## General

**Level of Care [195028]**

<table>
<thead>
<tr>
<th>Action</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit to Inpatient [ADT1]</td>
<td>Estimated length of stay:</td>
</tr>
<tr>
<td></td>
<td>Certification: I reasonably expect the patient will require inpatient</td>
</tr>
<tr>
<td></td>
<td>services that span a period of time over two-midnights. (See Rationale</td>
</tr>
<tr>
<td></td>
<td>Section in the order for options)</td>
</tr>
<tr>
<td></td>
<td>Additional documentation will be found in progress notes and admission</td>
</tr>
<tr>
<td></td>
<td>history and physical.</td>
</tr>
<tr>
<td></td>
<td>Must be completed by Physician for Inpatient Admissions:</td>
</tr>
<tr>
<td></td>
<td>Rationale for Inpatient Admission:</td>
</tr>
<tr>
<td></td>
<td>Plans for post hospital care: See Discharge Summary/Progress Note</td>
</tr>
<tr>
<td></td>
<td>Level of Care:</td>
</tr>
</tbody>
</table>

| Refer to Observation [ADT12]                | Diagnosis:                                                                 |
|                                             | Monitor for:                                                              |
|                                             | Notify provider when:                                                    |
|                                             | Level of Care:                                                           |

| Continue Outpatient Services (including    | Outpatient Options:                                                      |
| extended recovery) [NUR151]                | Diagnosis:                                                               |

### SAH, SCH, SFH, SJMC & Highline Code Status (Single Response) [217123]

<table>
<thead>
<tr>
<th>Code Status (Single Response)</th>
<th>This code status was determined by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full code [COD2]</td>
<td>Post-Procedure</td>
</tr>
</tbody>
</table>

**Provider’s Initial:**

---

**Pacemaker/Implantable Cardioverter-Defibrillator (ICD) Insertion, Post Procedure [30400519]**

If appropriate for patient condition, please consider the following order sets:
- Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity #683
- Over the Counter Patient Care Products #767

**Height**
**Weight**
**Allergies**
PATIENT INFORMATION

( ) Full treatment WITH intubation but WITHOUT ACLS [COD3]
This code status was determined by:
Post-Procedure,
- Initiate Code Blue for management of airway in the presence of a primary respiratory event
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]
This code status was determined by:
Post-Procedure,
- Do NOT initiate Code Blue
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated.

( ) Comfort Care [COD1]
This code status was determined by:
Post-Procedure,
1) Provider must complete comfort care orders #668
2) RN or designee to place a purple wristband on Patient
3) Do NOT initiate Code Blue
4) Do NOT transfer to higher level of care

Harrison Code Status (Single Response) [217124]

( ) Full code [COD2]
This code status was determined by:
Post-Procedure

( ) Full treatment WITH intubation but WITHOUT ACLS [COD3]
This code status was determined by:
Post-Procedure,
- Initiate Code Blue for management of airway in the presence of a primary respiratory event
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Full treatment WITHOUT intubation but WITH ACLS [COD9]
This code status was determined by:
Post-Procedure,
- Initiate Code Blue for management of cardiac arrhythmias in the presence of a primary cardiac event
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated

( ) Full treatment WITHOUT intubation and WITHOUT ACLS [COD4]
This code status was determined by:
Post-Procedure,
- Do NOT initiate Code Blue
- Therapeutic plan is otherwise unaltered
- Transfer to critical care if indicated.

Provider's Initial: ____________
COMFORT CARE [COD1]

This code status was determined by:
Post-Procedure,
1) Provider must complete comfort care orders #668
2) RN or designee to place a purple wristband on Patient
3) Do NOT initiate Code Blue
4) Do NOT transfer to higher level of care

VITAL SIGNS [129342]

[X] Frequent vital signs [NUR2069]

Indication: 
Q15 minutes x (# of occurrences): 4
Q30 minutes x (# of occurrences): 2
Q1 hour x (# of occurrences): 2
Q2 hours x (# of occurrences): 
Q4 hours x (# of occurrences): 
Then: Per unit routine
Post-Procedure, Until discontinued, Starting S

CARDIAC MONITORING [149575]

[ ] Cardiac monitoring [NUR436]

Routine, Until discontinued, Starting S, PACU only
(Anesthesia)

