UMC Health System CARDIO POST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PLAN		Patient Label Here		
	PHYSICIA	N ORDERS		
Diagnos				
Weight				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.		
ORDER				
	Condition/Status If this patient is NOT going to be ADMITTED, you MUST place the Code Status order below:			
	Code Status			
		Code Status: DNR/AND (Allow Natural Death)		
	Patient Care			
	Notify Nurse (DO NOT USE FOR MEDS)	a x 4 then q4h. Flush q24h with saline.		
	Perform Neurovascular Checks To: Bilateral Upper Extremities Bilateral Lower Extremities, q1h, for 12hrs then q2h for 12hrs then Per Unit Standards.			
	Strict Intake and Output			
	Vital Signs Per Unit Standards, q15min x 4, q30min x 2, THEN PER UNIT STANDARDS Bedside Pacemaker Settings Maintain Heart rate greater than 50 or set parameters as determined post procedure patient assesment Core Body Temperature Monitoring with Criticore Insert Urinary Catheter Catheter Type: Criticore			
	Maintain Chest Tube			
	Maintain Gastric Tube	Maintain Orogastric - OG, Low Intermittent Suction		
	Notify Nurse (DO NOT USE FOR MEDS) Assess groin incision and sheath site for hematoma q2h x 4 then qSh	ift		
	Notify Nurse (DO NOT USE FOR MEDS)	Γ, and platelet count.		
	Patient Activity Bedrest			
	Place Device at Bedside			
	Urinary Catheter Care Per Unit Standards			
	Warming Measures Treat hypothermia with warming blanket to keep Temp greater than 9	6.8 degrees F (36 C)		
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Order Take	en by Signature:	Date Time		
Physician Signature: Date		Date Time		



UMC Health System CARDIO POST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PLAN		Patient Label Here	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	Wound Care by Nursing		
	Communication		
	Notify Provider of VS Parameters Temp Greater Than 101.5, RR Greater Than 28, RR Less Than 8, Sp Greater Than 120, HR Less Than 50	O2 Less Than 92, SBP Greater Than 180, SBP Less Than 100, HR	
	Notify Provider (Misc) Reason: Blood Glucose greater than 180 or less than 60.		
	Notify Provider (Misc) Reason: Onset of Chest Pain or Dyspnea.		
	Notify Provider (Misc) Reason: Urine output less than 30 mL/hr.		
	Dietary		
	NPO Diet □ NPO □ NPO, Except Meds, Except Ice Chips	NPO, Except Meds	
	Oral Diet Clear Liquid Heart Healthy Diet		
	IV Solutions		
	NS □ IV, 50 mL/hr □ IV, 100 mL/hr □ IV, 150 mL/hr	□ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	
	1/2 NS □ IV, 50 mL/hr □ IV, 100 mL/hr □ IV, 150 mL/hr	□ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	Antibiotics ceFAZolin		
	Cer Azolin 1 g, IVPush, inj, q8h, x 3 dose, Pre-OP/Post-Op Prophylaxis Start 8 hours after the pre-op dose was administered.		
	Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes		
	Continued on next page		
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	UMC Health System		
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CARDIO POST TRANSCATHETER AORTIC VALVE			
RI	EPLACEMENT (TAVR) PLAN		
	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	If patient is allergic to penicillins, order vancomycin.		
vancomycin			
	1,000 mg, IVPB, ivpb, q12h, x 1 dose, Pre-OP/Post-Op Prophylaxis		
	Start 12 hours after the pre-op dose was administered.		
