



CARDIO POST CARDIAC/PERIPHERAL CATH 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>Connect Arterial Sheath to Pressure Moni (Connect Arterial Sheath to Pressure Monitor)</b></p> <p><input type="checkbox"/> T;N Prior to Sheath Removal:</p>
	<p>Sheath Removal:</p> <p><b>Discontinue Arterial Sheath</b></p> <p><input type="checkbox"/> When ACT is less than 180. For Sheath Removal.</p> <p><input type="checkbox"/> When ACT is less than 150. For Sheath Removal.</p> <p><input type="checkbox"/> When ACT is less than ____. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue at ____. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue upon arrival to the unit. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue 2 hours after arrival to the unit. For Sheath Removal.</p>
	<p><b>Discontinue Venous Sheath</b></p> <p><input type="checkbox"/> When ACT is less than 180. For Sheath Removal.</p> <p><input type="checkbox"/> When ACT is less than 150. For Sheath Removal.</p> <p><input type="checkbox"/> When ACT is less than ____. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue at ____. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue upon arrival to the unit. For Sheath Removal.</p> <p><input type="checkbox"/> Discontinue 2 hours after arrival to the unit. For Sheath Removal.</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b></p> <p><input type="checkbox"/> Atropine to be kept at bedside for sheath removal. For Sheath Removal.</p>
	<p><b>atropine</b></p> <p><input type="checkbox"/> 0.5 mg, IVPush, inj, ONE TIME, PRN bradycardia For Sheath Removal.</p>
	<p><b>morphine</b></p> <p><input type="checkbox"/> 1 mg, IVPush, inj, ONE TIME For Sheath Removal.</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, ONE TIME Give prior to sheath removal.</p>
	<p>After Sheath Removal:</p>

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	<input type="checkbox"/> Start at rate: _____ mcg/kg/min
	For patients with CrCl less than or equal to 60 mL/min, select tirofiban below to start at 0.075 mcg/kg/min <b>tirofiban 5 mg/100 mL</b> <input type="checkbox"/> IV, x 12 hr Final concentration = 0.05 mg/mL (50 mcg/mL). Usual maintenance dose is 0.15 mcg/kg/min. If creatinine clearance is less than or equal to 60 mL/min, use 0.075 mcg/kg/min. **Patient must be on telemetry while receiving tirofiban (Aggrastat)** <input type="checkbox"/> Start at rate: _____ mcg/kg/min
<b>Antithrombotics</b>	
	Bolus (IF NOT GIVEN IN CATH LAB): <b>bivalirudin</b> <input type="checkbox"/> 0.75 mg/kg, IVPush, inj, ONE TIME
	Maintenance Infusion: <b>bivalirudin 250 mg/50 mL NS</b> <input type="checkbox"/> IV, x 4 hr Final concentration = 5 mg/mL. Notify physician if administered dose (rate) is greater than the usual dose range. <input type="checkbox"/> Start at rate: _____ mg/kg/hr
	For patients with CrCl less than or equal to 30 mL/min, select bivalirudin below to start at 1 mg/kg/min <b>bivalirudin 250 mg/50 mL NS</b> <input type="checkbox"/> IV, x 4 hr Final concentration = 5 mg/mL. Notify physician if administered dose (rate) is greater than the usual dose range. <input type="checkbox"/> Start at rate: _____ mg/kg/hr
<b>P2Y12 Antagonist</b>	
	Loading Dose for IV Therapy (IF NOT GIVEN IN CATH LAB): <b>cangrelor</b> <input type="checkbox"/> 30 mcg/kg, IVPush, inj, ONE TIME Administer rapidly over less than 1 minute.
	Maintenance Dose for IV Therapy: <b>cangrelor 50 mg/250 mL NS - Percutaneous (cangrelor 50 mg/250 mL NS - Percutaneous coronary intervention (PCI))</b> <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IV, x 24 hr, Percutaneous Coronary Intervention (PCI)
	Loading Dose for Oral Therapy (IF NOT GIVEN IN CATH LAB): <b>ticagrelor</b> <input type="checkbox"/> 180 mg, PO, tab, ONE TIME
	<b>prasugrel</b> <input type="checkbox"/> 60 mg, PO, tab, ONE TIME
	<b>clopidogrel</b> <input type="checkbox"/> 300 mg, PO, tab, ONE TIME <input type="checkbox"/> 600 mg, PO, tab, ONE TIME

