

UMC Health System

Patient Label Here

DIABETIC KETOACIDOSIS (DKA) PLAN
 - Phase: DKA Begin Immediately/Emergency Center

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

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

Communication

Notify Provider/Primary Team of Pt Admit

Upon Arrival to Floor/Unit

IV Solutions

Order both a non-dextrose containing fluid to be infused when blood glucose is greater than or equal to 250 mg/dL and a dextrose containing fluid to be infused when blood glucose is less than or equal to 250 mg/dL

LR (LR bolus)

500 mL, IVPB, iv soln, ONE TIME

1,000 mL, IVPB, iv soln, ONE TIME, Infuse over 1 hr

NS (NS bolus)

500 mL, IVPB, ONE TIME

1,000 mL, IVPB, ONE TIME, Infuse over 1 hr

LR and NS is for blood glucose greater than or equal to 250 mg/dL

LR (Lactated Ringer's)

IV, 75 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 125 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 150 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 200 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

NS (Normal Saline)

IV, 75 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 125 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 150 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

IV, 200 mL/hr

Infuse when Blood Glucose is greater than 250 mg/dL

D5 LR and D5 1/2NS is for blood glucose less than 250 mg/dL

D5LR

IV, 75 mL/hr

Infuse when Blood Glucose is less than or equal to 250 mg/dL

IV, 125 mL/hr

Infuse when Blood Glucose is less than or equal to 250 mg/dL

IV, 150 mL/hr

Infuse when Blood Glucose is less than or equal to 250 mg/dL

IV, 200 mL/hr

Infuse when Blood Glucose is less than or equal to 250 mg/dL

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DIABETIC KETOACIDOSIS (DKA) PLAN
 - Phase: DKA Begin Immediately/Emergency Center

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>D5 1/2 NS</p> <p><input type="checkbox"/> IV, 75 mL/hr Infuse when Blood Glucose is less than or equal to 250 mg/dL</p> <p><input type="checkbox"/> IV, 125 mL/hr Infuse when Blood Glucose is less than or equal to 250 mg/dL</p> <p><input type="checkbox"/> IV, 150 mL/hr Infuse when Blood Glucose is less than or equal to 250 mg/dL</p> <p><input type="checkbox"/> IV, 200 mL/hr Infuse when Blood Glucose is less than or equal to 250 mg/dL</p>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>***Insulin Bolus Dose***</p> <p>insulin regular</p> <p><input type="checkbox"/> 0.15 unit/kg, IVPush, inj, ONE TIME</p>
	<p>DKA Insulin Infusion Protocol</p> <p><input type="checkbox"/> ***See Reference Text***</p>
Insulin Infusion	
	<p>***Insulin should NOT be initiated if serum potassium is less than 3.5 mEq/L. Replace potassium and infusion can begin when level is greater than or equal to 3.5 mEq/L.***</p> <p>***Continuous Infusion***</p> <p>insulin R 100 units/100 mL NS</p> <p><input type="checkbox"/> IV Infuse insulin drip at 0.1 units/kg/hr and once blood glucose is <250 continue infusion at 0.05 units/kg/hr to keep blood glucose between 120-250 mg/dL. Discontinue insulin infusion 2 hours after subcutaneous long-acting insulin has been administered.</p> <p><input type="checkbox"/> Start at rate: _____ units/hr</p>
Antiemetics	
	<p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting Administer IVPush over 2-5 min.</p>
HYPOglycemia Guidelines	
Laboratory	
	Troponin T High Sensitivity
	CK
	Osmolality
Diagnostic Tests	
	EKG-12 Lead

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UMC Health System DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: DKA When Pt. Arrives to Room	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
	Vital Signs <input type="checkbox"/> q1h
	Strict Intake and Output <input type="checkbox"/> q1h
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated Assist as Needed <input type="checkbox"/> Bedrest Bathroom Privileges <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest Up to Bedside Commode Only
	ICU Progressive Mobility Guidelines <input type="checkbox"/> ***See Reference Text***
	POC Blood Sugar Check <input type="checkbox"/> q1h
	Communication
	Notify Provider (Misc) <input type="checkbox"/> Reason: Once Anion Gap normalizes (less than or equal to 14) X 2 BMPs, serum HCO ₃ greater than or equal to 18, BG less than or equal to 250, ketosis resolves (pH greater than 7.35, serum or urine ketones negative),. Provider to initiate conversion from in
	Notify Provider (Misc) <input type="checkbox"/> Reason: If potassium level is less than 3.5mEq/L to request addition of potassium to IV fluids.
	Notify Provider (Misc) <input type="checkbox"/> Reason: If Blood Glucose decreases by more than 150 mg/dL per hour.
	Notify Provider (Misc) <input type="checkbox"/> Reason: If continuous enteral feeding, TPN, or IV insulin infusion is stopped or interrupted.
	Dietary
	NPO Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds, Except Ice Chips
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	GI Prophylaxis
	famotidine <input type="checkbox"/> 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IVPush over 2 min.
	Electrolytes
	IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels less than or equal to 3.9 mMol/L: potassium chloride <input type="checkbox"/> 20 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 2 hr, K+ level 3.6 - 3.9 mMol/L If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed. Continued on next page....

