

Surg ERAS Spine (Lumbar fusion and Revisions) Preop [3081]**General****PreOp Orders**

- | | |
|--|--|
| <input type="checkbox"/> BLADDER SCAN | Routine, AS NEEDED, Starting today For Until specified
Instructions:
Catheter Type:
Catheter Size:
PREOP |
| <input type="checkbox"/> Start 1 18 gauge IV in pre-op. 2nd IV if lidocaine used (follow up with pharmacy) | Routine, ONCE, Starting today For 1 Occurrences
Procedure Name: Start 1 18 gauge IV in pre-op. 2nd IV if lidocaine used (follow up with pharmacy)
Instructions:
PREOP |
| <input type="checkbox"/> CARBOXYHEMOGLOBIN (CO), WHOLE BLOOD | LAB STAT ONCE, Starting today For 1 Occurrences
Normal, If prior history of tobacco use., PREOP |
| <input type="checkbox"/> GLUCOSE, POINT OF CARE - if Hgb A1C greater than 6 | Routine, LAB ONCE For 1 Occurrences, if Hgb A1C greater than 6, PREOP |
| <input type="checkbox"/> ECG | ONCE, Starting today For 1 Occurrences, ECG within 12 months on all spine patients., PREOP |

Medications**Antibiotic Prophylaxis - Orthopedic Surgery (Single Response)**

Additional intra-op doses may be necessary in patients with normal renal function and if surgery exceeds 3 hours (ampicillin-sulbactam, ceFAZolin) or 6 hours (cefoTETAN, clindamycin), or 8 hours (ciprofloxacin, metronidazole, vancomycin), or if significant blood loss. For recommendations in patients with renal impairment contact pharmacy. Note: some alternative regimens may not cover MRSA.

- | | |
|--|--|
| <input type="radio"/> Patient with no beta-lactam allergy - ceFAZolin | |
| <input type="checkbox"/> ceFAZolin 2g (patient less than 120kg) | |
| <input type="checkbox"/> CEFAZOLIN IV (ORDERABLE) | 2 g, Intravenous, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP |
| <input type="radio"/> Penicillin allergy alternative prophylaxis (Single Response) | |
| - Vancomycin 15 mg/kg (total body weight, rounded to nearest 250 mg, max 2000 mg). | |
| <input type="radio"/> CLINDAMYICIN IV | 600 mg, Intravenous, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP |
| <input type="radio"/> VANCOMYCIN IV | |
| - Vancomycin 15 mg/kg (total body weight, rounded to nearest 250 mg, max 2000 mg). | |
| <input type="checkbox"/> vancomycin 1,000 mg infusion (patient 51-65 kg) | |
| <input type="checkbox"/> VANCOMYCIN IV | 1,000 mg, Intravenous, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP |
| Gabapentin | |
| <input type="checkbox"/> Patient 70 years or younger only with no confusion and no renal insufficiency - gabapentin (NEURONTIN) oral | 300 mg, Oral, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP |

Tranexamic acid

TRANEXAMIC ACID INTERMITTENT INFUSION
ARTHROPLASTY

tranexamic acid infusion

tranexamic acid infusion

tranexamic acid (CYKLOKAPRON) tablet

"And" Linked Panel

1 g, for 30 Minutes, Intravenous, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP

1 g, for 30 Minutes, Intravenous, AS NEEDED, AT END OF PROCEDURE, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP

1,950 mg, Oral, ONCE, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP

Analgesics

acetaminophen (TYLENOL) tablet

1,000 mg, Oral, AS NEEDED, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, Routine, PREOP

Antacid

famotidine (PEPCID) injection

20 mg AS NEEDED, Intravenous, FOR OTHER, FOR SURGERY, Starting tomorrow at 6:00 AM, For 1 Doses, PREOP

Surg ERAS Spine (Lumbar Fusion and Revisions) Postop [3080]

General

Post-Op Admission (Single Response)

When to use Place in Extended Recovery:

Patient had an *outpatient surgical procedure* and requires additional time to recover on a nursing unit post procedure for a duration of time typically less than 23 hours - follow Med Reconciliation and complete Place in Extended Recovery order. This order creates/updates a bed request.