NOTIFY PROVIDER [129757]

[ ] Notify provider [NUR183]

Routine, Until discontinued, Starting S
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
Notify Provider: 1) /any Bleeding, hematoma formation, or change on skin color and/or temperature of incision site. 2) Any change or instability of vital signs and /or cardiac rhythm. 3) Any complaint of pain, especially pleuritic., Post-Procedure

ACTIVITY [127699]

[ ] Bed rest with bathroom privileges only [NUR25]

Routine, Until discontinued, Starting S, Post-Procedure

[ ] Head of bed elevated [NUR51]

Routine, Until discontinued, Starting S
Degrees: 30 degrees
Post-Procedure

PROVIDER'S INITIAL: ___________

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Pacemaker/Implantable Cardioverter-Defibrillator (ICD) Insertion, Post Procedure

[30400519]

(1/29/16)
May be out of bed in [NUR185]

Number of hours:
Post-Procedure

Nursing communication [NUR185]

Number of weeks:
Keep operative side elbow below shoulder height. May use arm sling/immobilizer as needed., Post-Procedure

Diet/Nutrition [127691]

Diet liquid [DIET42]

Diet effective now, Starting S
Diet:
Additional Modifiers:
Viscosity/Liquids:
Diet Comments:
Encourage oral fluids. Clear liquids for 2 hours post procedure then resume diet.
Post-Procedure

Diet General [DIET24]

Diet effective now, Starting S
Select/Nonselect:
Additional Modifiers:
Viscosity/Liquids:
Texture:
Fluid Restriction / day:
Supplement:
Diet Comments:
Post-Procedure

Diet Cardiac [DIET44]

Diet effective now, Starting S
Select/Nonselect:
Additional Modifiers: Low Fat
Viscosity/Liquids:
Texture:
Fluid Restriction / day:
Supplements:
Low cholesterol / salt.
Post-Procedure

Diet NPO [DIET41]

Diet effective now, Starting S
NPO Except:
Diet Comments:
Post-Procedure

Provider's Initial: √
|------------------------|-------------------------------------------------------------------------------------------------------------|

### Nursing Assessments [127723]

<table>
<thead>
<tr>
<th>[X] Intake and Output [NUR467]</th>
<th>Routine, Every shift, Per unit protocol., Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Daily weights [NUR450]</td>
<td>Routine, Daily, Per unit protocol., Post-Procedure</td>
</tr>
<tr>
<td>[ ] Monitor puncture site [NUR480]</td>
<td>Routine, Once, For hematoma, bleeding, pain, or decreased peripheral pulses, if femoral site present., Post-Procedure</td>
</tr>
</tbody>
</table>

### Nursing Interventions [127724]

<table>
<thead>
<tr>
<th>[ ] Keep operative side(s) leg straight [NUR185]</th>
<th>Routine, Until discontinued, Starting S Leg(s): If femoral site present, keep leg(s) straight until: Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Insert Foley catheter [NUR380]</td>
<td>Routine, As needed Type of Catheter: Insert as needed for inability to void or feelings of discomfort or distention. Initiate Medical Staff Approved Urinary Catheter Protocol, Post-Procedure</td>
</tr>
<tr>
<td>[X] Encourage cough and deep breathing [NUR351]</td>
<td>Routine, Until discontinued, Starting S, Post-Procedure</td>
</tr>
<tr>
<td>[X] Apply heat/cold [NUR810]</td>
<td>Routine, As needed Type: Ice to affected area For 24 hours. Do not exceed 8 hours of continuous use (remove for 30 minutes every 8 hours)., Post-Procedure</td>
</tr>
<tr>
<td>[ ] Nursing communication [NUR185]</td>
<td>Routine, Until discontinued, Starting S, Maintain pressure dressing to incision site., Post-Procedure</td>
</tr>
</tbody>
</table>

**Provider’s Initial:** __________
**Apply to affected side [NUR812]**

Routine, Once
Device: Sling
Type:
Extremity:
Extremity:
Length:
Post-Procedure

**Nursing communication [NUR185]**

Routine, Until discontinued, Starting S, Discharge after chest xray., Post-Procedure