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DIABETIC KETOACIDOSIS (DKA) PLAN
 - Phase: DKA When Pt. Arrives to Room

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>potassium chloride <input type="checkbox"/> 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.</p>
	<p>potassium chloride <input type="checkbox"/> 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.</p>
	<p>IV MAGNESIUM REPLACEMENT: The following order replaces mag level is 1.6 - 1.9 mg/dL</p> <p>magnesium sulfate <input type="checkbox"/> 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Administer at rate of 1 g/hr. Repeat serum magnesium level 2 hours after the infusion is completed.</p>
	<p>The following order replaces mag levels less than 1.6 mg/dL</p> <p>magnesium sulfate <input type="checkbox"/> 4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and notify provider if mag level is less than 1 mg/dL. Administer at rate of 1 g/hr. Repeat serum magnesium level 2 hours after the infusion is completed.</p>
Laboratory	
	<p>CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N</p>
	<p>CBC with Differential <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N</p>
	<p>Basic Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N</p>
	<p>While on Insulin Infusion: Basic Metabolic Panel <input type="checkbox"/> Routine, T;N, q4h</p>
	<p>Comprehensive Metabolic Panel</p>
	<p>Phosphorus Level</p>
	<p>Magnesium Level</p>
	<p>Osmolality</p>
	<p>Acetone (Ketones) <input type="checkbox"/> Routine, T;N, q4h</p>

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- Phase: DKA When Pt. Arrives to Room

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Hemoglobin A1C
	Amylase Level
	Urinalysis
	Urine Random Ketones
	Culture Blood
	Lactic Acid Level
	Culture Blood <input type="checkbox"/> Timed, T;N+0015
	Lactic Acid Level <input type="checkbox"/> Timed, T;N+0015
	Culture Urine
	Culture Sputum with Gram Stain
Consults/Referrals	
	Consult Dietitian for Diet Education <input type="checkbox"/> Other Nutrition Education and Calorie Count
	Consult MD <input type="checkbox"/> Service: Nephrology
	Consult MD <input type="checkbox"/> Service: Endocrinology
...Additional Orders	

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<p>UMC Health System</p> <p>DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: VTE PROPHYLAXIS PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS						
Patient Care							
	<p>VTE Guidelines</p> <p><input type="checkbox"/> See Reference Text for Guidelines</p>						
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> <p>Contraindications VTE</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Active/high risk for bleeding</td> <td><input type="checkbox"/> Treatment not indicated</td> </tr> <tr> <td><input type="checkbox"/> Patient or caregiver refused</td> <td><input type="checkbox"/> Other anticoagulant ordered</td> </tr> <tr> <td><input type="checkbox"/> Anticipated procedure within 24 hours</td> <td><input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</td> </tr> </table>	<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered	<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated						
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered						
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis						
	<p>Apply Elastic Stockings</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High</td> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High</td> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High</td> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</td> </tr> </table>	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High						
<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High						
<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High						
	<p>Apply Sequential Compression Device</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Lower Extremities</td> <td><input type="checkbox"/> Apply to Left Lower Extremity (LLE)</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Lower Extremity (RLE)</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)	<input type="checkbox"/> Apply to Right Lower Extremity (RLE)			
<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)						
<input type="checkbox"/> Apply to Right Lower Extremity (RLE)							
	<p>Apply Pedal Pump</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Apply to Bilateral Feet</td> <td><input type="checkbox"/> Apply to Left Foot</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Foot</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Feet	<input type="checkbox"/> Apply to Left Foot	<input type="checkbox"/> Apply to Right Foot			
<input type="checkbox"/> Apply to Bilateral Feet	<input type="checkbox"/> Apply to Left Foot						
<input type="checkbox"/> Apply to Right Foot							
Medications							
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>							
	<p>VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <p><input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight</p>						
	<p>heparin</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 5,000 units, subcut, inj, q12h</td> <td><input type="checkbox"/> 5,000 units, subcut, inj, q8h</td> </tr> </table>	<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h				
<input type="checkbox"/> 5,000 units, subcut, inj, q12h	<input type="checkbox"/> 5,000 units, subcut, inj, q8h						
	<p>VTE Prophylaxis: Non-Trauma Dosing</p> <p>enoxaparin (enoxaparin for weight 40 kg or GREATER)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</td> </tr> <tr> <td><input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</td> </tr> </table>	<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function	<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function		
<input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function							
<input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function							
	<p>rivaroxaban</p> <p><input type="checkbox"/> 10 mg, PO, tab, In PM</p>						
	<p>warfarin</p> <p><input type="checkbox"/> 5 mg, PO, tab, In PM</p>						
	<p>aspirin</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 81 mg, PO, tab chew, Daily</td> <td><input type="checkbox"/> 325 mg, PO, tab, Daily</td> </tr> </table>	<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily				
<input type="checkbox"/> 81 mg, PO, tab chew, Daily	<input type="checkbox"/> 325 mg, PO, tab, Daily						