When to use Admit to Inpatient:

Patient does not already have an Admit to Inpatient order and meets inpatient criteria. They will be staying in the hospital for a length of stay greater than 2 midnights - follow Med Reconciliation and complete Admit to Inpatient order. This order creates/updates a bed request.

Place in Extended Recovery (on Nursing Unit)

Place in Extended Recovery (on Nursing Unit)

Service:

Level of Care:

Diagnosis:

Admitting Physician:

Special Bed Request:

Bed Request Comments:

When patient meets departmental or post procedure discharge criteria, enter the discharge order.

Routine, CONTINUOUS

Details

Details

Details

Routine, ONGOING

Indication for Telemetry Use:

May leave floor without monitor:

May shower without monitor:

Routine, RT-continuous, Starting today

Notify Physician for SpO2 less than:

Suicide Precautions

Contact Isolation

Droplet Isolation

Airborne Isolation

TMS Monitor

Pulse Oximetry, Continuous

Admit to Inpatient

Admit to Inpatient

Service:

Level of Care:

Diagnosis:

Admission Type:

Admitting Physician:

Special Bed Request:

Bed Request Comments:

Routine, CONTINUOUS

Details

Details

Details

Routine, ONGOING

Indication for Telemetry Use:

May leave floor without monitor:

May shower without monitor:

Routine, RT-continuous, Starting today

Notify Physician for SpO2 less than:

Suicide Precautions

Contact Isolation

Droplet Isolation

Airborne Isolation

TMS Monitor

Pulse Oximetry, Continuous

Code Status (Single Response)

- CODE STATUS, FULL CPR
- CODE STATUS, NO CPR

Vital Signs

- VITAL SIGNS

Diet

- Adult Diet

- Advance Diet as Tolerated with Adult Diet

- Adult Diet

- Advance Diet as Tolerated -

- NPO Diet

Activity

Decision Arrived By:

In a non-arrest state, permit intubation?

In a non-arrest state, permit vaso-active medications?

In a non-arrest state, permit antiarrhythmics?

In a non-arrest state, permit cardioversion?

Routine, ONGOING, Starting today For 1 Occurrences, Routine post-op vital signs

BP Instructions:

Temp Instructions:

POSTOP

Diet effective now, Starting today

Diet Consistency: Normal

Cardiac / Fat / Cholesterol:

Diabetes / Carbohydrate:

Renal/Protein:

Fluid Consistency:

Fluid Restriction:

GI Conditions:

Minerals:

Food Sensitivity:

Cultural:

Preferences:

Additional Restrictions:

Room Service Ind: Room Service

POSTOP

"And" Linked Panel

Diet effective now, Starting today

Diet Consistency:

Cardiac / Fat / Cholesterol:

Diabetes / Carbohydrate:

Renal/Protein:

Fluid Consistency:

Fluid Restriction:

GI Conditions:

Minerals:

Food Sensitivity:

Cultural:

Preferences:

Additional Restrictions:

Room Service Ind: Room Service

POSTOP

Until discontinued, Starting today

Goal Diet:

Diet effective now, Starting today

NPO:

POSTOP

PROGRESSIVE ACTIVITY

Routine, ONGOING, Starting today For 1 Occurrences, Out of bed on day of surgery Ambulate in hallway as tolerated.
 Advancement Exceptions:
 Activity Level:
 Position Restrictions:
 Head of Bed Elevation:
 Foot of Bed Elevation:
 Weight Bearing Status: Full
 Assistive Devices:
 Turn q2h:
 POSTOP

Nursing

PHYSICIAN TO NURSE - This is an Enhanced Recovery patient

Routine, ONCE For 1 Occurrences
 Procedure Name: This is an Enhanced Recovery patient
 Instructions:
 POSTOP

Urethral Catheter, insert and maintain

Routine, Until discontinued, Starting today For Until specified, POSTOP
 Select an indication for placement:
 Provider - select preference for removal:
 Discontinue catheter when Indications no longer met (no need to notify provider)

