

UMC Health System CHEST PAIN 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
	Contraindications Aspirin <input type="checkbox"/> Anticoagulant/Antiplatelet Prescribed <input type="checkbox"/> History of GI Bleed <input type="checkbox"/> Other (specify below in other reason) <div style="float: right;"> <input type="checkbox"/> Allergy <input type="checkbox"/> Positive Occult Blood in Stool </div>
	aspirin <input type="checkbox"/> USE FOR AMI, 81 mg, chewed, tab chew, Daily This medication must be given immediately for AMI if not given in the ER. <input type="checkbox"/> USE FOR AMI, 325 mg, PO, tab, ONE TIME This medication must be given immediately for AMI if not given in the ER. <input type="checkbox"/> USE FOR AMI, 325 mg, PO, tab, Daily This medication must be given immediately for AMI if not given in the ER.
	Loading Dose: ticagrelor <input type="checkbox"/> 180 mg, PO, tab, ONE TIME
	prasugrel <input type="checkbox"/> 60 mg, PO, tab, ONE TIME
	clopidogrel <input type="checkbox"/> 300 mg, PO, tab, ONE TIME <div style="float: right;"><input type="checkbox"/> 600 mg, PO, tab, ONE TIME</div>
	Maintenance Dose: ticagrelor <input type="checkbox"/> 90 mg, PO, tab, BID
	prasugrel <input type="checkbox"/> 10 mg, PO, tab, Daily, x 180 days <div style="float: right;"><input type="checkbox"/> 5 mg, PO, tab, Daily, x 180 days</div>
	clopidogrel <input type="checkbox"/> 75 mg, PO, tab, Daily
P2Y12 Antagonist	
	P2Y12 antagonist alternative, for NPO patients or patients being bridged Loading Dose for IV Therapy (IF NOT GIVEN IN CATH LAB): cangrelor <input type="checkbox"/> 30 mcg/kg, IVPush, inj, ONE TIME Administer rapidly over less than 1 minute.
	Maintenance Dose for IV Therapy: cangrelor 50 mg/250 mL NS - Percutaneous (cangrelor 50 mg/250 mL NS - Percutaneous coronary intervention (PCI)) <input type="checkbox"/> IV, x 24 hr, Percutaneous Coronary Intervention (PCI) <div style="float: right;"><input type="checkbox"/> Start at rate: _____ mcg/kg/min</div>
Beta Blockers	
	Must be given per Core Measures. If not given, choose the Contraindications Order below and complete

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	Contraindications Beta Blocker <input type="checkbox"/> Allergy or Sensitivity <input type="checkbox"/> Chronic Lung Disease -- Asthma <input type="checkbox"/> Other (specify below in other reason) <div style="float: right;"> <input type="checkbox"/> Bradycardia or Heart Block <input type="checkbox"/> Severe Hypotension </div>
	metoprolol <input type="checkbox"/> 25 mg, PO, tab, BID <input type="checkbox"/> 100 mg, PO, tab, BID <div style="float: right;"> <input type="checkbox"/> 50 mg, PO, tab, BID </div>
	carvedilol <input type="checkbox"/> 6.25 mg, PO, tab, BID Administer with breakfast and dinner. <input type="checkbox"/> 12.5 mg, PO, tab, BID Administer with breakfast and dinner. <input type="checkbox"/> 25 mg, PO, tab, BID Administer with breakfast and dinner.
Ace Inhibitors	
	If Ejection fraction is less than 40%, Give ACE Inhibitor or ARB per Core Measures. If ACE Inhibitor or ARB not given, choose the Contraindications Order below and complete. Contraindications ACEI or ARB <input type="checkbox"/> Allergy to Both <input type="checkbox"/> Angioedema Caused by an ACE or ARB <input type="checkbox"/> Hypotension <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Other (specify below in other reason) <div style="float: right;"> <input type="checkbox"/> Allergy to One-Must Try the Other <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Moderate or Severe Aortic Stenosis <input type="checkbox"/> Worsening Renal Function </div>
	captopril <input type="checkbox"/> 6.25 mg, PO, tab, TID Administer 1 hour before meals <input type="checkbox"/> 12.5 mg, PO, tab, TID Administer 1 hour before meals <input type="checkbox"/> 25 mg, PO, tab, TID Administer 1 hour before meals
	lisinopril <input type="checkbox"/> 2.5 mg, PO, tab, Daily <input type="checkbox"/> 10 mg, PO, tab, Daily <div style="float: right;"> <input type="checkbox"/> 5 mg, PO, tab, Daily <input type="checkbox"/> 20 mg, PO, tab, Daily </div>
	ramipril <input type="checkbox"/> 2.5 mg, PO, cap, Daily <input type="checkbox"/> 10 mg, PO, cap, Daily <div style="float: right;"> <input type="checkbox"/> 5 mg, PO, cap, Daily </div>
Angiotensin Receptor Blockers	
	If ejection fraction is less than 40%, give ACE Inhibitor or ARB per Core Measures. If ACE Inhibitor or ARB not given, choose the Contraindications order below and complete.