**Respiratory Interventions [127745]**

**May use home CPAP equipment [NUR185]**

Routine, Until discontinued, Starting S,
1. Per CPAP - Patient Owned Medical Equipment Use site specific Protocol
2. Home medical equipment waiver must be signed by the patient.
3. Respiratory Therapy/Nursing to assess patient ability to self administer CPAP., Post-Procedure

**Labs**

**MRSA Protocol [122991]**

[X] **MRSA PCR Screen [LAB1747]**

REQUIRED

Once
Order contact precautions, if indicated and culture suspected infection per MRSA Screening Protocol., Post-Procedure

**Hematology [127748]**

**CBC, no diff (hemogram) [LAB294]**

Morning draw For 1 Occurrences, Post-Procedure

**Chemistry [127750]**

**BMP [LAB15]**

Morning draw For 1 Occurrences, Post-Procedure

**Urinalysis with culture, if indicated [LAB3205]**

Once, Post-Procedure, Urinalysis with Culture if indicated reflex to Urine Microscopic when: cloudy appearance that does not clear when warming, color other than yellow, pale yellow, or colorless, protein present in any amount, blood present in any amount, positive nitrite, positive WBC screen (leukocyte esterase); also Urine Culture when: positive nitrate, positive yeast, leukocyte esterase >Trace, more than 10 WBC’s, or bacteria >10

**Provider’s Initial: __________**
### Coagulation [127753]

- **PT/INR [LAB320]**
  - Morning draw For 1 Occurrences, Post-Procedure

### Imaging

#### Cardiac Studies [127757]

- **ECG [ECG1]**
  - Routine, Once
  - Reason for Exam (Signs & Symptoms):
  - On arrival to unit. If with or without magnet, call Electrophysiology Nurse to assist., Post-Procedure

- **ECG [ECG1]**
  - Routine, Once
  - Reason for Exam (Signs & Symptoms):
  - In AM by 0700., Post-Procedure

### Pulmonary [127758]

- **Nursing communication [NUR185]**
  - Routine, Until discontinued, Starting S, May go to diagnostic imaging without nurse and monitor., Post-Procedure

- **CXR: Portable PA (chest single view) [IMG1259]**
  - Routine, 1 time imaging For 1
  - On arrival to unit or:
  - Reason for Exam:
  - Is the patient pregnant?
  - Transport Mode: Bed

- **Portable PA (chest single view) [IMG1259]**
  - Routine, 1 time imaging For 1
  - In AM by 0700.
  - Reason for Exam:
  - Is the patient pregnant?
  - Transport Mode:

- **Upright PA and lateral (chest 2 view) [IMG36]**
  - Routine, 1 time imaging For 1
  - In AM by 0700.
  - If Upright PA and lateral (chest 2 view) ordered, keep procedure elbow below shoulder during imaging.
  - Reason for Exam:
  - Is the patient pregnant?
  - Transport Mode:

---

**Provider's Initial:**

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Pacemaker/Implantable Cardioverter-Defibrillator (ICD) Insertion, Post Procedure

[30400519]
(1/29/16)
# VTE Prophylaxis

**SAH, SCH, SFH, SJMC & Harrison Post-Procedure VTE Prophylaxis Mechanical [408129449]**

|   | **[X] Apply sequential compression device [NUR563]** | Routine, Until discontinued, Starting S
|   |   | Apply sequential compression device: Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, Post-Procedure |
|   | **[X] Place TED hose [NUR560]** | Routine, Until discontinued, Starting S
|   |   | Stocking type: Leg choice: Post-Procedure |
|   | **[ ] Reason for No VTE Prophylaxis (Mech) [COR101]** | Reason for no VTE prophylaxis (mechanical): Note to provider: Reason required to be in compliance with CMS SCIP guidelines |

**Highline Post-op VTE Prophylaxis Mechanical [171228]**

|   | **[X] Place sequential compression device [NUR563]** | Routine, Until discontinued, Starting S
|   |   | Apply sequential compression device: Both Legs
|   |   | Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, PACU & Post-op (Surgeon) |
|   | **[ ] Reason for No VTE Prophylaxis (Mech) [COR101]** | Reason for no VTE prophylaxis (mechanical): Note to provider: Reason required to be in compliance with CMS SCIP guidelines |