PHYSICIAN TO NURSE - d/c foley 24 hours on POD#1

Routine, ONCE For 1 Occurrences
 Procedure Name: Remove Foley after 24 hours POD 1
 Instructions:
 POSTOP

PHYSICIAN TO NURSE - D/C foley in PACU

Routine, ONCE For 1 Occurrences
 Procedure Name: D/C foley in PACU
 Instructions:
 POSTOP

PHYSICIAN TO NURSE - saline lock IV if tolerating clear liquids

Routine, ONCE, Starting today For 1 Occurrences
 Procedure Name: saline lock IV if tolerating clear liquids
 Instructions:
 POSTOP

INCENTIVE SPIROMETRY

Routine, EVERY 1 HOUR WHILE AWAKE, Starting today with First Occurrence As Scheduled For Until specified, Incentive Spirometry 10 x every 1 hour while awake
 Patient on Oxygen?
 Patient on IV?
 Enter Reason:
 POSTOP

JACKSON PRATT, MAINTAIN

Routine, CONTINUOUS
 Location:
 Empty/Recompress: q8h prn
 POSTOP

HEMOVAC, MAINTAIN

Routine, CONTINUOUS For Until specified
 Location:
 Suction/Gravity:
 Empty/Recompress: q8h prn
 POSTOP

<input type="checkbox"/> BACK BRACE	Routine, ONCE For 1 Occurrences Type: Duration: POSTOP
<input type="checkbox"/> NEUROVASCULAR ASSESSMENT - Every 1 hour	Routine, EVERY 1 HOUR For Until specified, POSTOP
<input type="checkbox"/> NEUROVASCULAR ASSESSMENT - Every 2 hours	Routine, EVERY 2 HOURS For Until specified, POSTOP
<input type="checkbox"/> NEUROVASCULAR ASSESSMENT - Every 4 hours	Routine, EVERY 4 HOURS For Until specified, POSTOP
<input type="checkbox"/> NEUROLOGICAL ASSESSMENT - Every 1 hour	Routine, EVERY 1 HOUR For Until specified Order Type: Physician order POSTOP
<input type="checkbox"/> NEUROLOGICAL ASSESSMENT - Every 2 hours	Routine, EVERY 2 HOURS For Until specified Order Type: Physician order POSTOP
<input type="checkbox"/> NEUROLOGICAL ASSESSMENT - Every 4 hours	Routine, EVERY 4 HOURS For Until specified Order Type: Physician order POSTOP
<input type="checkbox"/> INCISION CARE	Routine, EVERY 8 HOURS For Until specified, Assess dressing/incision every shift Location: Incision Site: Cleansing Solution: Packing: Type of Care: Type of Dressing: POSTOP
<input checked="" type="checkbox"/> SPINAL RECONSTRUCTION PRECAUTIONS	Routine, CONTINUOUS, POSTOP
<input type="checkbox"/> SPINAL INJURY PRECAUTIONS	Routine, CONTINUOUS, POSTOP
<input type="checkbox"/> HYGIENE CARE	Routine, DAILY, May shower on {POD:17120} Bath Type: Shower POSTOP
Laboratory	
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB EVERY MORNING For 3 Occurrences Normal, POSTOP
<input type="checkbox"/> GLUCOSE, POINT OF CARE - if HgA1C >6 POD #1 and #2	Routine, INTENSIVE INSULIN THERAPY, Starting today For 6 Weeks, Check blood sugar if HgA1C >6 POD #1 and #2, POSTOP
Physician Consults	
<input type="checkbox"/> CONSULT TO PHYSICIAN - Internal Medicine	Referral Specialty - Internal Medicine, Routine, POSTOP
Ancillary Consults	
<input type="checkbox"/> OT EVAL/TREATMENT	Routine, Please initiate Physical and Occupational Therapy per Pathway protocol, POSTOP
<input type="checkbox"/> PT EVAL/TREATMENT	Routine, Please initiate Physical and Occupational Therapy per Pathway protocol, POSTOP
Medications	
INTRAVENOUS SOLUTIONS	
<input type="checkbox"/> sodium chloride infusion 0.9 % (MAINTENANCE)	Intravenous, CONTINUOUS, For 240 Days, Routine, POSTOP
<input type="checkbox"/> dextrose 5 % in 0.45 % NaCl infusion	Intravenous, CONTINUOUS, For 240 Days, Routine, POSTOP

