# ADULT ANESTHESIA POST-OP PACU (LOW DOSE) PLAN

|            |   | CIAN ORDERS                    |                                     |
|------------|---|--------------------------------|-------------------------------------|
| Diagnosi   |   |                                |                                     |
| Weight     | Allergies   |                                |                                     |
|            | Place an "X" in the Orders column to designate orders of choice   | AND an "x" in the specific ord | er detail box(es) where applicable. |
| ORDER      | ORDER DETAILS   |                                |                                     |
|            | Patient Care  H&H to be done in PACU on EVERY bone related hip surgery prior to Attending of record and to the Attending Ortho Surgeon.   | leaving the PACU and reported  | to the Anesthesia                   |
|            | POC Hemoglobin and Hematocrit   |                                |                                     |
|            | Communication   |                                |                                     |
|            | Notify Provider of VS Parameters  SpO2 Less Than 92%, Notify anesthesia provider assigned to case   | 3                              |                                     |
|            | IV Solutions  |                                |                                     |
|            | LR  IV, 75 mL/hr  For administration in PACU.  IV, 100 mL/hr  For administration in PACU.  IV, 125 mL/hr  For administration in PACU.  IV, 150 mL/hr  For administration in PACU. |                                |                                     |
|            | NS  IV, 75 mL/hr For administration in PACU.  IV, 100 mL/hr For administration in PACU.  IV, 125 mL/hr For administration in PACU.  IV, 150 mL/hr For administration in PACU.     |                                |                                     |
|            | Medications   |                                |                                     |
|            | Medication sentences are per dose. You will need to calculate a santiemetics  | total daily dose if needed.    |                                     |
|            | ondansetron  4 mg, IVPush, soln, ONE TIME, PRN nausea For administration in PACU.   |                                |                                     |
|            | Pain Management   |                                |                                     |
| (          | acetaminophen  ☐ 1,000 mg, IVPB, iv soln, ONE TIME For administration in PACU. Do not exceed 4000 mg of acetaminophen per day from all sources Continued on next page             | 5.                             |                                     |
| □то        | ☐ Read Back   | ☐ Scanned Powerchart           | ☐ Scanned PharmScan                 |
| Order Take | n by Signature:   | Date                           | Time                                |
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|             | DHYSIC  | IAN ORDERS                       |                                  |
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|             | Place an "X" in the Orders column to designate orders of choice   |                                  | datail hov(as) where applicable  |
| ORDER       | ORDER DETAILS   | AND all X III the specific order | uetaii box(es) where applicable. |
| OKDLK       | ORDER DETAILS   |                                  |                                  |
|             | ketorolac  ☐ 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU.  |                                  |                                  |
|             | morphine  ☐ 1 mg, IVPush, inj, q15min, PRN postoperative pain-PACU, x 4 dose For administration in PACU.  Notify provider if more than 4 mg are needed.   | )                                |                                  |
|             | HYDROmorphone  ☐ 0.125 mg, IVPush, inj, q15min, PRN postoperative pain-PACU, x 4 For administration in PACU. Notify provider if more than 0.5 mg are needed. If hydromorphone contraindicated or ineffective, use morphine if ore |                                  |                                  |
|             | Respiratory   |                                  |                                  |
|             | albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)  2.5 mg, inhalation, soln, ONE TIME For administration in PACU.  |                                  |                                  |
|             | albuterol-ipratropium  3 mL, inhalation, soln, ONE TIME For administration in PACU. Shake well  |                                  |                                  |
|             | racepinephrine  ☐ 0.5 mL, inhalation, neb, ONE TIME For administration in PACU.   |                                  |                                  |
|             | lidocaine (lidocaine 4% inhalation solution)  ☐ 100 mg, inhalation, soln, ONE TIME For administration in PACU.  |                                  |                                  |
|             | line separator  |                                  |                                  |
|             | Pain Management Rescue Medications  |                                  |                                  |
|             | Nurses MUST contact provider to obtain additional orders if initial pain control.  ketorolac  15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU - RESCUE DOSE                                  | management doses did not provid  | de adequate pain                 |
|             | morphine  ☐ 1 mg, IVPush, inj, q15min, PRN postoperative pain-PACU, x 4 dose For administration in PACU - RESCUE DOSE  Notify provider if more than 4 mg are needed.  Continued on next page                                      | •                                |                                  |
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| Order Take  | n by Signature:   | Date                             | Time                             |
| Physician S | iionature.  | Date                             | Time                             |