	Vasodilators		
	nitroGLYCerin (nitroGLYCerin sublingual)		
	If chest pain continues, obtain STAT EKG and notify physician ST/	AT	
	Anti Platelets		
	Maintenance Dose:		
	ticagrelor ☐ 90 mg, PO, tab, BID		
	prasugrel ☐ 10 mg, PO, tab, Daily, x 180 days	☐ 5 mg, PO, tab, Daily, x 18	0 days
	clopidogrel ☐ 75 mg, PO, tab, Daily		
	aspirin ☐ 81 mg, PO, tab ec, Daily	☐ 325 mg, PO, tab, Daily	
	Laboratory		
	Click to review cardiac labs		
	Basic Metabolic Panel (BMP)		
	CBC STAT		
	Comprehensive Metabolic Panel		
	Hemoglobin and Hematocrit		
	Hemoglobin and Hematocrit		
	D Dimer HS 500		
	Magnesium Level		
	Prothrombin Time with INR		
	PTT		
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CARDIO POST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PLAN

	PHYSIC	CIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Troponin T High Sensitivity		
	Hemoglobin A1C Next Day in AM, T+1;0300, for 1 days		
	Lipid Panel Next Day in AM, T+1;0300, for 1 days		
	Phosphorus Level Next Day in AM, T+1;0300, for 1 days		
	Prothrombin Time with INR ☐ Next Day in AM, T+1;0300, for 1 days		
	PTT ☐ Next Day in AM, T+1;0300, for 1 days		
	CBC □ Next Day in AM, T+1;0300, for 3 days		
	Basic Metabolic Panel Next Day in AM, T+1;0300, for 3 days		
	Comprehensive Metabolic Panel		
	Magnesium Level Next Day in AM, T+1;0300, for 3 days		
	Troponin T High Sensitivity Routine, T;N, q6h 4 times		
	Anti Xa Level		
	POC Blood Sugar Check		
	Urine Random Drug Screen		
	Diagnostic Tests Notify Nurse (DO NOT USE FOR MEDS) EKG STAT PRN Chest Pain		
	EKG-12 Lead STAT, Abnormal ECG, upon arrival to unit.		
	EKG-12 Lead T;N, Routine, Abnormal ECG, Every AM 3 days		
	DX Chest Portable		
	DX Chest Portable T;N, Routine, Every 0300, for 1, days		
	DX Chest PA & Lateral STAT, Not Portable		
	DX Chest PA & Lateral T;0500, Not Portable		
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CARDIO POST TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PLAN

	PHYSICIAN	I 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	
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) w T+1;N, Routine	vith contrast if needed)
	Limited Echo Transthoracic (Limited TTE) Pericardial Effusion	
	VL LE Arterial/BG Bilat (Vascular Lab) Routine, Post procedure/Post stent follow up	
	VL LE Arterial/BG Lt (Vascular Lab) Routine, Post procedure/Post stent follow up	
	VL LE Arterial/BG Rt (Vascular Lab) Routine, Post procedure/Post stent follow up	
	Respiratory	
	Respiratory Care Plan Guidelines Oxygen (O2) Therapy Via: Nasal cannula, Keep sats greater than: 92% Via: Nonrebreather mask, Keep sats greater than: 92%	☐ Via: Simple mask, Keep sats greater than: 92%
	Physical Medicine and Rehab	
	Consult PT Mobility for Eval & Treat	
	Consult Speech Therapy for Eval & Treat	
	Consults/Referrals Consult Cardiac Rehab Cardiac Rehab for Inpatient Phase I evaluation and treatment. Arrang treatment.	e Outpatient Cardiac Rehab Phase II evaluation and
	Additional Orders	
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BE	3 TYPE AND SCREEN PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
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Physician	Signature:	Date	Time

UMC Health System		Patient Label Here	
DISCOMFORT MED PLAN			
	DUVOIOLA		
	Place an "X" in the Orders column to designate orders of choice AN	D an "X" in the specific ord	er detail box(es) where applicable.
ORDER			
	Patient Care Perform Bladder Scan		
	Scan PRN, If more than 250, Then: Call MD, Perform as needed for p distention present OR 6 hrs post Foley removal and patient has not vo		/ discomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	-	
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	brane lozenge)	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20	mg-200 mg/10 mL oral liqu	id)
	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*** ☐ 1,000 mg, PO, tab, q6h, PRN fever		
	Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours		
	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 h	ouro***	
	1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)	ours	
	Do not exceed 4,000 mg of acetaminophen from all sources in 24 h	ours	
	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		
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DI	ISCOMFORT MED PLAN		
	-		
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 r	ng-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***	
	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	
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Co	deine) 300 mg-30 mg oral tab	let)
	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	
	Do not exceed 4,000 mg of acetaminophen from all sources in 24	hours	
	traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)	☐ 50 mg, PO, tab, q4h, PR	N pain-moderate (scale 4-6)
	<u>ke</u> torolac		
	15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr		
	May give IM if no IV access		
	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)		4 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) 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		0.4 mg, Slow IVPush, inj,	q4h, PRN pain-severe (scale 7-10)
	Antiemetics Select only ONE of the following for nausea/vomiting		
	promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting		
	ondansetron		
	4 mg, IVPush, soln, q8h, PRN nausea/vomiting		
	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-mag	nesium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL oral
	suspension)		
	30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.		