- lactated ringers infusion Intravenous, CONTINUOUS, For 240 Days, Routine, POSTOP

Antibiotic Prophylaxis - Orthopedic Surgery (Single Response)

Additional intra-op doses may be necessary in patients with normal renal function and if surgery exceeds 3 hours (ampicillin-sulbactam, ceFAZolin) or 6 hours (cefoTETAN, clindamycin), or 8 hours (metronidazole, vancomycin), or if significant blood loss. For recommendations in patients with renal impairment contact pharmacy. Note: some alternative regimens may not cover MRSA.

- Patients with no beta-lactam allergy - ceFAZolin
- ceFAZolin 2 g (patient less than 120 kg)
- cefazolin (ANCEF) IV 2 g, Intravenous, EVERY 8 HOURS, For 2 Doses, Routine, POSTOP
- Penicillin allergy alternative prophylaxis (Single Response)
- Vancomycin 15 mg/kg (total body weight, rounded to nearest 250 mg, max 2000 mg).
- CLINDAMYICN IV 600 mg, Intravenous, EVERY 8 HOURS, For 2 Doses, Routine, POSTOP
- VANCOMYCIN IV
- Vancomycin 15 mg/kg (total body weight, rounded to nearest 250 mg, max 2000 mg).
- vancomycin 1,000 mg infusion (patient 51-65 kg)
- VANCOMYCIN IV 1,000 mg, Intravenous, ONCE, For 1 Doses, Routine, POSTOP

Analgesics

- acetaminophen (TYLENOL) tablet 1,000 mg EVERY 6 HOURS, Oral, For 240 Days, POSTOP
- traMADol (ULTRAM) tablet 50 mg, Oral, EVERY 6 HOURS AS NEEDED, For 240 Days, Routine, POSTOP
- Norco/Percocet (Single Response)
- Per hospital policy, RN not to administer more than 4000 mg of acetaminophen during 24 hour period from all sources. RN will receive alert from oneChart if 4000 mg is going to be exceeded with a given dose.
- hydrocodone-acetaminophen (NORCO) tablet 5-325 mg 1 Tab, Oral, EVERY 6 HOURS AS NEEDED, FOR MODERATE PAIN, For 240 Days, Routine, POSTOP
- hydrocodone-acetaminophen (NORCO) tablet 10-325 mg 1 Tab, Oral, EVERY 6 HOURS AS NEEDED, FOR MODERATE PAIN, For 240 Days, Routine, POSTOP
- oxycodONE-acetaminophen (PERCOCET) tablet 5-325 MG 1 Tab, Oral, EVERY 6 HOURS AS NEEDED, FOR MODERATE PAIN, For 240 Days, Routine, POSTOP
- oxycodONE-acetaminophen (PERCOCET) tablet 10-325 MG 1 Tab, Oral, EVERY 6 HOURS AS NEEDED, FOR MODERATE PAIN, For 240 Days, Routine, POSTOP
- oxycodONE (ROXICODONE) tablet **"Or" Linked Panel**
- oxycodONE (ROXICODONE) tablet 5 mg, Oral, EVERY 4 HOURS AS NEEDED, FOR MODERATE PAIN, For 240 Days, Routine
- oxycodONE (ROXICODONE) tablet 10 mg, Oral, EVERY 4 HOURS AS NEEDED, FOR SEVERE PAIN, For 240 Days, Routine
- HYDRomorphONE (DILAUDID) 1 MG/ML injection 0.5 mg, Intravenous, EVERY 3 HOURS AS NEEDED, FOR BREAKTHROUGH PAIN, for severe breakthrough pain only after oral medications have been tried first., For 2 Days, Routine

ANTIEMETICS (Single Response)

- ondansetron (ZOFTRAN) injection 4 mg, Intravenous, EVERY 8 HOURS AS NEEDED, FOR NAUSEA/VOMITING, For 240 Days, Routine, POSTOP
- metoclopramide (REGLAN) injection 10 mg, Intravenous, EVERY 6 HOURS AS NEEDED, FOR NAUSEA/VOMITING, For 240 Days, Routine, POSTOP

BOWEL MANAGEMENT (Single Response)

Select individual medication(s) or choose a "BOWEL REGIMEN" option.

