COPD PLAN

	PI	IYSICIAN ORDERS	
Diagnos	is		
Weight	Allerg	ies	
	Place an "X" in the Orders column to designate orders of ch	oice AND an "x" in the specific order detail box	(es) where applicable.
ORDER			
	Patient Care Vital Signs ☐ Per Unit Standards		
	Daily Weight		
	Patient Activity Up Ad Lib/Activity as Tolerated Assist as Needed Bedrest Bathroom Privileges	☐ Bedrest ☐ Bedrest Up to Bedside Commode Or	ıly
	Ambulate Patient □ BID	□ П	
	Insert Peripheral Line		
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h	
	Insert Urinary Catheter ☐ Foley, To: Dependent Drainage Bag		
	Urinary Catheter Care		
	Instruct to Turn, Cough, & Deep Breath		
	Continuous Telemetry (Intermediate Care)		
	Intermittent Telemetry		
	Communication Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Unit	□ Now	
	Dietary		
	Oral Diet ☐ Regular Diet ☐ Full Liquid Diet ☐ Heart Healthy Diet ☐ Carbohydrate Controlled (1600 calories) Diet	Clear Liquid Diet Soft and Bite Size Diet Carbohydrate Controlled (1200 calorie Carbohydrate Controlled (2000 calorie	
	NPO Diet ☐ NPO ☐ NPO, Except Ice Chips	□ NPO, Except Meds □ NPO, Except Meds, Except Ice Chips	
	IV Solutions		
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Order Take	n by Signature:	Date Time	·
Physician	Signature:	Date Tim	e

COPD PLAN

Patient Label Here

		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	D5 1/2 NS ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	LR (Lactated Ringer's) ☐ 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	tal daily dose if needed	
	prednisons 20 mg, PO, tab, Daily Administer with breakfast. 40 mg, PO, tab, Daily Administer with breakfast.	ai dany dose ii needed.	
	methylPREDNISolone (methylPREDNISolone sodium succinate (SOI 40 mg, IVPush, inj, q6h 125 mg, IVPush, inj, q6h	LU-Medrol)) B0 mg, IVPush, inj, q6h	
	Antibiotics are indicated for patients having a moderate to severe COPD exacerbation that require hospitalization with purulent sputum in addition to increased dyspnea and increased sputum volume or require mechanical ventilation. ***For moderate COPD exacerbation, select either amoxiCILLIN-clavulanate or doxycycline.*** amoxiCILLIN-clavulanate 875 mg, PO, tab, BID, x 5 days		
	doxycycline 100 mg, PO, cap, BID, x 5 days Give with food.		
	For severe COPD exacerbation and if pseudomonas NOT suspected, levoFLOXacin 750 mg, PO, tab, Daily, x 5 days	select levoFLOXacin or ceftria	zone.
	cefTRIAXone 2 g, IVPush, inj, Daily, x 5 days Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page		
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Order Take	n by Signature:	Date	Time

_Time _

Physician Signature:

COPD 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			
	For severe COPD exacerbation and if possible pseudomonas risk .	or suspected select cefepime or	piperacillin/tazobactam	
	cefepime ☐ 2 g, IVPush, inj, q8h, x 5 days, x 5 days Extended Infusion Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes			
	piperacillin-tazobactam ☐ 4.5 g, IVPB, ivpb, q6h, x 5 days, x 5 days Extended Infusion			
	Scheduled Respiratory			
	albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL i 3 mL, inhalation, soln, q4h 1.5 mL, inhalation, soln, q4h	nhalation solution) 3 mL, inhalation, soln, q6 1.5 mL, inhalation, soln,		
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) ☐ 2.5 mg, inhalation, soln, q4h	2.5 mg, inhalation, soln,	q6h	
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalat ☐ 2.5 mL, inhalation, q4h ☐ 2.5 mL, inhalation, q8h	ion solution) 2.5 mL, inhalation, q6h		
	PRN Respiratory			
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) 2.5 mg, inhalation, soln, q4h, PRN shortness of breath 1.25 mg, inhalation, soln, q4h, PRN shortness of breath		q6h, PRN shortness of breath , q6h, PRN shortness of breath	
	Laboratory			
	CBC ☐ Next Day in AM, T+1;0300, Every AM for 3 days ☐ Routine, T;N	☐ Next Day in AM, T+1;030	00, Every AM for 1 days	
	CBC with Differential ☐ Next Day in AM, T+1;0300, Every AM for 1 days	☐ Routine, T;N		
	Basic Metabolic Panel ☐ Next Day in AM, T+1;0300, Every AM for 3 days ☐ Routine, T;N	☐ Next Day in AM, T+1;030	00, Every AM for 1 days	
	Comprehensive Metabolic Panel Next Day in AM, T+1;0300, Every AM for 3 days Routine, T;N	☐ Next Day in AM, T+1;030	00, Every AM for 1 days	
	Diagnostic Tests			
	DX Chest Portable			
	DX Chest Single View			
	DX Chest PA & Lateral			
	EKG-12 Lead			
	Respiratory			
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COPD PLAN