	ראווווווזנט ד ווטעו שבוטוב ווובמוז מווע וווקוונוץ.		
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	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN		r datail box(os) whore applicable
ORDER	ORDER DETAILS	id all x in the specific orde	i detali box(es) where applicable.
ORDER	simethicone		
	80 mg, PO, tab chew, q4h, PRN gas	160 mg, PO, tab chew, q4	h, PRN gas
	Anxiety		
	Select only ONE of the following for anxiety		
	ALPRAZolam		
	LORazepam		
	0.5 mg, IVPush, inj, q6h, PRN anxiety	1 mg, IVPush, inj, q6h, PR	N anxiety
	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		
	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, P	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, as needed, PRN hemorrhoid care Wipe affected area		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)		
	1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area		
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ELECTROLYTE MED PLAN - ICU ONLY

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	ler detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Communication				
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte Replacement Guidelines)				
	Check below to select the Aggressive Potassium, phosphate, and magne May then uncheck any replacement orders not wanted.	esium.			
	Communication Order				
	Medications				
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.			
	Replacement orders should only be used in patients with a serum creatinine LESS than 2 mg/dL, and urinary output GREATER than 0.5 mL/kg/hr				
	IV POTASSIUM CHLORIDE REPLACEMENT:				
	Select only ONE of the following potassium chloride replacement orders	- Aggressive or Non-Aggres	sive		
	AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses f	or potassium levels 3.6 mMo	ol/L to 3.9 mMol/L:		
potassium chloride 20 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 2 hr, K+ level 3.6 - 3.9 mMol/L If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb Administer at 10 mEq/hr and repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts. potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Administer at 10 mEq/hr, and repeat serum potassium level 2 hours after total replacement is completed.					
			bleted.		
			acement attempts.		
			pleted.		
	Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	potassium chloride ☐ 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CONTACT PROVIDER.				
	Administer at 10 mEq/hr, and repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts. Continued on next page				
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ELECTROLYTE MED PLAN - ICU ONLY

	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	R ORDER DETAILS				
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels LESS than or equal to 3.5 mMol/L: potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L				
	If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Administer at 10 mEq/hr, and repeat serum potassium level 2 hours after total replacement is completed.				
	Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	potassium chloride				
	Notify provider and check magnesium level if potassium deficiency does	not correct after two replace	ement attempts.		
	IV SODIUM PHOSPHATE REPLACEMENT: Use only when phosphorous needs replacement Select only ONE of the following sodium phosphate replacement orders - Aggressive or Non-Aggressive				
	AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for serum p serum sodium level LESS than 145 mMol/L.				
	sodium phosphate 30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L - Admi				
	Repeat serum phosphorus level 6 hours after infusion completed.				
	sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr, For serum phosphorus level LESS than 1 mg/dL. If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/L - Administer 45 mMol sodium phosphate and notify provider.				
	Repeat serum phosphate level 6 hours after infusion completed.				
	NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Select both sodium phosphate orders to replace phos levels LESS than a equal to 2.5 mg/dL sodium phosphate 30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr, For serum phosphorus level 1-2.5 mg/dL. If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol/L - Administer 30 mMol sodium phosphate. Repeat serum phosphorus level 6 hours after infusion completed. Continued on next page				
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ELECTROLYTE MED PLAN - ICU ONLY

	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		
	 sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr, For serum phosphorus level LESS than 1 mg/dL. If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/L - Administer 45 mMol sodium phosphate and notify provider. 		
	Repeat serum phosphate level 6 hours after infusion completed.		
	IV MAGNESIUM REPLACEMENT:		
	 magnesium sulfate 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr, For serum magnesium levels 1.6 - 1.9 mg/dL. If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Administer at rate of 1 g/hr, and repeat serum magnesium level 2 hours after the infusion is completed. 		
	 magnesium sulfate 4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr, For serum magnesium levels equal to or LESS than 1.6 mg/dL. If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and NOTIFY PROVIDER if mag level is less than 1 mg/dL. Administer at rate of 1 g/hr, and repeat serum magnesium level 2 hours after the infusion is completed. 		
