(place patient label here)

Patient
Name:_____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type:_____

7POSTOP CRANIOTOMY DISC ORDER - Dr. VanGilder   **Version 5 Approved 11/27/2018**
RX = CRANIOTOMY

Preferred Location: ICU
 Diagnosis:

Condition:

Vitals q 1 hr with Neuro checks
Activity: bed rest with HOB at 30 degrees
 Allergies:

Call M.D. if T > 38.5, Neuro changes
Clear liquids, advance as tolerated
I/O
IV :   D5NS with 20 mEq KCl/L at 100 ml/hr, heplock with good po
 Meds: ___   Cefazolin 1 gram IV q 8 hours x 24 hours
                    If PCN allergy, then Clindamycin 600mg IV q 8 hours x 24 hours
          ___   Morphine 3-6 mg IV q 3 hrs prn – severe pain
          ___   Colace 100 mg po BID
          ___   Dulcolax 10 mg pr daily prn - no BM
          ___   Keppra 500mg BID IV/PO when tolerating po
          ___   Keppra 1000mg BID IV/PO when tolerating po
          ___   Decadron 4 mg IV q 6 hr
          ___   Protonix 40 mg po daily
          ___   Percocet 5/325 mg 1-2 tab po q 4 hours prn – moderate pain
          ___   Zofran 4 mg IV q 4 hours prn - nausea/vomiting
          ___   Reglan 10 mg po/IV q 6 hours prn - nausea/vomiting

Labs: CBC, Chem 7 on arrival to PACU and POD #1

Check box if ordered:
     ☐ SCD   ☐ AVI   ☐ Thigh TEDS   ☐ Knee TEDs

Foley to gravity
-CT head in a.m.
-MRI head with and without in a.m.
A-line care

Initials_____

(place patient label here)

Patient Name:

_____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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> ➤ **Initial each page and Sign/Date/Time last page**

VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

☐ **LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
● *Order for all **LOW** risk patients **IF** not already ordered.*
  ☐ Ambulate 3 times a day

☐ **MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)

☐ **HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

☐ Prophylaxis already addressed post-operatively- See post-op orders

➤ **Pharmacological VTE Prophylaxis**

● *Order for **MODERATE** and **HIGH** risk patients unless contraindicated*

☐ No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS		
Absolute	**Relative**	
☐ Active hemorrhage or high risk for hemorrhage	☐ Craniotomy in last 2 weeks	☐ Active intracranial lesions/ neoplasms
☐ Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks	☐ Intracranial hemorrhage in 12 mos.	☐ Hypertensive emergency
	☐ Intraocular surgery in last 2 wks	☐ Post-op bleeding concerns
	☐ GI, GU hemorrhage in last 30 days	☐ Scheduled to return to OR in the next 24 hrs
	☐ Thrombocytopenia (< 50,000)	☐ Epidural catheters or spinal block
	☐ Coagulopathy (PT > 18 sec)	☐ End stage liver disease
OTHER:		

Medications
enoxaparin (LOVENOX)
  ☐ 40 milligram subcutaneously once a day
  ☐ 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min
heparin
  ☐ 5,000 unit subcutaneously every 12 hours
  ☐ 5,000 unit subcutaneously every 8 hours
● Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)
  fondaparinux (ARIXTRA)
  ☐ 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
  ☐ Other Medication: _____

Laboratory
  ☑ CBC without differential every 3 days IF pharmacological prophylaxis is ordered

➤ **Mechanical VTE Prophylaxis**

● *Order for **HIGH** risk patients and **MODERATE** risk patients without pharmacological prophylaxis*

☐ No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications		
☐ Bilateral lower extremity amputee	☐ Bilateral lower extremity trauma	☐ Other:_____

Intermittent pneumatic compression
  ☐ Sequential compression device (SCD)
  ☐ Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)
  ☐ knee high
  ☐ thigh high

Provider Signature:_____Date:_____Time:_____