	PHYSIC	CIAN 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			
	Respiratory Care Plan Guidelines			
	Arterial Blood Gas			
	Sputum Induction			
	Culture Sputum with Gram Stain			
	Continuous Pulse Oximetry			
	IS Instruct			
	Consults/Referrals			
	Consult Pulmonary Rehab Pulmonary Rehab to arrange Outpatient Pulmonary Rehab evaluation	tion and treatment		
	Additional Orders			
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DISCOMFORT MED PLAN

	PHYSICIAN ORD	DERS	
	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	R ORDER DETAILS		
	Patient Care		
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients distention present OR 6 hrs post Foley removal and patient has not voided.	complaining of urinary dis	scomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane ☐ 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-20 10 mL, PO, liq, q4h, PRN cough	00 mg/10 mL oral liquid)	
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Anti-pyretics		
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ibuprofen if ordered. 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ibuprofen if ordered.		
	ibuprofen ☐ 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. ☐ 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.		
	Analgesics for Mild Pain		
	Select only ONE of the following for mild pain acetaminophen 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours** ibuprofen if ordered. Continued on next page	* If acetaminophen contrai	indicated or ineffective, use
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DISCOMFORT MED 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	DER ORDER DETAILS			
	 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 			
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.			
	Analgesics for Moderate Pain			
	Select only ONE of the following for moderate pain			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetan ineffective, use if ordered. ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetan ineffective, use if ordered.	·		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered.			
	traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered. 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered.			
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use if ordered.			
	Analgesics for Severe Pain			
	Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.			
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DISCOMFORT MED 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			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj, q4h, F	PRN pain-severe (scale 7-10)	
	Antiemetics			
	Select only ONE of the following for nausea promethazine 25 mg, PO, tab, q4h, PRN nausea			
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation docusate 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. 100 mg, PO, cap, Daily Do not crush or chew.			
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation			
	Antacids			
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-masuspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral	
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, PR	N gas	
	Anxiety			
	Select only ONE of the following for anxiety			
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety			
	LORazepam ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PRN an:	xiety	
	Insomnia			
	Select only ONE of the following for insomnia			
	ALPRAZolam ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia			
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia			
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DISCOMFORT MED PLAN

	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		
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE ☐ 25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, PF	RN itching
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care		
	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%- 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	-0.25% rectal ointment)	
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GERIATRIC DISCOMFORT MED 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			
	Patient Care			
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.			
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat			
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough			
	melatonin ☐ 2 mg, PO, tab, Nightly, PRN insomnia			
	Analgesics for Mild Pain			
	Select only ONE of the following for Mild Pain			
	acetaminophen □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***			
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.			
	Analgesics for Moderate Pain			
	Select only ONE of the following for Moderate Pain			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***********************************			
	Analgesics for Severe Pain			
	Select only ONE of the following for Severe Pain morphine			
	2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	Antiemetics			
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GERIATRIC DISCOMFORT MED 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			
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation			
	docusate 100 mg, PO, cap, Nightly, PRN constipation			
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation			
	Antacids			
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magne suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethicone 20	00 mg-200 mg-20 mg/5 mL oral	
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas ☐	☐ 160 mg, PO, tab chew, q4h, P	RN gas	
	Anti-pyretics			
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hd 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hd			
	ibuprofen □ 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. □ 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.			
	Anorectal Preparations			
	Select only ONE of the following for hemorrhoid care			
	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area			
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	0.25% rectal ointment)		
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PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

	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				
	Medications Medication sentences are per dose. You will need to calculate a total	daily dose if needed		
	The following scheduled orders will alternate every 4 hours.	dany dose ii needed.		
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg	of acetaminophen per day from all	sources.	
	For renally impared patients: The following scheduled orders will alternate	every 4 hours.		
	traMADol ☐ 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.			
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SLIDING SCALE INSULIN REGULAR PLAN

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SL	IDING SCALE INSULIN REGULAR PLAN		
	DHASICIV	AN ORDERS	
		-	
	Place an "X" in the Orders column to designate orders of choice AN	ND an "x" in the specific order det	all 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	
		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 to	tal daily dose if needed.	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	-4	
	☐ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see param- Low Dose Insulin Regular Sliding Scale	eters	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, ini	tiate hypoglycemia guidelines and n	otify provider.
		,, 3, 3	, ,
	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. O-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, ini 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. Continued on next page	cks every 2 hours until blood glucose ar in 4 hours and then resume norm tiate hypoglycemia guidelines and n at, notify provider, and repeat POC b cks every 2 hours until blood glucose	e is less than 300 mg/dL. all POC blood sugar check and notify provider. blood sugar check in 2 e is less than 300 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 ap				
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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veician S		Date	Time	