- INDIVIDUAL MEDICATIONS (Single Response)
- bisacoDYL (DULCOLAX) suppository 10 mg, Rectal, DAILY AS NEEDED, FOR CONSTIPATION, For 240 Days, Routine, POSTOP
- docusate (COLACE) capsule 100 mg, Oral, TWICE DAILY AS NEEDED, FOR CONSTIPATION, For 240 Days, Routine, POSTOP
- senna (SENOKOT) tablet 2 Tab, Oral, TWICE DAILY AS NEEDED, FOR CONSTIPATION, FO CONSTIPATION, For 240 Days, Routine, POSTOP
- MAGNESIUM HYDROXIDE 2400 MG/10ML PO SUSP 10 mL, Oral, DAILY AS NEEDED, FOR CONSTIPATION, For 240 Days, Routine, POSTOP
- psyllium (KONSYL) packet 1 Packet, Oral, DAILY AS NEEDED, FOR CONSTIPATION, For 240 Days, Routine, POSTOP
- BOWEL REGIMEN:Renal impaired, CrCl < 60 mL/min **"And" Linked Panel**
- docusate (COLACE) capsule 100 mg, Oral, TWICE DAILY, For 240 Days, Routine, POSTOP
- senna (SENOKOT) tablet 2 Tab, Oral, TWICE DAILY, For 240 Days, Routine, POSTOP
- polyethylene glycol 3350 (MIRALAX) powder 17 g, Oral, EVERY 4 HOURS AS NEEDED, FOR CONSTIPATION, For 3 Doses, Routine, POSTOP
- bisacoDYL (DULCOLAX) suppository 10 mg, Rectal, DAILY AS NEEDED, FOR CONSTIPATION, For 1 Doses, Routine, POSTOP
- BOWEL REGIMEN:Non-Renal impaired, CrCl >or equal to 60 mL/min **"And" Linked Panel**
- docusate (COLACE) capsule 100 mg, Oral, TWICE DAILY, For 240 Days, Routine, POSTOP
- senna (SENOKOT) tablet 2 Tab, Oral, TWICE DAILY, For 240 Days, Routine, POSTOP
- MAGNESIUM HYDROXIDE 2400 MG/10ML PO SUSP 10 mL, Oral, EVERY 4 HOURS AS NEEDED, FOR CONSTIPATION, For 3 Doses, Routine, POSTOP
- bisacoDYL (DULCOLAX) suppository 10 mg, Rectal, DAILY AS NEEDED, FOR CONSTIPATION, For 1 Doses, Routine, POSTOP

Other Medications

- gabapentin (NEURONTIN) oral 300 mg, Oral, EVERY 8 HOURS, For 72 Hours, Routine, POSTOP
- methocarbamol (ROBAXIN) tablet 750 mg, Oral, EVERY 6 HOURS, For 240 Days, Routine, POSTOP
- METHYLPREDNISOLONE IV (ORDERABLE) 125 mg, Intravenous, EVERY 12 HOURS, For 3 Doses, Routine, POSTOP

Adult Venous Thromboembolism (VTE) Prophylaxis**THROMBOSIS RISK FACTOR SCORING ASSESSMENT**