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<p>UMC Health System</p> <p>DISCOMFORT MED PLAN</p>	<p>Patient Label Here</p>
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ORDER	ORDER DETAILS
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Patient Care

	<p>Perform Bladder Scan</p> <p><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.</p>
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Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

	<p>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</p> <p><input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p>
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	<p>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</p> <p><input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough</p>
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	<p>dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)</p> <p><input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake</p>
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Anti-pyretics

Select only ONE of the following for fever

	<p>acetaminophen</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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p>
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	<p>ibuprofen</p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p>
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Analgesics for Mild Pain

Select only ONE of the following for mild pain

	<p>acetaminophen</p> <p><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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p> <p>Continued on next page....</p>
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ORDER	ORDER DETAILS
	HYDRomorphone <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)
Antiemetics	
	Select only ONE of the following for nausea promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS										
Patient Care											
<p>POC Blood Sugar Check</p> <table border="0"> <tr> <td><input type="checkbox"/> Per Sliding Scale Insulin Frequency</td> <td><input type="checkbox"/> AC & HS</td> </tr> <tr> <td><input type="checkbox"/> AC & HS 3 days</td> <td><input type="checkbox"/> TID</td> </tr> <tr> <td><input type="checkbox"/> BID</td> <td><input type="checkbox"/> q12h</td> </tr> <tr> <td><input type="checkbox"/> q6h</td> <td><input type="checkbox"/> q6h 24 hr</td> </tr> <tr> <td><input type="checkbox"/> q4h</td> <td></td> </tr> </table>		<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS	<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID	<input type="checkbox"/> BID	<input type="checkbox"/> q12h	<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> q4h	
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<input type="checkbox"/> 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>Sliding Scale Insulin Regular Guidelines</p> <input type="checkbox"/> Follow SSI Regular Reference Text											
Medications											
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>											
<p>insulin regular (Low Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>											

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ORDER	ORDER DETAILS
	<p>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 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.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Continued on next page....</p>

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	<p>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & 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 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</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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	<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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut 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>insulin regular (Blank Insulin Sliding Scale)</p> <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ____mg/dL , initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - ____ units 151-200 mg/dL - ____ units subcut 201-250 mg/dL - ____ units subcut 251-300 mg/dL - ____ units subcut 301-350 mg/dL - ____ units subcut 351-400 mg/dL - ____ units subcut If blood glucose is greater than 400 mg/dL, administer ____ units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat ____ units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
HYPOglycemia Guidelines	
	<p>HYPOglycemia Guidelines</p> <input type="checkbox"/> ***See Reference Text***
	<p>glucose</p> <input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page....

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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>glucose (D50) <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>glucagon <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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UMC Health System VTE PROPHYLAXIS 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
Patient Care	
	VTE Guidelines <input type="checkbox"/> See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> Apply to Left Lower Extremity (LLE)
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) <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
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) <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
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 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

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VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	fondaparinux <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

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<p>UMC Health System</p> <p>HEPARIN INFUSION MED 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
	Patient Care
	<p>Heparin Infusion Nomogram <input type="checkbox"/> ***See Reference Text***</p>
	<p>Check the .Medication Management order below if the 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.</p> <p>.Medication Management (Notify Nurse and Pharmacy) <input type="checkbox"/> 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.</p>
	Communication
	<p>Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Obtain Xa Heparin (Anti-Xa) Level 6 hours after starting infusion and 6 hours after every rate change.</p>
	<p>Notify Provider (Misc) <input type="checkbox"/> Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than 0.9 or less than 0.2</p>
	<p>Notify Provider (Misc) <input type="checkbox"/> Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)</p>
	<p>Notify Provider (Misc) <input type="checkbox"/> Reason: If Hemoglobin decreases by 2 g/dL or more.</p>
	<p>Notify Provider (Misc) <input type="checkbox"/> Reason: If signs of bleeding occur.</p>
	Medications
	<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>
	<p>.Medication Management <input type="checkbox"/> Start date T;N Discontinue all other orders for heparin products (i.e. heparin subcutaneous, enoxaparin).</p>
	Venous Thromboembolic Disorder
	<p>Deep Vein Thrombosis, Pulmonary Embolism</p> <p>heparin <input type="checkbox"/> 80 units/kg, IVPush, inj, ONE TIME For Load Dose: Indication: DVT/PE Recommended maximum dose is 10,000 units.</p>
	<p>heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 mL D5W (Venous Thromboembolic)) <input type="checkbox"/> IV Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exceed a total hourly dose of 1,800 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. Continued on next page....</p>

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UMC Health System		Patient Label Here	
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 detail box(es) where applicable.			
ORDER	ORDER DETAILS		
	<input type="checkbox"/> Start at rate: _____ units/kg/hr		
Cardiac			
	Unstable angina, ST elevation MI, non-ST elevation MI		
	heparin		
	<input type="checkbox"/> 60 units/kg, IVPush, inj, ONE TIME Load Dose: Indication: unstable angina, STEMI or non-STEMI. Recommended maximum dose is 4,000 units.		
	heparin 25,000 units/250 mL D5W (Cardiac (heparin 25,000 units/250 mL D5W (Cardiac))		
	<input type="checkbox"/> Start at rate: _____ units/kg/hr <input type="checkbox"/> IV		
Neurological			
	Ischemic strokes with a suspected embolic source in which thrombolytics have NOT been given and a CT has confirmed NO cerebral hemorrhage		
	No initial heparin load dose recommended.		
	heparin 25,000 units/250 mL D5W (Neurolo (heparin 25,000 units/250 mL D5W (Neurological))		
	<input type="checkbox"/> 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.		
	<input type="checkbox"/> Start at rate: _____ units/kg/hr		
Laboratory			
Baseline Labs			
	CBC		
	<input type="checkbox"/> STAT		
	Anti Xa Level		
	<input type="checkbox"/> STAT		
	Prothrombin Time with INR (Prottime with INR)		
	<input type="checkbox"/> STAT		
Daily Labs			
	CBC		
	<input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 3 days		

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