referred to cardiac rehab due to:** Once, Post-op, Routine
The patient will not be referred to cardiac rehab due to:

Additional Orders

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