

(place patient label here)

Patient

Name: _____



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: _____

TRANSFER ORDERS POSTOP

Version 4 Approved 1/7/2019

Diagnosis/Procedure: _____

Transfer to: _____

Special Call Orders: _____

VS: _____

I&O: _____ Foley: _____ NG: _____ JP: _____ CT: _____

Other: _____

Activity: _____

Diet: _____ Continue current:
_____ or: _____

IV'S: _____

*refer to Active/Current Medications - will require second signature

Lab: _____

X-ray: _____

Infection Control Info: _____

Therapy Orders: (indicate if applicable) EVAL and TREAT:

_____ Physical Therapy:

_____ Occupational Therapy:

_____ Speech Therapy:

_____ Pain Service:

Code Status: _____ Full Code _____ Limited DNR _____ DNR

O2: _____

Respiratory Treatments: _____

DME: _____

Initials _____

(place patient label here)
Patient Name: _____



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

Treatments:

Other/Additional Orders/Follow-up:

MEDICATIONS

- _____ Percocet 5/325 (Oxycodone 5 mg/acetaminophen 325 mg) 1 or 2 tablets
PO q 4 Hours PRN pain.
- _____ Percocet 7.5/325 (Oxycodone 7.5 mg/acetaminophen 325 mg) 1 or 2 tablets
PO q 4 Hours PRN pain.

- _____ Norco 5/325 (Hydrocodone 5mg/acetaminophen 325mg) 1 or 2 tablets PO q 4 Hours PRN pain
- _____ Norco 7.5/325 (Hydrocodone 7.5 mg/acetaminophen 325mg) 1 or 2 tablets PO q 4 Hours PRN pain

- _____ Tylenol 325mg (Acetaminophen) 1 or 2 tablets PO q 4 Hours PRN pain/headache
- _____ Motrin 800mg (Ibuprofen) 1 tablet PO q 8 Hours PRN pain.

- _____ Morphine 2mg IV push q4 hours PRN severe pain, break though pain

- _____ Reglan 10 mg IV q 4 H PRN nausea.
- _____ Zofran 4mg IV or sublingual q 4 H PRN nausea

Initials _____

(place patient label here)

Patient Name: _____



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

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

- Active hemorrhage or high risk for hemorrhage
- Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- Craniotomy in last 2 weeks
- Intracranial hemorrhage in 12 mos.
- Intraocular surgery in last 2 wks
- GI, GU hemorrhage in last 30 days
- Thrombocytopenia (< 50,000)
- Coagulopathy (PT > 18 sec)
- Active intracranial lesions/ neoplasms
- Hypertensive emergency
- Post-op bleeding concerns
- Scheduled to return to OR in the next 24 hrs
- Epidural catheters or spinal block
- 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: _____