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: 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
	<p>Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p> <p>fondaparinux</p> <p><input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: DISCOMFORT MED PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Patient Care	
Perform Bladder Scan <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.	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	
dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough	
dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake	
Anti-pyretics	
Select only ONE of the following for fever	
acetaminophen	
<input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
ibuprofen	
<input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.	
<input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.	
Analgesics for Mild Pain	
Select only ONE of the following for mild pain	
acetaminophen	
<input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
<input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***	
ibuprofen	
<input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.	
Analgesics for Moderate Pain	
Select only ONE of the following for moderate pain	

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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>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>
	<p>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</p> <p><input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>
	<p>traMADol</p> <p><input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)</p>
	<p>ketorolac</p> <p><input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr ***May give IM if no IV access***</p>
Analgesics for Severe Pain	
	<p>Select only ONE of the following for severe pain</p> <p>morphine</p> <p><input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p>
	<p>HYDROmorphine</p> <p><input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p> <p><input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p>
Antiemetics	
	<p>Select only ONE of the following for nausea/vomiting</p> <p>promethazine</p> <p><input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting</p>
	<p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting</p>
Gastrointestinal Agents	
	<p>Select only ONE of the following for constipation</p> <p>docusate</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation</p>
	<p>bisacodyl</p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
Antacids	
	<p>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</p> <p><input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.</p>

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: DISCOMFORT MED PLAN

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input style="margin-left: 300px;" 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 style="margin-left: 200px;" 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
	zolpidem <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective
Antihistamines	
	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input style="margin-left: 200px;" type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching
Anorectal Preparations	
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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UMC Health System

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: ASP THERAPY FOR URINARY TRACT
INFECTION AS SEPSIS SOURCE

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	
	Urine Antibiogram
	Antibiogram Education <input type="checkbox"/> T;N, Routine, See link for reference text.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Choose ONE of the following antibiotics If ordering piperacillin-tazobactam, place order for BOTH items
	piperacillin-tazobactam <input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min
	piperacillin-tazobactam <input type="checkbox"/> 3.375 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Genitourinary infection
	cefepime <input type="checkbox"/> 2 g, IVPush, inj, q8h Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, q12h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes

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UMC Health System

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**DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: ASP THERAPY FOR NOSOCOMIAL
PNEUMONIA PLAN**

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Patient Care	
	Systemic Antibigram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> T;N, Routine, See link for reference text.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Step 1: Choose either piperacillin-tazobactam OR cefepime If ordering piperacillin-tazobactam, place order for BOTH items piperacillin-tazobactam <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/VAP Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	piperacillin-tazobactam <input type="checkbox"/> 4.5 g, IVPB, ivpb, q6h, Infuse over 4 hr, Pulmonary - HAP/VAP
	cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP
	Alternatively, if patient has an allergy to or has received any of these in the previous 90 days, choose aztreonam aztreonam <input type="checkbox"/> 1 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	Step 2: Add either an antipseudomonal fluoroquinolone (levofLOXacin) OR an antipseudomonal aminoglycoside (gentamicin OR tobramycin) levofLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP
	gentamicin <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	tobramycin <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	Step 3: If coverage is needed for atypical pathogen(s), add azithromycin azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAP
	Step 4: If MRSA coverage is needed, choose either vancomycin OR linezolid Add order for vancomycin loading dose (if not already done) AND add a second order for vancomycin maintenance dose vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: ASP THERAPY FOR NOSOCOMIAL
PNEUMONIA 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
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	linezolid <input type="checkbox"/> 600 mg, PO, tab, BID, Pulmonary - HAP/VAP <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP
	Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin clindamycin <input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP
Laboratory	
	Serial Procalcitonin levels are more valuable than single levels. zProcalcitonin Now
	zProcalcitonin at 24 hours

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UMC Health System

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DIABETIC KETOACIDOSIS (DKA) PLAN
- Phase: HYPOGLYCEMIA GUIDELINES 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

Medications

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

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.

glucose (D50)

25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters
Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.

glucagon

1 mg, IM, inj, as needed, PRN glucose levels - see parameters
Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.

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