**Post-Procedure VTE Prophylaxis Pharmacological [408129450]**

|   | **[ ] heparin (porcine) injection 5,000 units/mL [10181]** | 5,000 Units, SubCutaneous, Every 8 hours, Post-Procedure |
|   | **[ ] enoxaparin (LOVENOX) injection 40 mg [105900]** | 40 mg, SubCutaneous, Daily, Post-Procedure |
|   | **[ ] Reason for No VTE Prophylaxis (Pharm) [COR100]** | Reason for no VTE prophylaxis (pharmacological): Note to provider: Reason required to be in compliance with CMS SCIP guidelines |

**Provider’s Initial:** __________

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Pacemaker/Implantable Cardioverter-Defibrillator (ICD) Insertion, Post Procedure [30400519]

(1/29/16)
### IV Fluids

**Post-Procedure IV Fluids [4081285010]**

<table>
<thead>
<tr>
<th>Item</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline Flush and Lock Panel [408128747]</td>
<td></td>
</tr>
<tr>
<td>sodium chloride 0.9 % syringe [7319]</td>
<td>10 mL, IntraCatheter, Every 8 hours, Post-Procedure For IV line maintenance.</td>
</tr>
<tr>
<td>Saline lock IV [IVT11]</td>
<td>Routine, Continuous, Post-Procedure</td>
</tr>
<tr>
<td>sodium chloride infusion 0.9% [27838]</td>
<td>100 mL/hr, IntraVENous, Continuous, Post-Procedure</td>
</tr>
</tbody>
</table>

### Medications

**Initiate Over the Counter Meds [408129344]**

- Nurse may initiate OTC Pt Care Products [NUR2066] Routine, Until discontinued, Starting S, Post-Procedure

**Antibiotics [408123507]**

- ceFAZolin (ANCEF) IV [420006]
  1 g, IntraVENous, Every 8 hours, For 2 Doses, Post-Procedure
  First dose 8 hours from pre-procedure dose.
  Please choose an indication
  . Surgical Prophylaxis

- ceFAZolin (ANCEF) IV - For patients greater than 80 kg [420006]
  2 g, IntraVENous, Every 8 hours, For 2 Doses, Post-Procedure
  First dose 8 hours from pre-procedure dose. For patients greater than 80 kg
  Please choose an indication
  . Surgical Prophylaxis

- clindamycin (CLEOCIN) IV syringe [420108]
  600 mg, IntraVENous, Every 8 hours, For 2 Doses, Post-Procedure
  First dose 8 hours from pre-procedure dose. If PCN Allergic plus Beta-Lactam Allergy.
  Please choose an indication
  . Surgical Prophylaxis

- clindamycin (CLEOCIN) IV syringe - For patients greater than 100 kg [420108]
  900 mg, IntraVENous, Every 8 hours, For 2 Doses, Post-Procedure
  First dose 8 hours from pre-procedure dose. If PCN Allergic plus Beta-Lactam Allergy. For patients greater than 100 kg
  Please choose an indication
  . Surgical Prophylaxis

Provider’s Initial: ___________
### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Medications: Pain [197436]</th>
</tr>
</thead>
<tbody>
<tr>
<td>vancomycin (VANCOCIN) IVPB 250 mL (base) [420024]</td>
</tr>
</tbody>
</table>

#### Analgesics: FIRST CHOICE (Single Response) [195052]

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Duration</th>
<th>Post-Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HYDROMORPHONE IV ORDERABLE [420079]</strong></td>
<td>IntraVenous, For 7 Days</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>MORPHINE SULFATE IV ORDERABLE [420065]</strong></td>
<td>IntraVenous, Every 4 hours PRN</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>ketorolac (TORADOL) injection [22473]</strong></td>
<td>IntraVenous</td>
<td>For 5 Days</td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet [5940]</strong></td>
<td>Oral</td>
<td>For 7 Days</td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>oxyCODONE (ROXICODONE) immediate release tablet [10814]</strong></td>
<td>Oral</td>
<td></td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td><strong>HYDROmorphone (DILAUDID) tablet [3760]</strong></td>
<td>Oral</td>
<td>For 7 Days</td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td>Drug</td>
<td>Route</td>
<td>Duration</td>
<td>Details</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>-------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>7.5-325 mg per tablet</td>
<td>HYDROcodone-acetaminophen (NORCO)</td>
<td>Oral</td>
<td>Every 6 hours PRN</td>
<td>Post-Procedure; Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>5-325 mg per tablet</td>
<td>HYDROcodone-acetaminophen (NORCO)</td>
<td>Oral</td>
<td>Every 6 hours PRN</td>
<td>Post-Procedure; Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>400 mg</td>
<td>ibuprofen (ADVIL,MOTRIN)</td>
<td>Oral</td>
<td>Every 6 hours PRN</td>
<td>Mild pain; Start 6 hours after last ketorolac [TORADOL] dose, if administered. Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td></td>
<td>acetaminophen (TYLENOL)</td>
<td>Oral</td>
<td>Post-Procedure</td>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td></td>
<td>HYDROMORPHONE IV ORDERABLE</td>
<td>IntraVenous</td>
<td>For 7 Days</td>
<td>Post-Procedure; Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td></td>
<td>MORPHINE SULFATE IV ORDERABLE</td>
<td>IntraVenous</td>
<td>Every 4 hours PRN</td>
<td>Severe pain; Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
</tbody>
</table>