Thrombosis Risk Factor Scoring Assessment			
5	Total hip or knee replacement this admission or recent replacement within past month.	2	Patient confined to bed (> 72 hours)
5	Hip, pelvis, spine, or leg fracture (<1 month)	1	Surgery (Anesthesia <= 60 minutes)
5	History of stroke (< 1 month)	1	Age 41-60 years
5	Multiple trauma (< 1 month)	1	History of prior major surgery (< 1 month)
4	Undergoing circumferential abdominoplasty	1	Inflammatory Bowel Disease
3	History of DVT/PE	1	Central venous access (< 1 month)
3	Age over 75 years old	1	Obesity (BMI = 30-39)
3	Inherited or acquired hypercoagulable states (protein C or protein S deficiency, Factor V Leiden and prothrombin mutations, anticardiolipin antibody syndrome, hyperhomocysteinemia, myeloproliferative disorders)	1	Oral contraceptive, hormone replacement therapy, or Selective Estrogen Receptor Modulators (SERMs)
3	Obesity (BMI >= 50)	1	Pregnancy or post-partum < 1 month
3	Present cancer or chemotherapy	1	Significant varicose veins or current swollen legs (> 1 +)
2	Obesity (BMI = 40-49)	1	Acute myocardial infarction (< 1 month)
2	Age 61-75 years old	1	Congestive heart failure (< 1 month)
2	Immobilizing cast (< 1 month)	1	Sepsis (< 1 month)
2	Surgery (Anesthesia > 60 minutes)	1	Serious lung disease including COPD and abnormal pulmonary function
2	Previous malignancy	1	Pneumonia (< 1 month)

PHARMACOLOGICAL PROPHYLAXIS CONTRAINDICATIONS

PHARMACOLOGICAL PROPHYLAXIS CONTRAINDICATIONS		
Absolute Contraindications: <ul style="list-style-type: none"> • Bleeding (active) • Spinal or epidural anesthesia within 12 hours (Enoxaparin contraindicated only) • Coagulopathy • Concurrent anticoagulants/ concurrent thrombolytics 	Relative Contraindications: <ul style="list-style-type: none"> • Hemodialysis (Enoxaparin contraindicated only) • Intra-ocular or Intra-cranial surgery within prior 2 weeks • Thrombocytopenia • Pregnancy with anticipated delivery • Planned continuous epidural/spinal • Acute spinal cord injury <=72 hours • Uncontrolled hypertension • Planned invasive procedure within 24 hours acute hemorrhagic stroke 	Contraindications to Heparin Products: <ul style="list-style-type: none"> • Hypersensitivity to heparin or enoxaparin (Lovenox) • Heparin-induced Thrombocytopenia (HIT) – prophylaxis may be indicated but consider alternative agent <p>Use and timing of pharmacological prophylaxis in recent ocular surgery, acute spinal cord injury, intracranial surgery, trauma, elective spine surgery and spinal or epidural puncture should be assessed on an individual basis and is at the discretion of the physician.</p>

PHARMACOLOGICAL PROPHYLAXIS (Single Response)

- LOW Risk (0-1 Point) AMBULATORY PATIENT WITHOUT ADDITIONAL VTE RISK FACTORS - WBH
- AMB PT W/O ADDT'L VTE RISK FACTORS NO PHARMACOLOGIC PROPHYLAXIS INDICA Details

<input type="checkbox"/> VTE RISK FACTOR ASSESSMENT	VTE Risk Score: VTE Risk Level: Low risk (0-1 points)
<input checked="" type="radio"/> MODERATE - HIGH Risk (2 or more points) HEPARIN 5,000 UNITS EVERY 8 HOURS Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.	
<input type="checkbox"/> VTE RISK FACTOR ASSESSMENT	VTE Risk Score: VTE Risk Level: Moderate - High risk (2 or more points)
<input type="checkbox"/> heparin injection	5,000 Units, Subcutaneous, EVERY 8 HOURS, For 240 Days, Routine
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE IN AM For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days Normal
<input checked="" type="radio"/> MODERATE - HIGH Risk (2 or more points) HEPARIN 5,000 UNITS EVERY 12 HOURS (Neurosurgery, stroke, or high risk of bleeding) Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.	
<input type="checkbox"/> VTE RISK FACTOR ASSESSMENT	VTE Risk Score: VTE Risk Level: Moderate - High risk (2 or more points)
<input type="checkbox"/> heparin injection	5,000 Units, Subcutaneous, EVERY 12 HOURS, For 240 Days, Routine
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE, Starting today For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE IN AM For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days Normal
<input checked="" type="radio"/> MODERATE - HIGH Risk (2 or more points) ENOXAPARIN 40 MG EVERY 24 HOURS Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.	
<input type="checkbox"/> VTE RISK FACTOR ASSESSMENT	VTE Risk Score: VTE Risk Level: Moderate - High risk (2 or more points)
<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, Subcutaneous, EVERY 24 HOURS, For 240 Days, Routine
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	LAB ONCE IN AM For 1 Occurrences Normal
<input type="checkbox"/> COMPLETE BLOOD COUNT	EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days Normal