	IV POTASSIUM PHOSPHATE REPLACEMENT:		
	Select only ONE of the following potassium phosphate replacement orders - Aggressive or Non-Aggressive. Nurse will contact provider for additional order IF potassium phosphate needed		
	AGGRESSIVE IV POTASSIUM PHOSPHATE - Use when only phosphorus needs replacement with hypernatremia. Replacement doses for serum phosphorus levels LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	 Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia. 		
	NON-AGGRESSIVE IV POTASSIUM PHOSPHATE REPLACEMENT - To replace phosphorus levels LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.		
	Laboratory		
	Potassium Level		
	Phosphorus Level		
	Magnesium Level		
	Sodium Level		
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Patient Label Here GERIATRIC DISCOMFORT MED PLAN 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 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 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 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 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 Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are part doses. You will need to calculate a total daily dose if needed. Medications are port dose of the collewing for Mid Pain Calculate and the following for Mid Pain Calculate and the following of medianinophen from all sources in 24 hours*** Con to exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of actaminophen from all sources in 24 hours*** Con exceed 4,000 mg of a		UMC Health System		
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 Perform Bidder Scan			P	atient Label Here
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 DETAILS Parton Bladder Scan Base RRM. If more than 250. Ther: 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. Modification sentences are per dose. You will need to calculate a total daily dose if needed. menthol-benzocaline topical (Chloraseptic 6 mg-10 mg muccus membrane lozenge) Image: the topic of the following for Mid Pain Sectoring Pop. tab. Nightly. PRN insomnia Analgesits for Mid Pain Sectoring OND mg Oo, tab. QRD. PRN pain-mid (scale 1-3) ""Do not exceed 4 Joon mg of exatinning sources in 24 hours"" Imagesits for Mid Pain Sectoring ONE of the following of mode and sources in 24 hours"" "Do not exceed 4 Joon mg of exateringhorh from al sources in 24 hours"" Ibuprofen Ibuprofen Ibuprofen Do nog PO, Lab. QRD. PN pain-mid (scale 1-3) ""Do not exceed 4 Joon mg of exaterinhophen from all sources in 24 hours""	GERIATRIC DISCOMFORT MED PLAN			
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UMC Health System GERIATRIC DISCOMFORT MED PLAN		Patient Label Here	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
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	Gastrointestinal Agents		
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	bisacodyl 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	 Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) □ 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly. 	esium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral	
simethicone I 80 mg, PO, tab chew, q4h, PRN gas I 160 mg, PO, tab chew, q4h, PRN 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 h 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h		
	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. with food. image: the state of the sta		
	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, as needed, PRN hemorrhoid care Wipe affected area 		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area		
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UMC Health System

HEPARIN INFUSION MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific order	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Heparin Infusion Nomogram			
	Check the .Medication Management order below if the patient requires spe provider. AntiXa levels must be used. aPTT levels will not be accepted for			
	 .Medication Management (Notify Nurse and Pharmacy) BID, Start date T;N DO NOT USE NOMOGRAM - Patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments. 			
	Communication			
	Notify Nurse (DO NOT USE FOR MEDS)	nours after every rate change		
	Notify Provider (Misc) Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than 0.9	or less than 0.2		
	Notify Provider (Misc) Reason: If platelet count decreases by 50% of baseline or drops below 7	100,000 (100 K/uL)		
	Notify Provider (Misc) Reason: If Hemoglobin decreases by 2 g/dL or more.			
	Notify Provider (Misc) Reason: If signs of bleeding occur.			
	Medications Medication sentences are per dose. You will need to calculate a total	daily dose if peeded		
	Medication Management Start date T;N Discontinue all other orders for heparin products (i.e. heparin sububcuta	-		
	Venous Thromboembolic Disorder			
	Deep Vein Thrombosis, Pulmonary Embolism			
	heparin 80 units/kg, IVPush, inj, ONE TIME For Load Dose: Indication: DVT/PE Recommended maximum dose is	10,000 units.		
	heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 m ☐ IV Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exc on = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance specific adjustments. Continued on next page	ceed a total hourly dose of 1,8	800 units. Final concentrati	
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н	UMC Health System	Patient Label Here		
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS			
	Start at rate:units/kg/hr			
	Cardiac			
	Unstable angina, ST elevation MI, non-ST elevation MI heparin 60 units/kg, IVPush, inj, ONE TIME Load Dose: Indication: unstable angina, STEMI or non-STEMI. Reco	mmended maximum dose is 4,000 units.		