Provider's Initial: __________
<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pacemaker/Implantable Cardioverter-Defibrillator (ICD) Insertion, Post Procedure</strong></td>
</tr>
<tr>
<td><strong>Provider’s Initial:</strong> __________</td>
</tr>
</tbody>
</table>

### PATIENT INFORMATION

**ketorolac (TORADOL) injection [22473]**
- 15 mg, Intravenous, For 5 Days, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet [5940]**
- 1 tablet, Oral, Every 4 hours PRN, moderate pain, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**oxyCODONE (ROXICODONE) immediate release tablet [10814]**
- 5 mg, Oral, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**HYDROmorphone (DILAUDID) tablet [3760]**
- 2 mg, Oral, Every 4 hours PRN, severe pain, For 7 Days, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [34544]**
- 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [34505]**
- 1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-Procedure
- Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.
<table>
<thead>
<tr>
<th>Analgesic</th>
<th>Dosage Details</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ibuprofen (ADVIL, MOTRIN) tablet</td>
<td>400 mg, Oral, Every 6 hours PRN, mild pain, Post-Procedure.</td>
<td>Start 6 hours after last ketorolac (TORADOL) dose if administered. Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) tablet</td>
<td>Oral, Post-Procedure.</td>
<td>Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>HYDROMORPHONE IV ORDERABLE</td>
<td>IntraVENous, For 7 Days, Post-Procedure.</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>MORPHINE SULFATE IV ORDERABLE</td>
<td>2 mg, IntraVENous, Every 4 hours PRN, severe pain, Post-Procedure.</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>ketorolac (TORADOL) injection</td>
<td>15 mg, IntraVENous, For 5 Days, Post-Procedure.</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>oxyCODONE-acetaminophen (PERCOCET)</td>
<td>1 tablet, Oral, Every 4 hours PRN, moderate pain, Post-Procedure.</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
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</table>

