



ADULT ANESTHESIA POST-OP PACU (LOW DOSE) 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
	<p><b>ketorolac</b>  <input type="checkbox"/> 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU                      For administration in PACU.</p>
	<p><b>morphine</b>  <input type="checkbox"/> 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.</p>
	<p><b>HYDROmorphine</b>  <input type="checkbox"/> 0.125 mg, IVPush, inj, q15min, PRN postoperative pain-PACU, x 4 dose                      For administration in PACU.                      Notify provider if more than 0.5 mg are needed.                      If hydromorphone contraindicated or ineffective, use morphine if ordered.</p>
<b>Respiratory</b>	
	<p><b>albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)</b>  <input type="checkbox"/> 2.5 mg, inhalation, soln, ONE TIME                      For administration in PACU.</p>
	<p><b>albuterol-ipratropium</b>  <input type="checkbox"/> 3 mL, inhalation, soln, ONE TIME                      For administration in PACU. Shake well</p>
	<p><b>racepinephrine</b>  <input type="checkbox"/> 0.5 mL, inhalation, neb, ONE TIME                      For administration in PACU.</p>
	<p><b>lidocaine (lidocaine 4% inhalation solution)</b>  <input type="checkbox"/> 100 mg, inhalation, soln, ONE TIME                      For administration in PACU.</p>
	<p>line separator</p>
<b>Pain Management Rescue Medications</b>	
	<p>Nurses MUST contact provider to obtain additional orders if initial pain management doses did not provide adequate pain control.</p> <p><b>ketorolac</b>  <input type="checkbox"/> 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU                      For administration in PACU - RESCUE DOSE</p>
	<p><b>morphine</b>  <input type="checkbox"/> 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....</p>

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	<p><b>HYDROmorphone</b></p> <p><input type="checkbox"/> 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.</p>
	line separator
<b>Laboratory</b>	
	<p><b>POC Blood Sugar Check</b></p> <p><input type="checkbox"/> ONE TIME, on arrival</p>
	<p><b>Notify Provider (Misc) (Notify Provider of Results)</b></p> <p><input type="checkbox"/> Notify anesthesia provider assigned to case, Reason: blood sugar less than _____ or greater than _____.</p>
	<b>POC Chem 8</b>
	<b>POC Hemoglobin and Hematocrit</b>
<b>Diagnostic Tests</b>	
	<p><b>DX Chest Portable</b></p> <p><input type="checkbox"/> T;N, STAT</p>
	<p><b>EKG-12 Lead</b></p> <p><input type="checkbox"/> T;N, STAT</p>
<b>Respiratory</b>	
	<p><b>Oxygen (O2) Therapy</b></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>
	<b>Arterial Blood Gas</b>
	<b>Respiratory Care Plan Guidelines</b>
<b>...Additional Orders</b>	

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS										
<b>Patient Care</b>											
<p><b>POC Blood Sugar Check</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Per Sliding Scale Insulin Frequency</td> <td><input type="checkbox"/> AC &amp; HS</td> </tr> <tr> <td><input type="checkbox"/> AC &amp; HS 3 days</td> <td><input type="checkbox"/> TID</td> </tr> <tr> <td><input type="checkbox"/> BID</td> <td><input type="checkbox"/> q12h</td> </tr> <tr> <td><input type="checkbox"/> q6h</td> <td><input type="checkbox"/> q6h 24 hr</td> </tr> <tr> <td><input type="checkbox"/> q4h</td> <td></td> </tr> </table>		<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS	<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID	<input type="checkbox"/> BID	<input type="checkbox"/> q12h	<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> q4h	
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<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr										
<input type="checkbox"/> q4h											
<p><b>Sliding Scale Insulin Regular Guidelines</b></p> <input type="checkbox"/> Follow SSI Regular Reference Text											
<b>Medications</b>											
<p><b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b></p>											
<p><b>insulin regular (Low Dose Insulin Regular Sliding Scale)</b></p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC &amp; nightly, 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 and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 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 the 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.</p> <p><input type="checkbox"/> 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, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 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 the 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.</p> <p>Continued on next page....</p>											

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ORDER	ORDER DETAILS
	<p><b>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</b></p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC &amp; 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.</p> <p>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</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p> <p><input type="checkbox"/> 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, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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.</p> <p>Continued on next page....</p>

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	<p><b>insulin regular (High Dose Insulin Regular Sliding Scale)</b></p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC &amp; nightly, 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.</p> <p>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</p> <p>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.</p> <p>Continued on next page....</p>

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	<p><b>insulin regular (Blank Insulin Sliding Scale)</b></p> <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ____mg/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.
<b>HYPOglycemia Guidelines</b>	
	<p><b>HYPOglycemia Guidelines</b></p> <input type="checkbox"/> ***See Reference Text***
	<p><b>glucose</b></p> <input type="checkbox"/> 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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ORDER	ORDER DETAILS
	<p><b>glucose (D50)</b>  <input type="checkbox"/> 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.</p>
	<p><b>glucagon</b>  <input type="checkbox"/> 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.</p>

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