| UMC Health System |  | D                             | atient Label Here                   |
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|                   | OULT ANESTHESIA POST-OP OUTPATIENT SURGE<br>AN   |                               |                                     |
|                   |  |                               |                                     |
|                   | PHYSICIA   |                               |                                     |
| Diagnos           |  | I ONDENO                      |                                     |
| Weight            | Allergies  |                               |                                     |
| Trongine          | Place an "X" in the Orders column to designate orders of choice AN   | D an "x" in the specific or   | ter detail box(es) where applicable |
| ORDER             |  |                               |                                     |
| ORBER             | Admit/Discharge/Transfer   |                               |                                     |
|                   | Return Patient to PACU   |                               |                                     |
|                   | Patient Care   |                               |                                     |
|                   | ***Patients who are at high risk for obstructive sleep apnea (OSA) AND r<br>intra-procedure (EXCLUDING case start sedating medications), or during<br>of the anesthesia provider, transferred to a higher level of monitoring to P   | Phase II recovery, should b   |                                     |
|                   | Convert IV to INT Uhen tolerating PO liquids   |                               |                                     |
|                   | Deaccess Implanted Port Rapid Response Team or UMC credentialed staff to deaccess implan   | ed port prior to discharge.   |                                     |
|                   | <ul> <li>heparin flush (heparin flush 100 units/mL injection)</li> <li>3 mL, IVPush, inj, Prior to Discharge</li> <li>For administration Post-Op in OPS. To be completed by Rapid Response</li> <li>after deaccessing port.</li> </ul>   | onse Team or UMC credentia    | aled staff to flush implanted port  |
|                   | Communication  |                               |                                     |
|                   | ***SPECIAL CONSIDERATION: Phase II (OPS) - Continuous Pulse Oximetry is mandatory for all patients with the following criteria: ASA Score of III or greater, prone positioning, obese patients and patients with a postive High Risk OSA Score***  |                               |                                     |
|                   | Notify Nurse (DO NOT USE FOR MEDS)   |                               |                                     |
|                   | Notify Provider of VS Parameters   |                               |                                     |
|                   | Notify Provider (Misc) INotify Attending Anesthesiologist and Attending Surgeon, Reason: If the second seco | inable to wean off O2 after t | wo 15 min Room Air Trials           |
|                   | Notify Nurse (DO NOT USE FOR MEDS) If regional block performed by anesthesia: lower extremity non weight must use sling 24 hours for single injection and if catheter left in place  |                               |                                     |
|                   | Notify Nurse (DO NOT USE FOR MEDS) DISCHARGE: Patient may be discharged when Modified Post Anesthesia Recovery Score (MPAR) is 18 or above, per Department of Anesthesia Guidelines.   |                               |                                     |
|                   | Notify Nurse (DO NOT USE FOR MEDS) DISCHARGE: Requires Anesthesiology Attending evaluation prior to discharge.   |                               |                                     |
|                   | Notify Nurse (DO NOT USE FOR MEDS) DISCHARGE: Provide patient with discharge education for Regional A tab")  | nesthesia (use the online ed  | ducation form under "depart, custom |
|                   |  |                               |                                     |
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|                   | Physician Signature:          Date   |                               |                                     |



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| ADULT ANESTHESIA POST-OP OUTPATIENT SURGE<br>PLAN |  |                                    |                                     |
|   |  |                                    |                                     |
|   | PHYSICIA   | N ORDERS                           |                                     |
|   | Place an "X" in the Orders column to designate orders of choice AN   | D an "x" in the specific ord       | er detail box(es) where applicable. |
| ORDER   | ORDER DETAILS  |                                    |                                     |
|   | Notify Nurse (DO NOT USE FOR MEDS) DISCHARGE: With discharge phone call, specifically inquire about requestion weakness, bruising.   | gional block and document pa       | atient report of numbness, pain,    |
|   | IV Solutions   |                                    |                                     |
|   | <b>LR</b><br>□ IV, 75 mL/hr<br>□ IV, 125 mL/hr   | □ IV, 100 mL/hr<br>□ IV, 150 mL/hr |                                     |
|   | <b>NS</b><br>□ IV, 75 mL/hr<br>□ IV, 125 mL/hr   | □ IV, 100 mL/hr<br>□ IV, 150 mL/hr |                                     |
|   | Medications  |                                    |                                     |
|   | Medication sentences are per dose. You will need to calculate a tot<br>.Medication Management  | al daily dose if needed.           |                                     |
|   | NOW, Start date T;N<br>No IV narcotics or IV promethazine to be given Post-Op in OPS.  |                                    |                                     |
|   | ondansetron<br>4 mg, IVPush, soln, ONE TIME, PRN nausea/vomiting For administration Post-Op in OPS.  |                                    |                                     |