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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			
ORDER				
	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 subcurs. 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. Continued on next page	checks every 2 hours until blood	glucose is less than 300 mg/dL.	
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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 ap				
	RDER 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	s and notify provider	
		9,7 - 9,7 9	,, , ,	
	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 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	hecks every 2 hours until blood	glucose is less than 300 mg/dL.	
	Moderate Dose Insulin Regular Sliding Scale			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, $$	initiate 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 subhours. Continue to repeat 10 units subcut and POC blood sugar conce blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.	hecks every 2 hours until blood	glucose is less than 300 mg/dL.	
ins	sulin regular (High Dose Insulin Regular Sliding Scale)			
	0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see para	meters		
	High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,	initiato hypoglycomia guidolinos	and notify provider	
	ii blood glucose is less than 70 mg/dL and patient is symptomatic,	irillate riypogiycerilla guluelirles	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			
Con	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.	ecks every 2 hours until blood	glucose is less than 300 mg/dL.	
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	PHYSICIA	N ORDERS	
Place an ">	" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicabl
ER ORDER DE			
☐ 0-14 unit	s, subcut, inj, BID, PRN glucose levels - see parameters		
	e Insulin Regular Sliding Scale		
If blood	lucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelines	and notify provider.
	ng/dL - 0 units		
	mg/dL - 3 units subcut mg/dL - 5 units subcut		
	mg/dL - 7 units subcut		
	mg/dL - 10 units subcut		
	mg/dL - 12 units subcut		
If blood	llucose is greater than 400 mg/dL, administer 14 units subcut	, notify provider, and repeat I	POC blood sugar check in 2
	ontinue to repeat 10 units subcut and POC blood sugar check		
	od sugar is less than 300 mg/dL, repeat POC blood sugar in		
	gular sliding scale.		
	s, subcut, inj, TID, PRN glucose levels - see parameters		
	e Insulin Regular Sliding Scale llucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelinas	and notify provider
) DOOIG (ideose is less than 70 mg/de and patient is symptomatic, inte	ate hypogrycernia guideimes	and notify provider.
	ng/dL - 0 units		
	mg/dL - 3 units subcut		
	mg/dL - 5 units subcut mg/dL - 7 units subcut		
	mg/dL - 7 units subcut		
	mg/dL - 12 units subcut		
If he had a set	decree is an about the man 400 months and a decircle to a 44 months and and		200 Marshammaka akita 0
	llucose is greater than 400 mg/dL, administer 14 units subcut ontinue to repeat 10 units subcut and POC blood sugar checl		
	od sugar is less than 300 mg/dL, repeat POC blood sugar in		
	gular sliding scale.		a
	s, subcut, inj, q6h, PRN glucose levels - see parameters		
	e Insulin Regular Sliding Scale		
If blood	lucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelines	and notify provider.
70-150 r	ng/dL - 0 units		
151-200	mg/dL - 3 units subcut		
	mg/dL - 5 units subcut		
	mg/dL - 7 units subcut		
	mg/dL - 10 units subcut mg/dL - 12 units subcut		
351-400	TIG/UL - 12 UTILS SUDOUL		
	lucose is greater than 400 mg/dL, administer 14 units subcut		
	ontinue to repeat 10 units subcut and POC blood sugar check		
	od sugar is less than 300 mg/dL, repeat POC blood sugar in	4 hours and then resume no	rmal POC blood sugar check and
	gular sliding scale.		
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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			
	O-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	Aif constitute and accord DOC	bland owner shook in C	
	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	s 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 check. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours 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 able to swallow. See hypoglycemia Guidelines. Continued on next page	is 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 param Use if blood glucose is less than 70 mg/dL and patient is symptom AND has IV access. See hypoglycemia guidelines.		ent has altered mental 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 symptom AND has NO IV access. See hypoglycemia guidelines.	atic and cannot swallow OR if pation	ent has altered mental status	
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VTE PROPHYLAXIS 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			
	Patient Care			
	VTE Guidelines ☐ See Reference Text for Guidelines			
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated	ations for VTE below and complete	e reason contraindi	
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated ☐ Other anticoagulant ordered ☐ Intolerance to all VTE chemo	prophylaxis	
	Apply Elastic Stockings ☐ Apply to: Bilateral Lower Extremities, Length: Knee High ☐ Apply to: Right Lower Extremity (RLE), Length: Knee High ☐ Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extremit Apply to: Bilateral Lower Extre Apply to: Right Lower Extrem	emities, Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity	(LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based			
	on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight			
	heparin 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing			
	VTE Prophylaxis: Non-Trauma Dosing			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pha 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for per Renal Function	armacy to Adjust Dose per Renal armacy to Adjust Dose per Renal	Function Function	
	heparin ☐ 5,000 units, subcut, inj, q12h	5,000 units, subcut, inj, q8h		
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin ☐ 5 mg, PO, tab, In PM			
	aspirin 81 mg, PO, tab chew, Daily	325 mg, PO, tab, Daily		
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrC	LESS than 30 mL/min		
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V٦	TE PROPHYLAXIS PLAN		
	рнуон	CIAN 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	PRDER DETAILS		
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min		
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Order Taken by Signature:		Date	Time
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