# ADULT ANESTHESIA POST-OP PACU (LOW DOSE) PLAN

|             | PHYSICIAN ORDERS   |  |  |  |
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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  |  |  |  |
|             | HYDROmorphone  ☐ 0.125 mg, IVPush, inj, q15min, PRN postoperative pain-PACU, x 4 dose For administration in PACU - RESCUE DOSE Notify provider if more than 0.5 mg are needed.   |  |  |  |
|             | line separator   |  |  |  |
|             | Laboratory   |  |  |  |
|             | POC Blood Sugar Check  ONE TIME, on arrival  |  |  |  |
|             | Notify Provider (Misc) (Notify Provider of Results)  Notify anesthesia provider assigned to case, Reason: blood sugar less than or greater than  |  |  |  |
|             | POC Chem 8   |  |  |  |
|             | POC Hemoglobin and Hematocrit  |  |  |  |
|             | Diagnostic Tests   |  |  |  |
|             | DX Chest Portable  T;N, STAT   |  |  |  |
|             | EKG-12 Lead  ☐ T;N, STAT   |  |  |  |
|             | Respiratory  |  |  |  |
|             | Oxygen (O2) Therapy  □ 2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92%  Conduct a room air trial piro to discharge; if oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.  □ 8 L/min, Via: Simple mask, Keep sats greater than: 92%  Conduct a room air trial piro to discharge; if oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.  □ 10 L/min, Via: Face tent, Keep sats greater than: 92%  Conduct a room air trial piro to discharge; if oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge. |  |  |  |
|             | Arterial Blood Gas   |  |  |  |
|             | Respiratory Care Plan Guidelines   |  |  |  |
|             | Additional Orders  |  |  |  |
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#### SLIDING SCALE INSULIN REGULAR PLAN

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| 0.          | IDINO CON LE INCOLIN NECOLATIVA ENTRE  |                                     |                                 |
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|             |  |                                     |                                 |
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|             |  | N ORDERS                            |                                 |
|             | Place an "X" in the Orders column to designate orders of choice AN   | D an "x" in the specific order de   | tail box(es) where applicable.  |
| ORDER       | ORDER DETAILS  |                                     |                                 |
|             | Patient Care POC Blood Sugar Check   |                                     |                                 |
|             | Per Sliding Scale Insulin Frequency  | ☐ AC & HS                           |                                 |
|             | AC & HS 3 days   | TID                                 |                                 |
|             | ∐ BID ☐ q6h  | ☐ q12h<br>☐ q6h 24 hr               |                                 |
|             | q4h  | <b>—</b> 4021                       |                                 |
|             | Sliding Scale Insulin Regular Guidelines   |                                     |                                 |
|             | Follow SSI Regular Reference Text  |                                     |                                 |
|             | 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)   | ai daily dose il fleeded.           |                                 |
|             | 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame   | eters                               |                                 |
|             | Low Dose Insulin Regular Sliding Scale   | iata bunashuaamia suidalinaa and s  | and the provider                |
|             | If blood glucose is less than 70 mg/dL and patient is symptomatic, init  | iate hypogrycernia guidelines and r | iotily provider.                |
|             | 70-150 mg/dL - 0 units   |                                     |                                 |
|             | 151-200 mg/dL - 1 units subcut<br>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 subcu  |                                     |                                 |
|             | hours. Continue to repeat 10 units subcut and POC blood sugar chec<br>Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar    |                                     |                                 |
|             | insutlin regular sliding scale.  | ii iii 4 noulo una mon resume nom   | an i de bleed sagai officer and |
|             | 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters  |                                     |                                 |
|             | Low Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dL and patient is symptomatic, init                              | iate hypoglycemia guidelines and r  | notify provider.                |
|             |  | 71 37 3                             | ,,                              |
|             | 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<br>351-400 mg/dL - 6 units subcut   |                                     |                                 |
|             | •  |                                     |                                 |
|             | If blood glucose is greater than 400 mg/dL, administer 10 units subcu-<br>hours. Continue to repeat 10 units subcut and POC blood sugar chec |                                     |                                 |
|             | Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar  |                                     |                                 |
|             | insutlin regular sliding scale.  |                                     |                                 |
| ſ           | Continued on next page   |                                     |                                 |
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# SLIDING SCALE INSULIN REGULAR PLAN