|   | Notify Nurse (DO NOT USE FOR MEDS)         Use surgeon preference for post-operative pain management.  |                                    |                                     |
|   | .Medication Management<br>NOW, Start date T;N<br>NO MORPHINE after any eye muscle surgery  |                                    |                                     |
|   | Laboratory   |                                    |                                     |
|   | POC Blood Sugar Check ONE TIME, on arrival   |                                    |                                     |
|   | Notify Provider (Misc) (Notify Provider of Results)  | s than or greater than             | ·                                   |
|   | Respiratory  |                                    |                                     |
|   | <ul> <li>Oxygen (O2) Therapy</li> <li>2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92%<br/>Conduct a room air trial prior to discharge; if oxygen saturation is less<br/>discharge.</li> <li>Continued on next page</li> </ul> | than 92% resume oxygen th          | erapy and re-trial prior to         |
|   |  |                                    |                                     |
|   |  |                                    |                                     |
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|   | PHYSICIA  | AN ORDERS                      |                                    |  |  |
|   | Place an "X" in the Orders column to designate orders of choice AN  | ND an "x" in the specific orde | r detail box(es) where applicable. |  |  |
| ORDER   | ORDER DETAILS   |                                |                                    |  |  |
|   | <ul> <li>8 L/min, Via: Simple mask, Keep sats greater than: 92%<br/>Conduct a room air trial prior to discharge; if oxygen saturation is less<br/>discharge.</li> <li>10 L/min, Via: Face tent, Keep sats greater than: 92%<br/>Conduct a room air trial prior to discharge; if oxygen saturation is less<br/>discharge.</li> </ul> |                                |                                    |  |  |
|   | Additional Orders   |                                |                                    |  |  |
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| Physician   | Physician Signature: Date Time  |                                |                                    |  |  |



|                                     | UMC Health System   | F                            | Patient Label Here                   |
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| SLIDING SCALE INSULIN REGULAR PLAN  |   |                              |                                      |
|                                     |   |                              |                                      |
|                                     | PHYSICIA  | N ORDERS                     |                                      |
|                                     | Place an "X" in the Orders column to designate orders of choice AN  | D an "x" in the specific or  | der detail box(es) where applicable. |
| ORDER                               | ORDER DETAILS   | •                            |                                      |
| -                                   | Patient Care  |                              |                                      |
|                                     | POC Blood Sugar Check   | AC & HS                      |                                      |
|                                     | AC & HS 3 days  |                              |                                      |
|                                     | ☐ BID<br>☐ g6h  | ☐ q12h<br>☐ q6h 24 hr        |                                      |
|                                     | q4h   |                              |                                      |
|                                     | Sliding Scale Insulin Regular Guidelines  |                              |                                      |
|                                     | Medications   |                              |                                      |
|                                     | Medication sentences are per dose. You will need to calculate a tot   | al daily dose if needed.     |                                      |
|                                     | <ul> <li>insulin regular (Low Dose Insulin Regular Sliding Scale)</li> <li>□ 0-10 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parame<br/>Low Dose Insulin Regular Sliding Scale</li> </ul>   | ters                         |                                      |
|                                     | If blood glucose is less than 70 mg/dL and patient is symptomatic, init   | iate hypoglycemia guideline  | s and notify provider.               |
|                                     | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 1 units subcut  |                              |                                      |
|                                     | 201-250 mg/dL - 2 units subcut  |                              |                                      |
|                                     | 251-300 mg/dL - 3 units subcut  |                              |                                      |
|                                     | 301-350 mg/dL - 4 units subcut  |                              |                                      |
|                                     | 351-400 mg/dL - 6 units subcut  |                              |                                      |
|                                     | If blood glucose is greater than 400 mg/dL, administer 10 units subcut<br>hours. Continue to repeat 10 units subcut and POC blood sugar check<br>Once the blood sugar is less than 300 mg/dL, repeat POC blood suga                                     | ks every 2 hours until blood | glucose is less than 300 mg/dL.      |
|                                     | insutlin regular sliding scale.   |                              |                                      |
|                                     | 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters   |                              |                                      |
|                                     | Low Dose Insulin Regular Sliding Scale  | iata hunadhaamia quidalina   | a and notify provider                |
|                                     | If blood glucose is less than 70 mg/dL and patient is symptomatic, init   | ate hypogiycenna guideinne   | s and notify provider.               |
|                                     | 70-150 mg/dL - 0 units  |                              |                                      |
|                                     | 151-200 mg/dL - 1 units subcut<br>201-250 mg/dL - 2 units subcut  |                              |                                      |
|                                     | 201-250 mg/dL - 2 units subcut<br>251-300 mg/dL - 3 units subcut  |                              |                                      |
|                                     | 301-350 mg/dL - 4 units subcut  |                              |                                      |
|                                     | 351-400 mg/dL - 6 units subcut  |                              |                                      |
|                                     | If blood glucose is greater than 400 mg/dL, administer 10 units subcut<br>hours. Continue to repeat 10 units subcut and POC blood sugar check<br>Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar<br>insutlin regular sliding scale. | ks every 2 hours until blood | glucose is less than 300 mg/dL.      |
|                                     | Continued on next page  |                              |                                      |
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# SLIDING SCALE INSULIN REGULAR PLAN

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|               | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific orde   | er detail box(es) where applicable.  |
| ORDER         | ORDER DETAILS  |   |  |
| ORDER         |  | ate hypoglycemia guidelines<br>, notify provider, and repeat F<br>se every 2 hours until blood gl<br>r in 4 hours and then resume<br>iate hypoglycemia guidelines<br>, notify provider, and repeat F<br>se every 2 hours until blood gl<br>r in 4 hours and then resume<br>iate hypoglycemia guidelines | and notify provider.<br>POC blood sugar check in 2<br>lucose is less than 300 mg/dL.<br>normal POC blood sugar check and<br>and notify provider.<br>POC blood sugar check in 2<br>lucose is less than 300 mg/dL.<br>normal POC blood sugar check and<br>and notify provider. |
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|   | Place an "X" in the Orders column to designate orders of choice AN  |   | der detail box(es) where applicable                                   |
| DRDER   | ORDER DETAILS   |   | der detail box(es) where applicable.                                  |
|   |   |   |   |
|   | <ul> <li>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</li> <li>□ 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parame<br/>Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul>  |   | s and notify provider.  |
|   | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 2 units subcut<br>201-250 mg/dL - 3 units subcut<br>251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut   |   |   |
|   | <ul> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcur hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in a insutlin regular scale.</li> <li>0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul> | cks every 2 hours until blood<br>4 hours and then resume no | d glucose is less than 300 mg/dL.<br>ormal POC blood sugar checks and |
|   | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 2 units subcut<br>201-250 mg/dL - 3 units subcut<br>251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut   |   |   |
|   | <ul> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcur hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in vinsutlin regular scale.</li> <li>0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul>  | cks every 2 hours until blood<br>4 hours and then resume no | d glucose is less than 300 mg/dL.<br>ormal POC blood sugar checks and |
|   | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 2 units subcut<br>201-250 mg/dL - 3 units subcut<br>251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut   | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,                      |   |
|   | If blood glucose is greater than 400 mg/dL, administer 12 units subcur<br>hours. Continue to repeat 10 units subcut and POC blood sugar che<br>Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4<br>insutlin regular scale.<br>Continued on next page  | cks every 2 hours until blood                               | d glucose is less than 300 mg/dL.                                     |
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# SLIDING SCALE INSULIN REGULAR PLAN

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|   | Place an "X" in the Orders column to designate orders of choice AND  | an "x" in the specific or                                 | der detail box(es) where applicable.                              |
| ORDER   |  |   |   |
|   | 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters<br>Moderate Dose Insulin Regular Sliding Scale<br>If blood glucose is less than 70 mg/dL and patient is symptomatic, initia  | ate hypoglycemia guidelines                               | s and notify provider.  |
|   | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 2 units subcut<br>201-250 mg/dL - 3 units subcut<br>251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut  |   |   |
|   | If blood glucose is greater than 400 mg/dL, administer 12 units subcut,<br>hours. Continue to repeat 10 units subcut and POC blood sugar check<br>Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4<br>insutlin regular scale.<br>0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters<br>Moderate Dose Insulin Regular Sliding Scale<br>If blood glucose is less than 70 mg/dL and patient is symptomatic, initia | ks every 2 hours until blood<br>hours and then resume nor | glucose is less than 300 mg/dL.<br>mal POC blood sugar checks and |
