UMC Health System		D	atient Label Here
	OULT ANESTHESIA POST-OP OUTPATIENT SURGE 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 intra-procedure (EXCLUDING case start sedating medications), or during 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.	
	 heparin flush (heparin flush 100 units/mL injection) 3 mL, IVPush, inj, Prior to Discharge For administration Post-Op in OPS. To be completed by Rapid Response after deaccessing port. 	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 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		
	LR □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	NS □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a tot .Medication Management	al daily dose if needed.	
	NOW, Start date T;N No IV narcotics or IV promethazine to be given Post-Op in OPS.		
	ondansetron 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 NOW, Start date T;N 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		
	 Oxygen (O2) Therapy 2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92% Conduct a room air trial prior to discharge; if oxygen saturation is less discharge. Continued on next page 	than 92% resume oxygen th	erapy and re-trial prior to
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	UMC Health System				
Patient Label Here ADULT ANESTHESIA POST-OP OUTPATIENT SURGERY PLAN			ient Label Here		
	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				
	 8 L/min, Via: Simple mask, Keep sats greater than: 92% Conduct a room air trial prior to discharge; if oxygen saturation is less discharge. 10 L/min, Via: Face tent, Keep sats greater than: 92% Conduct a room air trial prior to discharge; if oxygen saturation is less discharge. 				
	Additional Orders				
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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 ☐ g6h	☐ q12h ☐ 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.	
	 insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale 	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 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 hours. Continue to repeat 10 units subcut and POC blood sugar check 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 201-250 mg/dL - 2 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 hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale.	ks every 2 hours until blood	glucose is less than 300 mg/dL.
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SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAI		
	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 , notify provider, and repeat F se every 2 hours until blood gl r in 4 hours and then resume iate hypoglycemia guidelines , notify provider, and repeat F se every 2 hours until blood gl r in 4 hours and then resume iate hypoglycemia guidelines	and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider.
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UMC Health System SLIDING SCALE INSULIN REGULAR PLAN		ſ	Patient Label Here
	DHYSICIA	N ORDERS	
	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.
	 insulin regular (Moderate Dose Insulin Regular Sliding Scale) □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 		s and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut		
	 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. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 	cks every 2 hours until blood 4 hours and then resume no	d glucose is less than 300 mg/dL. ormal POC blood sugar checks and
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut		
	 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. 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 	cks every 2 hours until blood 4 hours and then resume no	d glucose is less than 300 mg/dL. ormal POC blood sugar checks and
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
	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 4 insutlin regular scale. 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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	PHYSICIAN	ORDERS	
	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 Moderate Dose Insulin Regular Sliding Scale 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 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, hours. Continue to repeat 10 units subcut and POC blood sugar check Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale. 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia	ks every 2 hours until blood hours and then resume nor	glucose is less than 300 mg/dL. mal POC blood sugar checks and
70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut 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 Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale.	ks every 2 hours until blood	glucose is less than 300 mg/dL.
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paramete High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia		s and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 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, hours. Continue to repeat 10 units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin regular sliding scale. 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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	PHYSICIA	AN ORDERS	
	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	 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 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 hours. Continue to repeat 10 units subcut and POC blood sugar cheet Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale. 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 201-250 mg/dL - 10 units 	it, notify provider, and repeat F ks every 2 hours until blood g a 4 hours and then resume nor	POC blood sugar check in 2 lucose is less than 300 mg/dL. 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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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS		
	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		
	 0-14 units, subcut, inj, q4h, 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 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 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 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) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters 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		
	 glucose 15 g, PO, gel, as needed, PRN glucose levels - see parameters 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. Continued on next page 		
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SLIDING SCALE INSULIN REGULAR PLAN		Pat	ient Label Here
	PHYSICIA	N ORDERS	
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		
	 glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines. 		
	 glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines. 		
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Physician Signature:		Date	Time