Provider's Initial: __________
<table>
<thead>
<tr>
<th>Medicine Description</th>
<th>Dosage</th>
<th>Route</th>
<th>Post-Procedure Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OxyCODONE (ROXICODONE) immediate release tablet [10814]</td>
<td>5 mg, Oral, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td>HYDROmorphine (DILAUDID) tablet [3760]</td>
<td>2 mg, Oral, Every 4 hours PRN, severe pain, For 7 Days, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
<td></td>
</tr>
<tr>
<td>HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet [34544]</td>
<td>1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [34505]</td>
<td>1 tablet, Oral, Every 6 hours PRN, moderate pain, severe pain, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>ibuprofen (ADVIL, MOTRIN) tablet [3843]</td>
<td>400 mg, Oral, Every 6 hours PRN, mild pain, Post-Procedure</td>
<td>Start 6 hours after last ketorolac [TORADOL] dose if administered. Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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</tr>
<tr>
<td>acetaminophen (TYLENOL) tablet [101]</td>
<td>Oral, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>Antiemetic: FIRST CHOICE (Single Response)</td>
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<td>------------------------------------------</td>
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<tr>
<td>( ) ondansetron (ZOFRAN) 4 mg/2 mL injection [106348] IntraVENous, Post-Procedure</td>
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<tr>
<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<td></td>
<td>( ) promethazine (PHENERGAN) IV for patients 65 years &amp; over (6.25-12.5 mg) [6618] 6.25-12.5 mg, IntraVENous, Post-Procedure</td>
<td></td>
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<td>( ) promethazine (PHENERGAN) IV for patients under 65 years (12.5-25 mg) [6618]</td>
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<td>IntraVENous, Post-Procedure</td>
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<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td></td>
<td>( ) metoclopramide (REGLAN) injection [5002] 5-10 mg, IntraVENous, Every 6 hours PRN, nausea, vomiting, Post-Procedure</td>
<td></td>
<td></td>
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<td>Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<table>
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<tr>
<th>Antiemetic: SECOND CHOICE (Single Response)</th>
</tr>
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<tr>
<td>( ) ondansetron (ZOFRAN) 4 mg/2 mL injection [106348] IntraVENous, Post-Procedure</td>
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<tr>
<td>Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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Provider’s Initial: __________
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<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine (PHENERGAN) IV</td>
<td>For patients under 65 years (12.5-25 mg)</td>
<td>Intravenous, Post-Procedure</td>
<td>Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<tr>
<td>metoclopramide (REGLAN) injection</td>
<td>5-10 mg, Intravenous, Every 6 hours PRN, nausea, vomiting, Post-Procedure</td>
<td>Intravenous, Post-Procedure</td>
<td>Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
</tr>
<tr>
<td>ondansetron (ZOFRAN) 4 mg/2 mL injection</td>
<td>6.25 mg, Intravenous, Post-Procedure</td>
<td>Intravenous, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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<td>promethazine (PHENERGAN) IV</td>
<td>For patients 65 years &amp; over (6.25-12.5 mg)</td>
<td>Intravenous, Post-Procedure</td>
<td>Give this medication 3rd if second medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 3rd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification.</td>
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Provider’s Initial: _________
**Anticoagulants [408128508]**

- [ ] warfarin (COUMADIN) tablet [40840016] 0.5 mg, Oral, Once (warfarin), For 1 Doses, Post-Procedure
- [ ] rivaroxaban (XARELTO) tablet [110250] 20 mg, Oral, Daily, Post-Procedure

**Post-Procedure Sedative [408128509]**

- [ ] temazepam (RESTORIL) capsule [7753] 15 mg, Oral, Nightly PRN, sleep, Post-Procedure

**Nicotine Replacement Therapy Post-Procedure [408129354]**

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

<table>
<thead>
<tr>
<th>Smoking History</th>
<th>Recommended Starting Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step down therapy after initial nicotine replacement for 6-7 weeks: Nicotine patch, 7mg</td>
<td></td>
</tr>
<tr>
<td>10 Cigarettes per Day or less, past history of cardiovascular disease or weight under 45 kg: Nicotine patch, 14 mg</td>
<td></td>
</tr>
<tr>
<td>Heavy smokers (More than 10 cigarettes/day): Nicotine patch, 21 mg</td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco users, pipe smokers or at patient request: Nicotine Gum, 2mg</td>
<td></td>
</tr>
</tbody>
</table>

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

- [ ] Patient uses tobacco [206892]
  - [ ] nicotine (NICODERM CQ) 7 mg/24 hr [27860] 1 patch, TransDermal, for 24 Hours, Daily, Post-Procedure
  - [ ] nicotine (NICODERM CQ) 14 mg/24 hr [27862] 1 patch, TransDermal, for 24 Hours, Daily, Post-Procedure
  - [ ] nicotine (NICODERM CQ) 21 mg/24 hr [27863] 1 patch, TransDermal, for 24 Hours, Daily, Post-Procedure
  - [ ] nicotine polacrilex (NICORETTE) gum [10717] 2 mg, Buccal, Every 1 hour PRN, smoking cessation, Post-Procedure
  - [ ] buPROPion (WELLBUTRIN SR) 12 hr tablet [18385] 100 mg, Oral, 2 times daily, Post-Procedure
  - [ ] varenicline (CHANTIX) tablet [76444] 0.5 mg, Oral, 2 times daily with meals, Post-Procedure

- [ ] Patient refuses nicotine replacement medication [COR406] Details
- [ ] Patient does not use tobacco [COR405] Details
- [ ] Nicotine replacement contraindicated [COR407] REQUIRED

Reason for contraindication: