UMC Health System		Patient Label Here
CI	HEST PAIN PLAN	
		IAN ORDERS
Diagnos		
Weight	Allergies	
ORDER	Place an "X" in the Orders column to designate orders of choice A ORDER DETAILS	AND an "X" in the specific order detail box(es) where applicable.
OKDEK	Patient Care	
	Vital Signs Per Unit Standards	
	Daily Weight	
	Patient Activity Up Ad Lib/Activity as Tolerated Assist as Needed Bedrest Bathroom Privileges	Bedrest Bedrest Up to Bedside Commode Only
	Ambulate Patient Ambulate in Room	Ambulate in Hallway
	Strict Intake and Output	
	Urinary Catheter Care	
	POC Blood Sugar Check df 72 hr dfh, Until 2 hrs after Insulin Drip is DC'd	🗌 q1h 24 hr
	Continuous Telemetry (Intermediate Care)	
	Intermittent Telemetry	
	Communication	
	Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Unit	Now
	Dietary	
	Oral Diet Regular Diet Clear Liquid Diet	☐ Heart Healthy Diet ☐ Full Liquid Diet
	NPO Diet NPO T;2359, NPO After Midnight, Except Meds T;2359, NPO After Midnight, Except Meds, Except Ice Chips	☐ T;2359, NPO After Midnight ☐ T;2359, NPO After Midnight, Except Ice Chips
	IV Solutions 1/2 NS	
	□ IV, 75 mL/hr □ IV, 150 mL/hr	□ IV, 125 mL/hr □ IV, 200 mL/hr
	D5 1/2 NS □ IV, 75 mL/hr □ IV, 150 mL/hr	□ IV, 125 mL/hr □ IV, 200 mL/hr
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	en by Signature:	
i nysiciafi	Signature:	Datt1100C



	UMC Health System	Pa	tient Label Here
CI	HEST PAIN PLAN		
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	D5NS □ IV, 75 mL/hr □ IV, 150 mL/hr	□ IV, 125 mL/hr □ IV, 200 mL/hr	
	NS (Normal Saline)		
	└── IV, 75 mL/hr □── IV, 150 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.	
	famotidine 20 mg, PO, tab, BID	20 mg, IVPush, inj, BID	
	morphine ☐ 2 mg, IVPush, inj, q10min, PRN chest pain Administer until pain level is less than 4/10.		
	nitroGLYCerin (nitroGLYCerin sublingual) 0.4 mg, SL, tab, q5min, PRN chest pain, x 3 dose, for pain level 0 to 4		
	nitroGLYCerin 50 mg/250 mL D5W - Titrata (nitroGLYCerin 50 mg/250 mL D5W - Titratable) □ IV, Max dose: 200 mcg/min Final concentration = 0.2 mg/mL (200 mcg/mL). □ Start at rate: mcg/min		
	Glycoprotein Ilb/Illa Inhibitors		
	Patient must be on telemetry while receiving tirofiban (Aggrastat)		
	Bolus: tirofiban		
	25 mcg/kg, IVPush, inj, ONE TIME, Use actual body weight even in obese patients. IVPush over 5 minutes or less		
	Maintenance Infusion:		
	tirofiban 5 mg/100 mL		
	└ IV, x 18 hr Final concentration = 0.05 mg/mL (50 mcg/mL).		
	Usual maintenance dose is 0.15 mcg/kg/min. If creatinine clearance i	s less than 60 mL/min, use 0.	075 mcg/kg/min. **Patient must
	be on telemetry while receiving tirofiban (Aggrastat)**		
	Anti Platelets		
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 1 mg/kg, subcut, syringe, q12h, Pharmacy to Adjust Dose per Renal Function 1 mg/kg, subcut, syringe, q24h, Pharmacy to Adjust Dose per Renal Function 0.75 mg/kg, subcut, syringe, q12h, Pharmacy to Adjust Dose per Renal Function 0.3 mg/kg, IVPush, syringe, ONE TIME, Pharmacy to Adjust Dose per Renal Function 30 mg, IVPush, syringe, ONE TIME, Pharmacy to Adjust Dose per Renal Function		
	Must be given within 24 hours of arrival per Core Measures. If not given, choose the Contraindications order below and complete		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time

	UMC Health System	Deficié Lobel Hara	
C	HEST PAIN 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		
	Contraindications Aspirin Anticoagulant/Antiplatelet Prescribed History of GI Bleed Other (specify below in other reason)	☐ Allergy ☐ Positive Occult Blood in Stool	
	aspirin USE FOR AMI, 81 mg, chewed, tab chew, Daily This medication must be given immediately for AMI if not given in the USE FOR AMI, 325 mg, PO, tab, ONE TIME This medication must be given immediately for AMI if not given in the 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		
	Image: PO, tab, ONE TIME prasugrel Image: Book of the provided and the provid		
	clopidogrel		
	Maintenance Dose:		
	ticagrelor 90 mg, PO, tab, BID		
	prasugrel 10 mg, PO, tab, Daily, x 180 days 5 mg, PO, tab, Daily, x 180 days		
	clopidogrel ☐ 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 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))		
	Beta Blockers	0 0	
	Must be given per Core Measures. If not given, choose the Contraindications Order below and complete		
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan	
Order Take	en by Signature:	Date Time	
	Signature:		

Chest Pain Plan

UMC Health System		Pa	tient Label Here
CI	HEST PAIN PLAN		
	DUVSICIA		
	Photocan Place an "X" in the Orders column to designate orders of choice AN		a datail bay(ac) where applicable
ORDER	ORDER DETAILS	an x in the specific orde	er detail box(es) where applicable.
ORDER	Contraindications Beta Blocker		
	Allergy or Sensitivity	Bradycardia or Heart Bloc	k
	Chronic Lung Disease Asthma	Severe Hypotension	
	Other (specify below in other reason)		
	metoprolol 25 mg, PO, tab, BID 100 mg, PO, tab, BID	☐ 50 mg, PO, tab, BID	
	☐ 6.25 mg, PO, tab, BID Administer with breakfast and dinner.		
	12.5 mg, PO, tab, BID		
	Administer with breakfast and dinner. 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 If ACE Inhibitor or ARB not given, choose the Contraindications Order be		
	Contraindications ACEI or ARB	_	
	☐ Allergy to Both ☐ Angioedema Caused by an ACE or ARB	Allergy to One-Must Try th Hyperkalemia	ne Other
	Hypotension	Moderate or Severe Aortic	
	Renal Artery Stenosis Other (specify below in other reason)	Worsening Renal Function	n
	captopril		
	☐ 6.25 mg, PO, tab, TID		
	Administer 1 hour before meals 12.5 mg, PO, tab, TID		
	Administer 1 hour before meals		
	└ 25 mg, PO, tab, TID Administer 1 hour before meals		
	lisinopril □ 2.5 mg, PO, tab, Daily	5 mg, PO, tab, Daily	
	10 mg, PO, tab, Daily	20 mg, PO, tab, Daily	
	ramipril		
	2.5 mg, PO, cap, Daily 10 mg, PO, cap, Daily	☐ 5 mg, PO, cap, Daily	
	Angiotensin Receptor Blockers		
	If ejection fraction is less than 40%, give ACE Inhibitor or ARB per Core		
	If ACE Inhibitor or ARB not given, choose the Contraindications order be	elow and complete.	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time



CHEST PAIN PLAN Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(ex) where applicable. ORDER RORE ROTALLS Contraindications ACEI or ARB		UMC Health System	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 DETAILS Allergy to One-Must Try the Other Hypotension Bypotension Other (specify below in other reason) Station Orter (action Status Other (specify below in other reason) Station Orter (action Status Other	C	HEST PAIN 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 DETAILS Allergy to One-Must Try the Other Hypotension Bypotension Other (specify below in other reason) Station Orter (action Status Other (specify below in other reason) Station Orter (action Status Other			
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 Allergy to One-Must Try the Other Hypotension Bypotension Other (specify below in other reason) Station Orter (action Status Other (specify below in other reason) Station Orter (action Status Other		PHYSICI	AN ORDERS
ORDER ORDER DETAILS Contraindications ACEI or ARB Allergy to One-Must Try the Other Argidedema Gaused by an ACE or ARB Hyperkalemia Moderate or Severe Antic Stenosis Worsening Renal Function Contraindications Status Bitting Base or deviate or deviated transaminases Intelerance(myopathy, myalgia, myositis) Contervision Base or deviated transaminases Contervision Borng, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 20 mg, PO, tab, Nightly Borng, PO, tab, Nightly 40 mg, PO, tab, Nightly Borng, PO, tab, Nightly 40 mg, PO, tab, Nightly Borng, PO, tab, Nightly 40 mg, PO, tab, Nightly			
Alergy to Both Alergy to Dre-Must Try the Other Hypotension Hypotension Brain Artery Stenosis Worsening Renal Function Brain Artery Stenosis Worsening Renal Function Brain Artery Stenosis Brain Artery Stenosis Contraindications Statins Hypertaining Hypersensitivity Intolerance(myopathy. myalgia, myositis) Hypersensitivity Brain Artery Stenosis Other Statins Contraindications Statins Hypersensitivity Hypersensitivity Brain Artery Stenosis Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis Brain Artery Stenosis Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis Brain Artery Stenosis Brain Artery Stenosis Dor , tab. Nightly Brain Artery Stenosis	ORDER		
Image: Solution of the second seco		 Allergy to Both Angioedema Caused by an ACE or ARB Hypotension Renal Artery Stenosis 	Hyperkalemia Moderate or Severe Aortic Stenosis
Contraindications Statins Intolerance(myopathy, myalgia, myosilis) Hypersensitivity Intolerance(myopathy, myalgia, myosilis) 0 ther 0 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 40 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 9 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg, PO, tab, Nighty 10 mg, PO, tab, Nighty 20 mg		25 mg, PO, tab, Daily	☐ 50 mg, PO, tab, Daily
Impresensitivity Intolerance(myopathy, myolija, myosilis) Iver disease or elevated transaminases Pregnancy or breastfeeding Impresensitivity 20 mg, PO, tab, Nighty Impresensitivity 10 mg, PO, tab, Nighty Impresensitiv			
In 0 mg, PO, tab, Nightly 20 mg, PO, tab, Nightly Image: Portuge of the state of		 Hypersensitivity Liver disease or elevated transaminases 	
In the second		10 mg, PO, tab, Nightly	
Image: Second		10 mg, PO, tab, Nightly	☐ 20 mg, PO, tab, Nightly ☐ 80 mg, PO, tab, Nightly
Image: Solution of the second seco		5 mg, PO, tab, Nightly	☐ 10 mg, PO, tab, Nightly ☐ 40 mg, PO, tab, Nightly
Prothrombin Time with INR PTT should be ordered as baseline only and not for Heparin monitoring. PTT CBC with Differential Routine, T;N, Every AM for 1 days Routine, T;N, Every AM for 3 days Routine, T;N Routine, T;N Every AM for 3 days Routine, T;N Every AM for 3 days Routine, T;N Every AM for 3 days Scanned Powerchart Scanned PharmScan Order Taken by Signature:		☐ 5 mg, PO, tab, Nightly ☐ 20 mg, PO, tab, Nightly	☐ 10 mg, PO, tab, Nightly ☐ 40 mg, PO, tab, Nightly
PTT should be ordered as baseline only and not for Heparin monitoring. PTT CBC with Differential Routine, T;N, Every AM for 1 days Routine, T;N, Every AM for 3 days Routine, T;N Scanned Powerchart Scanned PharmScan Order Taken by Signature:			
PTT CBC with Differential Routine, T;N, Every AM for 1 days Routine, T;N, Every AM for 3 days Routine, T;N Scanned Powerchart Scanned PharmScan Order Taken by Signature:			
Routine, T;N, Every AM for 1 days Routine, T;N CBC Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Routine, T;N Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Routine, T;N Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time			
CBC Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Routine, T;N Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Image: To image: Taken by Signature: Image: Taken by Signature: Date		CBC with Differential	
Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Routine, T;N Routine, T;N, Every AM for 1 days Image: Routine, T;N Routine, T;N, Every AM for 1 days Image: Routine, T;N Routine, T;N, Every AM for 1 days Image: Routine, T;N Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N, Every AM for 1 days Image: Routine, T;N Image: Routine, T;N Image: Routine, T;N Image: Routine,			LI Routine, I;N
Routine, T;N, Every AM for 3 days Routine, T;N, Every AM for 1 days Routine, T;N Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		Routine, T;N, Every AM for 3 days	Routine, T;N, Every AM for 1 days
Order Taken by Signature: Date Time		Routine, T;N, Every AM for 3 days	Routine, T;N, Every AM for 1 days
Order Taken by Signature: Date Time			
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	Order Take	n by Signature:	Date Time

	UMC Health System	Patient Label Here		
Cł	HEST PAIN PLAN			
		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			
	Comprehensive Metabolic Panel (CMP) Routine, T;N, Every AM for 3 days Routine, T;N	Routine, T;N, Every AM for 1 days		
	Lipid Panel			
	CK □ Routine, T;N, q8h for 3 times			
	Troponin T High Sensitivity Routine, T;N, q8h for 3 times			
	Urinalysis			
	Diagnostic Tests			
	DX Chest Portable			
	EKG-12 Lead Every AM for 2 days, Perform EKG PRN for Chest Pain. Chest MUST	be marked appropriately		
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE)	vith contrast if needed)		
	Respiratory			
	Respiratory Care Plan Guidelines Continuous Pulse Oximetry			
	For 12 hr, DC when sats consistently greater than 92%			
	IS Instruct			
	Oxygen (O2) Therapy Via: Nasal cannula, Keep sats greater than: 92%			
	Consults/Referrals			
	Consult Cardiac Rehab Cardiac Rehab for Inpatient Phase I evaluation and treatment. Arrange Outpatient Cardiac Rehab Phase II evaluation and treatment.			
	Additional Orders			
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Order Take	n by Signature:	Date Time		
	Signature:	Date Time		

UMC Health System		Р	Patient Label Here
DI	SCOMFORT MED PLAN		
	PHYSICIA	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		
	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		y 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	•	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 ☐ 10 mL, PO, liq, q4h, PRN cough	mg-200 mg/10 mL oral liq	uid)
	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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 		
	 ibuprofen 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. 		
	Analgesics for Mild Pain		
	Select only ONE of the following for mild pain		
	acetaminophen ☐ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h ibuprofen if ordered. Continued on next page	ours*** If acetaminophen co	ntraindicated or ineffective, use
то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

UMC	Health	System
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Patient Label Here

DISCOMFORT MED PLAN

RDER ORDER DETAILS				
RDER ORDER DETAILS		PHYSICIAN ORDERS		
1.000 mg, PO, tab, qth, PRN pain-mild (scale 1-3) ***D not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use bioprofen f ordered. bioprofen ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use bioprofen f ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use bioprofen f ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (five with food. Analgesics for Moderate Pain Select only ONE of the following for moderate pain ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (five with food. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (five with food. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (five with hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (fi hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (fi hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (fi acetaminophen contraindicated or ineffective, use if ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (fi acetaminophen contraindicated or ineffective, use if ordered. ''Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** (fi acetaminophen/codeine contraindicated or ineffective, use if		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		
↓ 400 mg, PO, Leb, g6h, PRN pain-midl (scale 1-3) ***Do not exceed 3.200 mg of ibuprofen from all sources in 24 hours***. Give with food. Analgesics for Moderate Pain ↓ YORCocdone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ↓ Tbo not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. ↓ DO, tab, g4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) ↓ 1 tab, PO, tab, g4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. ↓ use if ordered. ↓ tab, PO, tab, g4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. ↓ use if ordered. ↓ use if ordered. ↓ DO, tab, g4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. ↓ DO, tab, g4h, PRN pain-moderate (sca		 ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use 		
Select only ONE of the following for moderale pain HYDRCcodone-acetaminophen (HYDRCcodone-acetaminophen 5 mg-325 mg oral tablet) Hto PC, bto, 49, PR PR pain-moderate (scale 4-6) **** The not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, 49, PRN pain-moderate (scale 4-6) **** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. 2 tab, PO, tab, 40, PRN pain-moderate (scale 4-6) **** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. > tab, PO, tab, 40, PRN pain-moderate (scale 4-6) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. > Bo mg, PO, tab, 40, PRN pain-moderate (scale 4-6) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. > Bo mg, PO, tab, 40, PRN pain-moderate (scale 4-6) ************************************		400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)		
HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ""Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. acetaminophen-codeine (acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. acetaminophen-codeine (acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. acetaminophen-codeine (acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective. use		Analgesics for Moderate Pain		
□ 1 tab. PO, tab., q4h. PRN pain-moderate (scale 4-6) ***Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered. □ 2 tab. PO, tab. q4h. PRN pain-moderate (scale 4-6) ***Do not exceed 4.000 mg of acetaminophen-codeline (Tylenol with Codeline) 300 mg-30 mg oral tablet) □ 1 tab., PO, tab. q4h. PRN pain-moderate (scale 4-6) ***Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeline contraindicated or ineffective, use if ordered. □ 2 tab. PO, tab., q4h. PRN pain-moderate (scale 4-6) ***Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeline contraindicated or ineffective, use if ordered. □ 2 tab. PO, tab., q4h. PRN pain-moderate (scale 4-6) ***Do not exceed 4.000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeline contraindicated or ineffective, use if ordered. □ 2 tab. PO, tab., q4h. PRN pain-moderate (scale 4-6) ************************************		Select only ONE of the following for moderate pain		
Image: Second Part of the Second Part o		1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or		
I tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective .use if ordered. I tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use if ordered. if ardMADol I 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) if tramadol contraindicated or ineffective, use if ordered. I tramadol contraindicated or ineffective, use if ordered. I tam adol contraindicated or ineffective, use if ordered. Ketorolac I 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ****May give IM if no IV access*** If ketorolac contraindicated or ineffective, use if ordered. Analgesics for Severe Pain Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. I morphine contraindicated or ineffective, use hydromorphone if ordered. I morphine contraindicated or ineffective, use hydromorphone if ordered. I morphine contraindicated or ineffective, use hydromorphone if ordered. I morphine contraindica		2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or		
□ 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) if ordered. □ 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) if ordered. If tramadol contraindicated or ineffective, use if ordered. if ordered. ketorolac if s mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ****May give IM if no IV access*** If ketorolac contraindicated or ineffective, use if ordered. Analgesics for Severe Pain Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. □ 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. □ 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. □ 5 Scanned Powerchart Scanned PharmScan	 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffe, use if ordered. 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffe 			
Image: IS mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use if ordered. Analgesics for Severe Pain Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If TO Read Back Scanned Powerchart Scanned PharmScan Drder Taken by Signature:		 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered. 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) 		
Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. Image: To morphine contraindicated or ineffective is the part of the part		☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr		
morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If morphine contraindicated or ineffective, use hydromorphone if ordered. If TO Read Back Scanned Powerchart Scanned PharmScan Drder Taken by Signature:		Analgesics for Severe Pain		
Order Taken by Signature: Date Time		morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
Order Taken by Signature: Date Time				
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	UMC Health System		
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	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		
	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, c	14h, PRN pain-severe (scale 7-10)
	Antiemetics		
	Select only ONE of the following for nausea		
	promethazine 25 mg, PO, tab, q4h, PRN nausea		
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if order ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if order		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation		
	docusate □ 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. □ 100 mg, PO, cap, Daily Do not crush or chew.		
	bisacodyl 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethicor	ae 200 mg-200 mg-20 mg/5 mL oral
	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		
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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 ORDER TOTALIS Option		UMC Health System	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 applicable. ORDER DETAILS Option Group of the one hour if ineffective. Antibitationizes diphonhydrAMINE Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid, are witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch azel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch are call, we chose are as I all sep: topical are as	DI	SCOMFORT 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 DETAILS Option Group of the one hour if ineffective. Antibitationizes diphonhydrAMINE Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid, are witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch azel-glycerin topical (witch hazel-glycerin 56% topical pad) I sep: topical, pad, hemorrhoid care witch are call, we chose are as I all sep: topical are as				
ORDER ORDER DETAILS Solpidem Solpidem may repeat X in one hour if meffective Antihistamines globenhydrAMINE Data Data Data Antihistamines globenhydrAMINE Data Data Antihistamines globenhydrAMINE Data Data </td <td></td> <td>PHYSICIA</td> <td>N ORDERS</td> <td></td>		PHYSICIA	N ORDERS	
Column Column Column Column <td< td=""><td></td><td></td><td>D an "x" in the specific orde</td><td>r detail box(es) where applicable.</td></td<>			D an "x" in the specific orde	r detail box(es) where applicable.
Image: Sing, PO, Eab, Nightly, PRN Insomnia Antihistamines Image: Sing, PO, Eab, Rightly, PRN Inching Image: Sing, PO, Eab, Rightly, PRN Incomptoid care Image: Rightly, Image: Sing, Po, Eab, Rightly, Image: Sing, Po, Po, Eab, Rightly, Image: Sing, Po, Po, Eab, Rightly, Image: Sing, Po, Po, Po, Po, Po, Po, Po, Po, Po, Po	ORDER			
diphonhydrAMINE 25 mg, NP-ush, inj. q4h, PRN litching Approxedal Proparations Select only ONE of the following for hemorrhoid care witch hazel-gycerin f5% topical pad) 1 app, topical yeak, hemorrhoids, as needed, PRN hemorrhoid care Witch hazel-gycerin f5% topical pad) 1 app, topical yeak, hemorrhoid care Witch actal-gycerin f5% topical pad) 1 app, topical yeak, hemorrhoid care Witch actal-gycerin f5% topical pad) 1 app, topical yeak, hemorrhoid care Apply to affected area Apply to affected area Apply to affected area Select and ONE Select and ONE Select and ONE Select an		5 mg, PO, tab, Nightly, PRN insomnia		
Image: Control of the following for hemorrhoid care Apply to affected area Image: Control of the following for hemorrhoid care Apply to affected area Image: Control of the following for hemorrhoid care Apply to affected area Image: Control of the following for hemorrhoid care Image: Control of the following for he				
Select only ONE of the following for hemorrhoid care witch haze-lytycerin topical (witch haze-lytycerin 50% topical pad) haze-lytecrin topical (witch haze-lytycerin 50% topical pad) wipe affected area minteral oit-petrolatum-phenyltyphrine top (Preparation H 14%-74.9%-0.25% rectal ointment) app. rectal, oint, etch. PRN hemorrhoid care Apply to affected area Image: minteral oit-petrolatum-phenyltyphrine top (Preparation H 14%-74.9%-0.25% rectal ointment) Apply to affected area Apply to affected area Image: minteral oit-petrolatum-phenyltyphrine top (Preparation H 14%-74.9%-0.25% rectal ointment) Apply to affected area Image: minteral oit-petrolatum-phenyltyphrine top (Preparation H 14%-74.9%-0.25% rectal ointment) Apply to affected area Image: minteral oit-petrolatum-phenyltyphrine Image: minteral oit-petrolatum-phenyltyphrine Image: minteral oit-petrolatum-phenyltyphrine Image: minteral oit-petrolatum-phenyltyphrine Image: minteral oit-petrolatum-phenyltyphrinteryphrine		diphenhydrAMINE 25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, P	RN itching
witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app. topical, pad, hemorthoid care mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app. rotally, oint, q6h, PRN hemorthoid care Apply to affected area		Anorectal Preparations		
I app. topical, pad. hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. top: rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. top: rocally, oint, q6h, PRN hemorrhoid care Apply to affected area I app. top: rocally apply to affected area I app. top: rocally apply to affected area I app. rocally apply to affected area I app. top: rocally apply top		Select only ONE of the following for hemorrhoid care		
app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area app, rectally, oint, q6h, PRN hemorrhoid care app, rectally,		🔲 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care		
Order Taken by Signature: Date Time		1 app, rectally, oint, q6h, PRN hemorrhoid care	0.25% rectal ointment)	
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	UMC Health System		
G	ERIATRIC DISCOMFORT MED 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		
	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		
	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 liquid)	
	melatonin □ 2 mg, PO, tab, Nightly, PRN insomnia		
	Analgesics for Mild Pain		
	Select only ONE of the following for Mild Pain		
	acetaminophen 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h	ours***	
	1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)		
	Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)		
	Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours		
	ibuprofen		
	400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*	**	
	Give with food.		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 m	g-325 mg oral tablet)	
	1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)	ouro ****	
	***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h	ours	
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Code	eine) 300 mg-30 mg oral tablet)	
	1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24	1 hours****	
	- ·		
	Analgesics for Severe Pain Select only ONE of the following for Severe Pain		
	, .		
	morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	HYDROmorphone 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	Antiemetics		
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	UMC Health System	Pa	atient Label Here
GI	ERIATRIC DISCOMFORT MED PLAN		
	PHYSICIA	N ORDERS	
	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	ORDER DETAILS		
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation docusate 100 mg, PO, cap, Nightly, PRN constipation		
	bisacodyl		
	10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL orai
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, 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. Sive with food. @ 400 mg, PO, tab, q4h, PRN fever ****Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.		
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care		
	 witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area 		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%- 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	0.25% rectal ointment)	
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	Order Taken by Signature: Date Time		
Physician	Signature:	Date	Time

	UMC Health System		
P	IN MANAGEMENT - ALTERNATING SCHEDULED		tient Label Here
		AN ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice Al ORDER DETAILS	ND an "x" in the specific orde	er detail box(es) where applicable.
URDER	Medications		
	Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed.	
	The following scheduled orders will alternate every 4 hours.		
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days		
	To be alternated with acetaminophen every 4 hours.		
	acetaminophen		
	☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 r	ng of acetaminophen per day f	rom all sources.
	For renally impared patients: The following scheduled orders will alterna traMADol	ate every 4 hours.	
	☐ 50 mg, PO, tab, q8h, x 3 days		
	To be alternated with acetaminophen every 4 hours.		
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 m	ng of acetaminophen per day fr	om all sources.
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Order Take	n by Signature:	Date	Time
Physician	Physician Signature: Time _		



	UMC Health System	Pi	atient Label Here
SL	IDING SCALE INSULIN REGULAR PLAN		
		N ORDERS	
OPDER	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	ORDER DETAILS Patient Care		
	POC Blood Sugar Check		
	☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days	LI AC & HS □ TID	
		🔲 q12h	
	☐ q6h ☐ q4h	🔲 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 tota	al daily dose if needed	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	al dally dose il needed.	
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale	ters	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units		
	151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut		
	251-300 mg/dL - 3 units subcut		
	301-350 mg/dL - 4 units subcut		
	351-400 mg/dL - 6 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat 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		
	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, initi	ate hypoglycemia guidelines	and notify provider.
	70.150 mg/dl 0 units		
	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 glucopp is grooter then 400 mg/dl_ administer 10 units subout	notify provider and report	200 blood auger sheek in 2
	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 suga	r in 4 hours and then resume	normal POC blood sugar check and
	insutlin regular sliding scale. Continued on next page		
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SLIDING SCALE INSULIN REGULAR PLAN

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
ORDER		nitiate hypoglycemia guidelines cut, notify provider, and repeat ecks every 2 hours until blood g gar in 4 hours and then resume nitiate hypoglycemia guidelines cut, notify provider, and repeat ecks every 2 hours until blood g gar in 4 hours and then resume	POC blood sugar check in 2 glucose is less than 300 mg/dL. e normal POC blood sugar check and s and notify provider.
	If blood glucose is greater than 400 mg/dL, administer 10 units sub hours. Continue to repeat 10 units subcut and POC blood sugar ch Once the blood sugar is less than 300 mg/dL, repeat POC blood su insutlin regular sliding scale. Continued on next page	ecks every 2 hours until blood g	glucose is less than 300 mg/dL.
	Read Back Read Back	Scanned Powerchart	Scanned PharmScan
	en by Signature:		
Physician S	Signature:	Date	Time



SLDING SCALE INSULIN REGULAR PLAN PHYSICIAN ORDERS The can "X" in the Orders column to designate orders of choice AND on "X" in the specific order detail box(es) where applied Concert Recent TALLS Implicit Concert Insulin Regular Sliding Scale Implicit Concert Statematic Concert		UMC Health System	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 applica ORDER ORDER DETALS Insulin regular (Moderate Does Insulin Regular Sliding Scale) 0-12 units, subcut, inj, AC & righty, PKN glocose levels - see parameters Moderate Does insulin Regular Sliding Scale Insulin regular (Moderate Does Insulin Regular Sliding Scale) 0-15 orget 0 units 10 for mgd 0 units 11 subcut, inj, AC & righty, PKN glocose levels - see parameters Moderate Does insulin Regular Sliding Scale 11 foloor glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat PCC blood sugar checks and insulin regular scale. 0-12 units, subcut, inj, BID, PKN glocose levels - see parameters Moderate Does Insulin Regular Sliding Scale 11 folood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-160 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 151-200 mg/dL - 2 units subcut 151-200 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 151-200 mg/dL - 2 units	SL	LIDING SCALE INSULIN REGULAR PLAN			
ORDER ORDER DETAILS Insulin regular (Moderate Dose Insulin Regular Silding Scale)		PHYSICIA	N ORDERS		
Image: Instruction requirer (Moderate Dose Insulin Requirer Sliding Scale) Image: Instruction requirer (Moderate Dose Insulin Requirer Sliding Scale) Image: Instruction requirer (Moderate Dose Insulin Requirer Sliding Scale) Image: Image: Instruction requirer (Moderate Dose Insulin Requirer Sliding Scale) Image: Imag		Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orc	ler detail box(es) where applicable.	
0 12 units, subcut, Inj, AC & nightly, PRN glucose levels - see parameters Michaera Dose Insculta Regular Silding Scale T blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 301-350 mg/dL - 3 units subcut 301-400 mg/dL - 10 units subcut 301-400 mg/dL - 10 units Micro E blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar checks and 0 - 12 units, subcut, Inj, BD, PRN glucose levels - see parameters Micra Dose Insultin Regular Siding Scale If blood glucose is less than 70 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar checks and 15-200 mg/dL - 2 units 16-200 mg/dL - 2 units 16-200 mg/dL - 2 units 17-200 mg/dL - 2 units 16-200 mg/dL - 0 units 16-200 mg/dL - 0 units 17-200 mg/dL - 2 units 17-	ORDER	ORDER DETAILS			
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hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. 0.12 units. subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Skinds Scale 17 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 251:300 mg/dL - 2 units subcut 351:400 mg/dL - 10 units subcut 351:400 mg/dL - 10 units subcut 351:400 mg/dL - 10 units subcut 351:400 mg/dL - 10 units subcut 361:400 mg/dL, - 10 units subcut 0.12 units, subcut, inj, ITD, PRN glucose levels - see parameters Moderate Dose insulin Regular Skiding Scale If blood glucose is less than 300 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar checks and insulin regular scale. 0.12 units, subcut, inj, ITD, PRN glucose levels - see parameters Moderate Dose Insulin Regular Skiding Scale If blood glucose is less than 300 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar checks in 2 10 and gluda - 0 units 151:200 mg/dL - 2 units subcut 151:200 mg/dL - 10 units subcut 151:200 mg/dL - 0 units 151:200 mg/dL - 10 units subcut 151:200 mg/dL - 2 units subcut		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			
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		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.	cks every 2 hours until blood	glucose is less than 300 mg/dL.	
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SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIA	N ORDERS	
	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	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, init 	iate 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 hours. Continue to repeat 10 units subcut and POC blood sugar chero Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 	cks every 2 hours until blood 4 hours and then resume nor	glucose is less than 300 mg/dL. mal 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 subcut, notify provider, and repeat POC blood sugar check in 2		
	hours. Continue to repeat 10 units subcut and POC blood sugar chere Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale.		
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init		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 hours. Continue to repeat 10 units subcut and POC blood sugar check Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale. Continued on next page	ks every 2 hours until blood g	lucose is less than 300 mg/dL.
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable	
RDER	ORDER DETAILS	
	 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 	
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 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. 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.	
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	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. Continued on next page	
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SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate 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.			
	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/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			
	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 less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page 			
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SLIDING SCALE INSULIN REGULAR PLAN		Pat	ient Label Here	
	вичения	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable.	
ORDER		x		
	 glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameter Use if blood glucose is less than 70 mg/dL and patient is symptomatic AND has IV access. See hypoglycemia guidelines. 	ers and cannot swallow OR if pat	ent has altered mental status	
	 glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic AND has NO IV access. See hypoglycemia guidelines. 	and cannot swallow OR if pat	ent has altered mental status	
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	Signature:	Date		



	UMC Health System	Patient Label Here
	TE PROPHYLAXIS PLAN	
	PHYSICIA	N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	
ORDER	ORDER DETAILS	
	Patient Care	
	VTE Guidelines	
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated	tions for VTE below and complete reason contraindi
	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 chemoprophylaxis
	Apply Elastic Stockings	
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extremity (LLE), Length: Knee High
	Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Bilateral Lower Extremities, Length: Thigh High Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device	
	Apply to Bilateral Lower Extremities	Apply to Left Lower Extremity (LLE)
	Medications	
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use on body weight.	-
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Phar Pharmacy to use adjusted body weight if actual weight is greater than	
	heparin ☐ 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing	
	VTE Prophylaxis: Non-Trauma Dosing	
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pha 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for f	rmacy to Adjust Dose per Renal Function rmacy to Adjust Dose per Renal Function
	per Renal Function	
	heparin ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h
	rivaroxaban ☐ 10 mg, PO, tab, In PM	
	warfarin 5 mg, PO, tab, In PM	
	aspirin ☐ 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl	LESS than 30 mL/min
Пто	Read Back	Scanned Powerchart Scanned PharmScan
Order Take	n by Signature:	Date Time
Physician	Signature:	Date Time

	UMC Health System	Pa	tient Label Here
V	TE PROPHYLAXIS PLAN	r c	
	PHYSICIA	N ORDERS	
	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	ORDER DETAILS		
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr0	CI LESS than 30 mL/min	
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:	Date	



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HEPARIN INFUSION MED PLAN

	PHYSICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Heparin Infusion Nomogram ***See Reference Text***		
	Check the .Medication Management order below if the patient requires a provider. AntiXa levels must be used. aPTT levels will not be accepted		
	.Medication Management (Notify Nurse and Pharmacy) ☐ BID, Start date T;N DO NOT USE NOMOGRAM - Patient requires specific monitoring and aPTT levels will not be accepted for monitoring and heparin adjustment		vider. AntiXa levels must be used.
	Communication		
	Notify Nurse (DO NOT USE FOR MEDS) Obtain Xa Heparin (Anti-Xa) Level 6 hours after starting infusion and	6 hours after every rate chang	e.
	Notify Provider (Misc) Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than ().9 or less than 0.2	
	Notify Provider (Misc) Reason: If platelet count decreases by 50% of baseline or drops belo	w 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 to	tal daily dose if needed.	
	.Medication Management ☐ Start date T;N Discontinue all other orders for heparin products (i.e. heparin sububc	-	
	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	exceed a total hourly dose of 1,	,800 units. Final concentrati
П то	Read Back	Scanned Powerchart	Scanned PharmScan
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	UMC Health System	Patient Label Here
HE	EPARIN INFUSION MED PLAN	
	DINAGO	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an x in the specific order detail box(es) where applicable.
	Start at rate:units/kg/hr	
	Cardiac	
	Unstable angina, ST elevation MI, non-ST elevation MI	
	heparin	
	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 □ IV	mL D5W (Neurological))
	Indication: Ischemic Stroke. Initial maximum rate is 12 units/kg/hr not concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for requires specific adjustments.	
	Start at rate:units/kg/hr	
	Laboratory	
	Baseline Labs	
	CBC STAT	
	CBC	
	CBC	
	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	
	CBC STAT Anti Xa Level STAT Prothrombin Time with INR (Protime with INR) STAT Daily Labs CBC	
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