	heparin 25,000 units/250 mL D5W (Cardiac (heparin 25,000 units/250	mL D5W (Cardiac)) ☐ IV		
	Neurological			
	Ischemic strokes with a suspected embolic source in which thrombolytics cerebral hemorrhage	have NOT been given and a CT has confirmed NO		
	No initial heparin load dose recommended.			
	heparin 25,000 units/250 mL D5W (Neurolo (heparin 25,000 units/250 mL D5W (Neurological)) IV Indication: Ischemic Stroke. Initial maximum rate is 12 units/kg/hr not to exceed a total hourly dose of 1,200 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments.			
	Start at rate:units/kg/hr			
	Laboratory Baseline Labs			
	CBC			
	STAT Anti Xa Level			
	STAT Anti Xa Level STAT Prothrombin Time with INR (Protime with INR)			
	STAT Anti Xa Level STAT Prothrombin Time with INR (Protime with INR) STAT			
	□ STAT Anti Xa Level □ STAT Prothrombin Time with INR (Protime with INR) □ STAT Daily Labs CBC			
	□ STAT Anti Xa Level □ STAT Prothrombin Time with INR (Protime with INR) □ STAT Daily Labs CBC			
	□ STAT Anti Xa Level □ STAT Prothrombin Time with INR (Protime with INR) □ STAT Daily Labs CBC □ Next Day in AM, T+1;0300, Every AM 3 days	Scanned Powerchart		
	□ STAT Anti Xa Level □ STAT Prothrombin Time with INR (Protime with INR) □ STAT Daily Labs CBC □ Next Day in AM, T+1;0300, Every AM 3 days	Scanned Powerchart Scanned PharmScan		



	UMC Health System			
	DTASSIUM CHLORIDE REPLACEMENT PLAN	Pa	tient Label Here	
	TASSION CHEORIDE REFEACEMENT FEAN			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Potassium Replacement Guidelines			
	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	ORAL POTASSIUM REPLACEMENT			
	potassium chloride 40 mEq, PO, tab sa, as needed, PRN hypokalemia			
	Use oral replacement if patient is asymptomatic and able to take ORA replacement if ordered.	L supplementation. If contrair	ndicated, give IV potassium	
	If K+ level less than 3.1 mMol/L -Contact provider immediately as IV r If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give e if needed.			
	Repeat potassium level with next day labs.			
	IV POTASSIUM REPLACEMENT			
	potassium chloride			
	40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.			
	potassium chloride □ 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, I If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and con Administer at 10 mEq/hr.	ntact provider	ed.	
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	UMC Health System	F	Patient Label Here
SLIDING SCALE INSULIN REGULAR PLAN			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	der detail box(es) where applicable.
ORDER	ORDER DETAILS Patient Care		
	POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency	🔲 AC & HS	
	AC & HS 3 days		
	∐ BID □ q6h	☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines		
	Follow SSI Regular Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	insulin regular (Low Dose Insulin Regular Sliding Scale)		
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame	ters	
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypoglycemia guideline	s 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.		
	0-10 units, subcut, inj, BID, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypoglycemia guideline:	s 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 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 a			
	insutlin regular sliding scale.		
	Continued on next page		
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	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific ord	er detail box(es) where applicable.
ORDER	RDER ORDER DETAILS		
ONDER ONDER <td< th=""><th>and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. e normal POC blood sugar check and and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. e normal POC blood sugar check and</th></td<>		and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. e normal POC blood sugar check and and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL. e normal POC blood sugar check and	
	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 subc hours. Continue to repeat 10 units subcut and POC blood sugar che Once the blood sugar is less than 300 mg/dL, repeat POC blood sug insutlin regular sliding scale. Continued on next page	cks every 2 hours until blood g	lucose is less than 300 mg/dL.
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UMC Health System SLIDING SCALE INSULIN REGULAR PLAN		Patient Label Here		
	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 applicab			
ORDER DETAILS				
	insulin regular (Moderate Dose Insulin Regular Sliding Scale) ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	 If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 			
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut			
	 If blood glucose is greater than 400 mg/dL, administer 12 units subcu hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 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, init 	cks every 2 hours until blood 4 hours and then resume no	d glucose is less than 300 mg/dL. rmal 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 subcu hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale. Continued on next page	cks every 2 hours until blood	d glucose is less than 300 mg/dL.	