| 70-150 mg/dL - 0 units<br>151-200 mg/dL - 2 units subcut<br>201-250 mg/dL - 3 units subcut<br>251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut<br>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 |  |   | POC blood sugar check in 2  |
|   | hours. Continue to repeat 10 units subcut and POC blood sugar check<br>Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4<br>insutlin regular scale.   | ks every 2 hours until blood                              | glucose is less than 300 mg/dL.                                   |
|   | insulin regular (High Dose Insulin Regular Sliding Scale)<br>□ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paramete<br>High Dose Insulin Regular Sliding Scale<br>If blood glucose is less than 70 mg/dL and patient is symptomatic, initia  |   | s and notify provider.  |
|   | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 3 units subcut<br>201-250 mg/dL - 5 units subcut<br>251-300 mg/dL - 7 units subcut<br>301-350 mg/dL - 10 units subcut<br>351-400 mg/dL - 12 units subcut   |   |   |
|   | If blood glucose is greater than 400 mg/dL, administer 14 units subcut,<br>hours. Continue to repeat 10 units subcut and POC blood sugar checks<br>Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4<br>insulin regular sliding scale.<br>Continued on next page  | s every 2 hours until blood g                             | glucose is less than 300 mg/dL.                                   |
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### SLIDING SCALE INSULIN REGULAR PLAN

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|            | Place an "X" in the Orders column to designate orders of choice A  | ID an "x" in the specific ord  | er detail box(es) where applicable.   |
| ORDER      | ORDER DETAILS  |  |   |
| ORDER      | <ul> <li>0-14 units, subcut, inj, BID, PRN glucose levels - see parameters<br/>High Dose Insulin Regular Sliding Scale<br/>If blood glucose is less than 70 mg/dL and patient is symptomatic, ini<br/>70-150 mg/dL - 0 units<br/>151-200 mg/dL - 3 units subcut<br/>201-250 mg/dL - 5 units subcut<br/>251-300 mg/dL - 7 units subcut<br/>301-350 mg/dL - 10 units subcut<br/>351-400 mg/dL - 12 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 14 units subcut<br/>hours. Continue to repeat 10 units subcut and POC blood sugar cheet<br/>Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in<br/>insulin regular sliding scale.</li> <li>0-14 units, subcut, inj, TID, PRN glucose levels - see parameters<br/>High Dose Insulin Regular Sliding Scale<br/>If blood glucose is less than 70 mg/dL and patient is symptomatic, ini<br/>70-150 mg/dL - 0 units<br/>151-200 mg/dL - 3 units subcut<br/>201-250 mg/dL - 5 units subcut<br/>201-250 mg/dL - 10 units</li> </ul>   | it, notify provider, and repeat F<br>ks every 2 hours until blood g<br>a 4 hours and then resume nor | POC blood sugar check in 2<br>lucose is less than 300 mg/dL.<br>mal POC blood sugar check and |
|            | 301-350 mg/dL - 10 units subcut         351-400 mg/dL - 12 units subcut         If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.         □ 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters         High Dose insulin Regular Sliding Scale         If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dL - 0 units         151-200 mg/dL - 3 units subcut         201-350 mg/dL - 10 units subcut         201-350 mg/dL - 10 units         151-200 mg/dL - 2 units subcut         201-350 mg/dL - 10 units         151-200 mg/dL - 10 units subcut         201-350 mg/dL - 10 units         201-350 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         361-400 mg/dL - 10 units subcut         361-400 mg/dL - |  |   |
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|            | Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.  |  |  |
| ORDER      | ORDER DETAILS  |  |  |
|            | <ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters</li> <li>High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>   |  |  |
|            | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 3 units subcut<br>201-250 mg/dL - 5 units subcut<br>251-300 mg/dL - 7 units subcut<br>301-350 mg/dL - 10 units subcut<br>351-400 mg/dL - 12 units subcut   |  |  |
|            | If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.   |  |  |
|            | insulin regular (Blank Insulin Sliding Scale)<br>☐ See Comments, subcut, inj, PRN glucose levels - see parameters<br>Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.   |  |  |
|            | 70-150 mg/dL units         151-200 mg/dL units subcut         201-250 mg/dL units subcut         251-300 mg/dL units subcut         301-350 mg/dL units subcut         351-400 mg/dL units subcut         If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. |  |  |
|            |  |  |  |
|            | HYPOglycemia Guidelines  |  |  |
|            | HYPOglycemia Guidelines  |  |  |
|            | <ul> <li>glucose</li> <li>15 g, PO, gel, as needed, PRN glucose levels - see parameters</li> <li>If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines.</li> <li>Continued on next page</li> </ul>   |  |  |
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|   | PHYSICIA  | N ORDERS           |                   |
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| ORDER   | ORDER DETAILS   |                    |                   |
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|   | <ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters</li> <li>Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status</li> <li>AND has IV access. See hypoglycemia guidelines.</li> </ul> |                    |                   |
|   | <ul> <li>glucagon</li> <li>1 mg, IM, inj, as needed, PRN glucose levels - see parameters</li> <li>Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status</li> <li>AND has NO IV access. See hypoglycemia guidelines.</li> </ul>           |                    |                   |
|   |   |                    |                   |
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