MODERATE - HIGH Risk (2 or more points)

ENOXAPARIN 30 MG EVERY 12 HOURS

(Trauma, Bariatrics, TKA)

Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level: Moderate - High risk (2 or more points)

enoxaparin (LOVENOX) injection

30 mg, Subcutaneous, EVERY 12 HOURS, For 240 Days, Routine

COMPLETE BLOOD COUNT

LAB ONCE, Starting today For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

LAB ONCE IN AM For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days

Normal

MODERATE - HIGH Risk (2 or more points)

RIVAROXABAN 10 MG EVERY 24 HOURS (HIP

REPLACEMENT ONLY - 35 DAYS)

Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level: Moderate - High risk (2 or more points)

rivaroxaban (XARELTO) tablet

10 mg, Oral, EVERY 24 HOURS, For 35 Days, Routine

COMPLETE BLOOD COUNT

LAB ONCE, Starting today For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

LAB ONCE IN AM For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days

Normal

MODERATE - HIGH Risk (2 or more points)

RIVAROXABAN 10 MG EVERY 24 HOURS

(KNEE REPLACEMENT ONLY - 12 DAYS)

Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level: Moderate - High risk (2 or more points)

rivaroxaban (XARELTO) tablet

10 mg, Oral, EVERY 24 HOURS, For 12 Days, Routine

COMPLETE BLOOD COUNT

LAB ONCE, Starting today For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

LAB ONCE IN AM For 1 Occurrences

Normal

COMPLETE BLOOD COUNT

EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days

Normal

MODERATE - HIGH Risk (2 or more Points)

ASPIRIN 325 mg EC EVERY 12 HOURS

(ORTHOPAEDICS ONLY - 28 DAYS)

Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level: Moderate - High risk (2 or more points)

aspirin (ECOTRIN) EC tablet

325 mg, Oral, EVERY 12 HOURS, For 28 Days, Routine

COMPLETE BLOOD COUNT

LAB ONCE, Starting today For 1 Occurrences Normal

COMPLETE BLOOD COUNT

LAB ONCE IN AM For 1 Occurrences Normal

COMPLETE BLOOD COUNT

EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days

Normal

ASPIRIN FOR VTE PROPHYLAXIS IN ORTHOPAEDIC SURGERY (QUAL. MEASURE)

Details

MODERATE - HIGH Risk (2 or more Points)

ASPIRIN 81 mg EC EVERY 12 HOURS (ORTHOPAEDICS ONLY - 28 DAYS)

Put a check mark next to the first COMPLETE BLOOD COUNT if a baseline complete blood count has not yet been obtained.

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level: Moderate - High risk (2 or more points)

aspirin (ECOTRIN) EC tablet

81 mg, Oral, EVERY 12 HOURS, For 28 Days, Routine

COMPLETE BLOOD COUNT

LAB ONCE, Starting today For 1 Occurrences Normal

COMPLETE BLOOD COUNT

LAB ONCE IN AM For 1 Occurrences Normal

COMPLETE BLOOD COUNT

EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM For 4 Days

Normal

ASPIRIN FOR VTE PROPHYLAXIS IN ORTHOPAEDIC SURGERY (QUAL. MEASURE)

Details

ALREADY ON ANTICOAGULATION OR THROMBOLYTICS, EXCLUDING ANTIPLATELETS

CONTRAINDICATIONS - VTE PHARMACOLOGICAL PROPHYLAXIS

Contraindications: Anticoagulation or thrombolytics (therapeutic and concurrent, excluding antiplatelets)

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level:

ON CLINICAL TRIAL, EXCLUDE FROM VTE CORE MEASURES

Details

CONTRAINDICATIONS - VTE PHARMACOLOGICAL PROPHYLAXIS

CONTRAINDICATIONS - VTE PHARMACOLOGICAL PROPHYLAXIS

Contraindications:

VTE RISK FACTOR ASSESSMENT

VTE Risk Score:

VTE Risk Level:

ON CLINICAL TRIAL, EXCLUDE FROM VTE CORE MEASURES

Details

- CONTRAINDICATION - ALLERGY TO HEPARIN PRODUCTS. VTE PROPHYLAXIS USING FONDAPARINUX

Put a check mark next to the first COMPLETE BLOOD COUNT if baseline complete blood count has not yet been obtained

- | | |
|--|--|
| <input type="checkbox"/> VTE RISK FACTOR ASSESSMENT | VTE Risk Score:
VTE Risk Level: Moderate - High risk (2 or more points) |
| <input type="checkbox"/> CONTRAINDICATIONS TO HEPARIN PRODUCTS - VTE PROPHYLAXIS | Contraindications to Heparin Products: |
| <input type="checkbox"/> Alternative agent: fondaparinux (ARIXTRA) injection (Avoid if CrCl less than 30 mL/min, body weight less than 50 kg, spinal/epidural anesthesia.) | 2.5 mg, Subcutaneous, DAILY, For 240 Days, Routine |
| <input type="checkbox"/> COMPLETE BLOOD COUNT | LAB ONCE, Starting today For 1 Occurrences
Normal |
| <input type="checkbox"/> COMPLETE BLOOD COUNT | LAB ONCE IN AM For 1 Occurrences
Normal |
| <input type="checkbox"/> COMPLETE BLOOD COUNT | EVERY OTHER DAY, Starting 11/15/19 at 6:00 AM
For 4 Days
Normal |

PHARMACOLOGICAL PROPHYLAXIS CONT'D - GP & TR (Single Response)

- warfarin (COUMADIN) per pharmacy dosing
- | | |
|--|--|
| <input type="checkbox"/> PROTINE INR | LAB ONCE For 1 Occurrences
Normal |
| <input type="checkbox"/> Pharmacy to dose warfarin | Warfarin indication: |
| <input type="checkbox"/> warfarin (COUMADIN) per pharmacy | Oral, PER ADMINISTRATION INSTRUCTIONS, For 240 Days, Routine |
| <input type="checkbox"/> warfarin (COUMADIN) tablet - select if prescribing first dose | Oral, For 240 Days, Routine |

MECHANICAL PROPHYLAXIS

(Beaumont Farmington Hills - Botsford Hospital: Foot pumps are not stocked and cannot be ordered.)

- | | |
|--|--|
| <input type="checkbox"/> MEDICAL PATIENT ON PHARMACOLOGIC PROPHYLAXIS - MECHANICAL PROPHYLAXIS NOT INDICATED | Details |
| <input type="checkbox"/> PNEUMATIC COMPRESSION DEVICE, CALVES - Bilateral | Routine, CONTINUOUS
Placement: Bilateral |
| <input type="checkbox"/> PNEUMATIC COMPRESSION DEVICE, CALVES | Routine, CONTINUOUS
Placement: |
| <input type="checkbox"/> FOOT PUMP, Bilateral | Routine, CONTINUOUS
Placement: Bilateral |
| <input type="checkbox"/> FOOT PUMP | Routine, CONTINUOUS
Placement: |
| <input type="checkbox"/> NO ORDERS FOR VENOUS THROMBOEMBOLIC MECHANICAL PROPHYLAXIS | Reason: |
| <input type="checkbox"/> LOW RISK AMBULATORY PATIENT, NO MECHANICAL PROPHYLAXIS INDICATED | Reason: Early ambulation - no mechanical prophylaxis indicated |