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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 or	der 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, ini 	tiate hypoglycemia guideline:	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 subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insuttin regular scale. 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 201-250 mg/dL - 4 units subcut 201-250 mg/dL - 5 units subcut 201-250 mg/dL - 10 units 151-200 mg/dL - 5 units subcut 201-250 mg/dL - 10 units 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 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/dI, repeat POC blood sugar in 4 hours and then resume no		
	 insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see param High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini 		s 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 subcu hours. Continue to repeat 10 units subcut and POC blood sugar chec Once blood sugar is less than 300 mg/dL, repeat POC blood sugar ir insulin regular sliding scale. Continued on next page	ks every 2 hours until blood	glucose 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 or	der detail box(es) where applicable.	
ORDER	R 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 I 	nypoglycemia guidelines	s 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. 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.			
	 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. □ 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 I 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	nypoglycemia guidelines	s and notify provider.	
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, not hours. Continue to repeat 10 units subcut and POC blood sugar checks ev Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 ho insulin regular sliding scale. Continued on next page	ery 2 hours until blood g	glucose is less than 300 mg/dL.	
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PHYSICIAN ORDERS			
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ORDER ORDER DETAILS			
	 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 		
	151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.		
insulin regular (Blank Insulin Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters IIf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.			
	70-150 mg/dL units 151-200 mg/dL units subcut 201-250 mg/dL units subcut 251-300 mg/dL units subcut 301-350 mg/dL units subcut 351-400 mg/dL units subcut		
If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/ Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check a insulin regular sliding scale.			d glucose is less than 300 mg/dL.
	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 les able to swallow. See hypoglycemia Guidelines. Continued on next page 	ss than 70 mg/dL and	d patient is symptomatic and
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SLIDING SCALE INSULIN REGULAR PLAN Patient Label Here 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 DETALS Image: Design of 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. Image: Design of the patient has altered mental status and 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.		UMC Health System	Da	for the line		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicabl 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	SL	IDING SCALE INSULIN REGULAR PLAN	Pa	tient Label Here		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicabl 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						
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		PHYSICIA	N ORDERS			
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 IV access. See hypoglycemia guidelines.		Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
 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 	ORDER	ORDER DETAILS				
 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 						
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		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				
		□ 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 pa	tient has altered mental status		
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Order Taken by Signature: Date Time	Order Take	n by Signature:	Date	Time		
Physician Signature: Time	Physician S	Signature:	Date	Time		

UMC Health System		Patient Label Here			
V	FE PROPHYLAXIS PLAN				
		N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order o	letail box(es) where applicable.		
ORDER	ORDER DETAILS Patient Care				
	VTE Guidelines				
	See Reference Text for Guidelines				
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindi cated				
	Contraindications VTE				
	Active/high risk for bleeding Patient or caregiver refused	 Treatment not indicated Other anticoagulant ordered 			
	Anticipated procedure within 24 hours	Intolerance to all VTE chemo	prophylaxis		
	Apply Elastic Stockings				
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extremit	v (LLE). Length: Knee High		
	Apply to: Right Lower Extremity (RLE), Length: Knee High	Apply to: Bilateral Lower Extr	emities, Length: Thigh High		
	Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Right Lower Extrem	hity (RLE), Length: Thigh High		
	Apply Sequential Compression Device	_			
	Apply to Bilateral Lower Extremities	Apply to Left Lower Extremity	y (LLE)		
	Apply to Right Lower Extremity (RLE)				
	Medications Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed			
	VTE Prophylaxis: Trauma Dosing. For CrCI LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.				
	enoxaparin (enoxaparin for weight 40 kg or GREATER)	macy to Adiust Dose per Renal F	unction		
	Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight				
	heparin ☐ 5,000 units, subcut, inj, q12h				
	VTE Prophylaxis: Non-Trauma Dosing				
	enoxaparin (enoxaparin for weight 40 kg or GREATER)	armacy to Adjust Dose per Renal	Function		
	30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pha				
	🛛 🔲 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha	armacy to Adjust Dose per Renal	Function		
	☐ 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for per Renal Function	BMI Greater than or Equal to 40 I	(g/m2, Pharmacy to Adjust Dose)		
	rivaroxaban				
	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 CrCl	LESS than 30 mL/min			
	<u>fon</u> daparinux				
	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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