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	<p><b>Contraindications ACEI or ARB</b></p> <p><input type="checkbox"/> Allergy to Both</p> <p><input type="checkbox"/> Angioedema Caused by an ACE or ARB</p> <p><input type="checkbox"/> Hypotension</p> <p><input type="checkbox"/> Renal Artery Stenosis</p> <p><input type="checkbox"/> Other (specify below in other reason)</p> <p><input type="checkbox"/> Allergy to One-Must Try the Other</p> <p><input type="checkbox"/> Hyperkalemia</p> <p><input type="checkbox"/> Moderate or Severe Aortic Stenosis</p> <p><input type="checkbox"/> Worsening Renal Function</p>
<b>Lipid Management</b>	
	<p><b>atorvastatin</b></p> <p><input type="checkbox"/> 10 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 40 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 20 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 80 mg, PO, tab, Nightly</p>
	<p><b>pravastatin</b></p> <p><input type="checkbox"/> 10 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 40 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 20 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 80 mg, PO, tab, Nightly</p>
	<p><b>rosuvastatin</b></p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 20 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 10 mg, PO, tab, Nightly</p> <p><input type="checkbox"/> 40 mg, PO, tab, Nightly</p>
	<p><b>Contraindications Statins</b></p> <p><input type="checkbox"/> Hypersensitivity</p> <p><input type="checkbox"/> Liver disease or elevated transaminases</p> <p><input type="checkbox"/> Intolerance(myopathy, myalgia, myositis)</p> <p><input type="checkbox"/> Pregnancy or breastfeeding</p>
	<p><b>ezetimibe</b></p> <p><input type="checkbox"/> 10 mg, PO, tab, Daily</p>
	<p>Provider - PCSK9 inhibitor (Outpatient Consideration ONLY)</p>
<b>Laboratory</b>	
	<p>Click to review cardiac labs</p>
	<p><b>Basic Metabolic Panel (BMP)</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>CBC</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>Comprehensive Metabolic Panel</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>D Dimer HS 500</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>Hemoglobin and Hematocrit</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>Hemoglobin and Hematocrit</b></p> <p><input type="checkbox"/> STAT, q3h 3 times</p>
	<p><b>Magnesium Level</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>Prothrombin Time with INR</b></p> <p><input type="checkbox"/> STAT</p>
	<p><b>PTT</b></p> <p><input type="checkbox"/> STAT</p>

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	<b>Troponin T High Sensitivity</b> <input type="checkbox"/> STAT
	<b>Troponin T High Sensitivity</b> <input type="checkbox"/> Routine, T;N, q6h 4 times
	<b>Hemoglobin A1C</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	<b>Lipid Panel</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	<b>Phosphorus Level</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	<b>Prothrombin Time with INR</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	<b>PTT</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 1 days
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 3 days
	<b>CBC</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 3 days
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 3 days, Vendor Bill No
	<b>Magnesium Level</b> <input type="checkbox"/> Next Day in AM, T+1;0300, for 3 days
	<b>Anti Xa Level</b>
	<b>POC Blood Sugar Check</b>
	<b>Urine Random Drug Screen</b>
<b>Diagnostic Tests</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Order EKG STAT if the patient begins to have chest pain <input type="checkbox"/> Order EKG STAT if the patient begins to have chest pain
	<b>EKG-12 Lead</b> <input type="checkbox"/> STAT, CAD Coronary Artery Disease, upon arrival to unit.
	<b>EKG-12 Lead</b> <input type="checkbox"/> T;N, Routine, CAD Coronary Artery Disease, Every AM for 3 days, In AM
	<b>Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)</b> <input type="checkbox"/> Pericardial Effusion
	<b>Limited Echo Transthoracic (Limited TTE)</b> <input type="checkbox"/> Pericardial Effusion
	<b>DX Chest Portable</b> <input type="checkbox"/> STAT

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<p><b>UMC Health System</b></p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>Laboratory</b>
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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<b>UMC Health System</b>  DISCOMFORT MED PLAN	Patient Label Here
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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
<b>Patient Care</b>	
	<b>Perform Bladder Scan</b> <input type="checkbox"/> 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.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	<b>dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)</b> <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
<b>Anti-pyretics</b>	
	Select only ONE of the following for fever  <b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	<b>ibuprofen</b> <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.
<b>Analgesics for Mild Pain</b>	
	Select only ONE of the following for mild pain  <b>acetaminophen</b> <input type="checkbox"/> 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*** <input type="checkbox"/> 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*** <input type="checkbox"/> 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***
	<b>ibuprofen</b> <input type="checkbox"/> 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.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for moderate pain

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<b>UMC Health System</b>  DISCOMFORT MED PLAN	Patient Label Here
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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 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*** <input type="checkbox"/> 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***
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 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*** <input type="checkbox"/> 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***
	<b>traMADol</b> <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access***
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for severe pain <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	<b>HYDROmorphine</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
<b>Antiemetics</b>	
	Select only ONE of the following for nausea/vomiting <b>promethazine</b> <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
<b>Gastrointestinal Agents</b>	
	Select only ONE of the following for constipation <b>docusate</b> <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	<b>bisacodyl</b> <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
<b>Antacids</b>	
	<b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b> <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.

