ADULT ANESTHESIA POST-OP PACU PLAN

	PHYSICIAN ORDERS				
Diagnosi	Diagnosis				
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	r 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 meperidine 12.5 mg, IVPush, inj, q15min, PRN shivering, x 2 dose For administration in PACU. May repeat one time in 15 minutes. Continued on next page	total daily dose if needed.			
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ADULT ANESTHESIA POST-OP PACU PLAN

		N ORDERS	
Т	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		
	Antiemetics		
	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.		
	ketorolac ☐ 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU.		
	morphine 2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 5 dose For administration in PACU. Notify provider if more than 10 mg are needed. 2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 5 dose For administration in PACU. Notify provider if more than 10 mg are needed.		
	HYDROmorphone ☐ 0.5 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 4 dose For administration in PACU. Notify provider if more than 2 mg are needed. ☐ 0.25 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 8 dose For administration in PACU. Notify provider if more than 2 mg are needed.		
	fentaNYL 25 mcg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 4 dos For administration in PACU. Notify provider if more than 100 mcg are needed.	е	
	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.		
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ADULT ANESTHESIA POST-OP PACU 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	ER ORDER DETAILS			
	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 management control. ketorolac 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU	doses did not provide ad	dequate pain	
	For administration in PACU - RESCUE DOSE			
	morphine □ 2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 5 dose For administration in PACU - RESCUE DOSE Notify provider if more than 10 mg are needed. □ 2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 5 dose For administration in PACU - RESCUE DOSE Notify provider if more than 10 mg are needed.			
	HYDROmorphone ☐ 0.25 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 8 dose For administration in PACU - RESCUE DOSE Notify provider if more than 2 mg are needed. ☐ 0.5 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 4 dose For administration in PACU - RESCUE DOSE Notify provider if more than 2 mg are needed.			
	fentaNYL ☐ 25 mcg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 4 dose For administration in PACU - RESCUE DOSE Notify provider if more than 100 mcg 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			
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ADULT ANESTHESIA POST-OP PACU 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
	EKG-12 Lead ☐ T;N, STAT
	Respiratory
	Oxygen (O2) Therapy □ 8 L/min, Via: Simple mask, Keep sats greater than: 92% Conduct a room air trial prior to discharge; if oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge. □ 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 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 prior to discharge; if oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.
	Arterial Blood Gas
	Respiratory Care Plan GuidelinesAdditional Orders
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID 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 ☐ TID	
	AC & HS 3 days	☐ q12h	
	q6h	q6h 24 hr	
	☐ q4h		
	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 peoded	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	ai dany dose ii needed.	
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame	eters	
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	liate hypoglycemia guidelines and r	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 chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. 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 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 4 units subcut 301-350 mg/dL - 4 units subcut	ks every 2 hours until blood glucos ar in 4 hours and then resume norm	e is less than 300 mg/dL. nal POC blood sugar check and
<	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 chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. Continued on next page	ks every 2 hours until blood glucos	e is less than 300 mg/dL.
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	Place an "X" in the Orders column to designate orders of choice ANI	an "x" in the specific ord	er detail box(es) where applicable.
RDER	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, initi-	ate hypoglycemia guidelines	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	notify provider, and repeat F	POC blood sugar check in 2
	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	in 4 hours and then resume	normal POC blood sugar check and
	insutlin regular sliding scale. 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initi	ate hypoglycemia guidelines	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 sugar		
	insutlin regular sliding scale.	III 4 Hours and their resume	, norman 1 00 blood sugar check and
	0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initial	ate hypoglycemia guidelines	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 sugar		
	insutlin regular sliding scale.		-
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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 order detail box(es) where applica
	ORDER DETAILS
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)
	U 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
ı	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
	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, 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.
	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.
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Version: 9 Effective on: 02/28/23

Physician Signature:

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			
	0-12 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,	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 sub hours. Continue to repeat 10 units subcut and POC blood sugar of Once blood sugar is less than 300 mg/dl, repeat POC blood sugar 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,	checks every 2 hours until blood in 4 hours and then resume norr	glucose is less than 300 mg/dL. nal 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 subhours. Continue to repeat 10 units subcut and POC blood sugar of Once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.	checks 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 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	initiate hypoglycemia guidelines		
•	hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dL, repeat POC blood suga insulin regular sliding scale. Continued on next page	necks every 2 hours until blood g	lucose 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 order detail box(es) where applica
ER	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, 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.
	U-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, 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
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	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.
	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
	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
	331-400 mg/dL - 12 dilita 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.
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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 h	ypoglycemia 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	fy provider, and repeat POC	blood sugar check in 2		
	hours. Continue to repeat 10 units subcut and POC blood sugar checks ever Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours insulin regular sliding scale.	ery 2 hours until blood glucos	se is less than 300 mg/dL.		
	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, r				
	hours. Continue to repeat units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hou 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 able to swallow. See hypoglycemia Guidelines. Continued on next page	s less than 70 mg/dL and pat	ient is symptomatic and		
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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				
	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 S	Signature: Date Time				