|             | PHYSIC  | CIAN ORDERS  |  |
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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   |  |  |
|             | 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters     Low Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dl, and patient is symptomatic. | initiate hypoglycemia guidelines a   | and notify provider  |
|             |   | ocut, notify provider, and repeat Phecks every 2 hours until blood glugar in 4 hours and then resume initiate hypoglycemia guidelines and then resume ocut, notify provider, and repeat Phecks every 2 hours until blood glugar in 4 hours and then resume initiate hypoglycemia guidelines and then resume ocut, notify provider, and repeat Phecks every 2 hours until blood glipecks every 2 hours until blood | POC blood sugar check in 2 ucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider.  POC blood sugar check in 2 ucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider. |
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# SLIDING SCALE INSULIN REGULAR PLAN

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|            | PHYSICIAN ORDERS   |
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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  |
|            |  |
|            | insulin regular (Moderate Dose Insulin Regular Sliding Scale)  ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters  |
|            | Moderate 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 - 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 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 checks and 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, initiate hypoglycemia guidelines 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   |
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|            | 251-300 mg/dL - 5 units subcut<br>301-350 mg/dL - 7 units subcut<br>351-400 mg/dL - 10 units subcut  |
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Physician Signature:

# SLIDING SCALE INSULIN REGULAR PLAN

|             | PHYSIC  | CIAN ORDERS  |   |
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|             | Place an "X" in the Orders column to designate orders of choice   | AND an "x" in the specific or  | rder detail box(es) where applicable.   |
| ORDER       | ORDER DETAILS   |  |   |
|             | □ 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,  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 sub hours. Continue to repeat 10 units subcut and POC blood sugar insuttin 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, 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut | ocut, notify provider, and repea<br>checks every 2 hours until bloo<br>in 4 hours and then resume no   | t POC blood sugar check in 2<br>d glucose is less than 300 mg/dL.<br>ormal POC blood sugar checks and |
|             | 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 subhours. Continue to repeat 10 units subcut and POC blood sugar once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.   | hecks every 2 hours until bloo   | d 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 para High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,  70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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 sub hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale.  Continued on next page  | initiate hypoglycemia guideline guid | t POC blood sugar check in 2<br>glucose is less than 300 mg/dL.                                       |
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| Order Take  | n by Signature:   | Date   | Time  |
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# SLIDING SCALE INSULIN REGULAR PLAN

|             | PHYSICIA   | N ORDERS  |  |
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|             | Place an "X" in the Orders column to designate orders of choice AN   | ID an "x" in the specific order                                   | detail box(es) where applicable.                             |
| ORDER       | ORDER DETAILS  |   |  |
|             | 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   | tiate hypoglycemia guidelines ar                                  | nd notify provider.  |
|             | 70.150 ma/dl 0 units   |   |  |
|             | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 3 units subcut   |   |  |
|             | 200-250 mg/dL - 5 units subcut   |   |  |
|             | 251-300 mg/dL - 7 units subcut<br>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 checonce blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale.  O-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale  | ks every 2 hours until blood glud                                 | cose is less than 300 mg/dL.                                 |
|             | If blood glucose is less than 70 mg/dL and patient is symptomatic, ini   | tiate hypoglycemia guidelines ar                                  | nd notify provider.  |
|             | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 3 units subcut<br>200-250 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 hours. Continue to repeat 10 units subcut and POC blood sugar checonce blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale.  O-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, ini | ks every 2 hours until blood glud<br>4 hours and then resume norm | cose is less than 300 mg/dL.<br>al POC blood sugar check and |
|             | 70-150 mg/dL - 0 units<br>151-200 mg/dL - 3 units subcut<br>200-250 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 hours. Continue to repeat 10 units subcut and POC blood sugar checonce blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale.  Continued on next page   | ks every 2 hours until blood glud                                 | cose is less than 300 mg/dL.                                 |
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# SLIDING SCALE INSULIN REGULAR PLAN

|             | 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 200-250 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  ***See Reference Text***   |
| (           | 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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| Physician S | Signature: Date Time   |

# SLIDING SCALE INSULIN REGULAR PLAN

|            | PHYSICIAN ORDERS  |                   |
|------------|---|-------------------|
|            | Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) v   | vhere 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 m  AND has IV access. See hypoglycemia guidelines. | nental status     |
|            | 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 m AND has NO IV access. See hypoglycemia guidelines.              | nental status     |
|            |   |                   |
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|            | ician Signature: Date Time  |                   |