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	<b>simethicone</b> <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <span style="margin-left: 200px;"><input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</span>
<b>Anxiety</b>	
	Select only ONE of the following for anxiety <b>ALPRAZolam</b> <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	<b>LORazepam</b> <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <span style="margin-left: 100px;"><input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety</span>
<b>Insomnia</b>	
	Select only ONE of the following for insomnia <b>ALPRAZolam</b> <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	<b>LORazepam</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
	<b>zolpidem</b> <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective
<b>Antihistamines</b>	
	<b>diphenhydrAMINE</b> <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <span style="margin-left: 100px;"><input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</span>
<b>Anorectal Preparations</b>	
	Select only ONE of the following for hemorrhoid care <b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b> <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	<b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b> <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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ORDER	ORDER DETAILS
	<p><b>ondansetron</b></p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting</p>
<b>Gastrointestinal Agents</b>	
	<p>Select only ONE of the following for constipation</p> <p><b>docusate</b></p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation</p>
	<p><b>bisacodyl</b></p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
<b>Antacids</b>	
	<p><b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b></p> <p><input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.</p>
	<p><b>simethicone</b></p> <p><input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <span style="margin-left: 100px;"><input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</span></p>
<b>Anti-pyretics</b>	
	<p>Select only ONE of the following for fever</p> <p><b>acetaminophen</b></p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>
	<p><b>ibuprofen</b></p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.</p>
<b>Anorectal Preparations</b>	
	<p>Select only ONE of the following for hemorrhoid care</p> <p><b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b></p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p><b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b></p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

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<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	
<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											
<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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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
	<p><input type="checkbox"/> 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 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, 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, 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, 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, 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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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
	<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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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
	<p><input type="checkbox"/> 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.</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, 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, 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><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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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
	<p><input type="checkbox"/> 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.</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><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, 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><input type="checkbox"/> 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.</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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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
	<p><input type="checkbox"/> 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.</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><b>insulin regular (Blank Insulin Sliding Scale)</b></p> <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.</p> <p>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</p> <p>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.</p>
<b>HYPOglycemia Guidelines</b>	
	<p><b>HYPOglycemia Guidelines</b></p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p><b>glucose</b></p> <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....</p>

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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
	<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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<p><b>UMC Health System</b></p> <p>VTE PROPHYLAXIS PLAN</p>	<p>Patient Label Here</p>
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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						
<b>Patient Care</b>							
	<p><b>VTE Guidelines</b></p> <p><input type="checkbox"/> See Reference Text for Guidelines</p>						
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> <p><b>Contraindications VTE</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Active/high risk for bleeding</td> <td><input type="checkbox"/> Treatment not indicated</td> </tr> <tr> <td><input type="checkbox"/> Patient or caregiver refused</td> <td><input type="checkbox"/> Other anticoagulant ordered</td> </tr> <tr> <td><input type="checkbox"/> Anticipated procedure within 24 hours</td> <td><input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</td> </tr> </table>	<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered	<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated						
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered						
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis						
	<p><b>Apply Elastic Stockings</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High</td> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High</td> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High</td> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</td> </tr> </table>	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High						
<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High						
<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High						
	<p><b>Apply Sequential Compression Device</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Lower Extremities</td> <td><input type="checkbox"/> Apply to Left Lower Extremity (LLE)</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Lower Extremity (RLE)</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)	<input type="checkbox"/> Apply to Right Lower Extremity (RLE)			
<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)						
<input type="checkbox"/> Apply to Right Lower Extremity (RLE)							
<b>Medications</b>							
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>							
	<p>VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</p> <p><b>enoxaparin (enoxaparin for weight 40 kg or GREATER)</b></p> <p><input type="checkbox"/> 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</p>						
	<p><b>heparin</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 5,000 units, subcut, inj, q12h</td> <td><input type="checkbox"/> 5,000 units, subcut, inj, q8h</td> </tr> </table>	<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h				
<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h						
	<p>VTE Prophylaxis: Non-Trauma Dosing</p> <p><b>enoxaparin (enoxaparin for weight 40 kg or GREATER)</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</td> </tr> </table>	<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function		
<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function							
	<p><b>rivaroxaban</b></p> <p><input type="checkbox"/> 10 mg, PO, tab, In PM</p>						
	<p><b>warfarin</b></p> <p><input type="checkbox"/> 5 mg, PO, tab, In PM</p>						
	<p><b>aspirin</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 81 mg, PO, tab chew, Daily</td> <td><input type="checkbox"/> 325 mg, PO, tab, Daily</td> </tr> </table>	<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily				
<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily						
	<p>Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p> <p><b>fondaparinux</b></p> <p><input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>						

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