**Patient Label Here** 

ERAS SURGERY POST-OP PLAN EKM s

- Phase:	ERAS	Plan -	When	Patient	Arrives
To Room	1				

	PHYSICIAN ORDERS				
Diagnosi	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				
	Patient Care				
	Vital Signs         □ q4h           □ q8h         □ q12h				
	Patient Activity  T;N, Out of Bed, QID, ERAS Patient, Mobilization QID POD1 and POD2				
	Patient Activity ☐ T;N, Bed Position: HOB Greater Than or Equal to 30 degrees				
	Patient Activity  ☐ T;N, Up in Chair, With Meals				
	Notify Nurse (DO NOT USE FOR MEDS)  ☐ T;N, Patient must ambulate on evening of surgery (POD0)				
	Strict Intake and Output  Per Unit Standards  q1h  q2h  q12h				
	Instruct to Turn, Cough, & Deep Breath (Instruct Patient to TCDB)				
	Discontinue Peripheral Line (Discontinue IV)  ☐ As soon as patient is tolerating PO				
	Urinary Catheter Care				
	Discontinue Urinary Catheter  DC Foley, After 4 hours of adequate urine output documented (greater than 100 mL) unless a bladder injury occurred then the catheter should stay in				
	Wound Care by Bedside Nursing				
	Maintain Gastric Tube				
	Maintain Surgical Drain				
	Communication				
	***For Colorectal patients, provider should only place patient on 3 East.***				
	Notify Provider (Misc)  T;N, Reason: For ERAS patient - if pain not controlled with current ordered medications, attending must be contacted for any additional pain medications				
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit				
	Notify Provider of VS Parameters (Notify Provider if VS)				
	Notify Nurse (DO NOT USE FOR MEDS)  T;N, Okay for the patient to chew gum 2-3 times a day while awake starting on POD 0.				
□ то	☐ TO ☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Take	Order Taken by Signature: Date Time				
Physician S	hysician Signature: Date Time				

ERAS SURGERY POST-OP PLAN EKM - Phase: ERAS Plan - When Patient 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		
	Dietary		
	Oral Diet		
	T;N, Clear Liquid Diet, Advance as tolerated to Full Liquid		
	NPO Diet		
	IV Solutions LR (Lactated Ringer's)		
	IV, 75 mL/hr	☐ IV, 100 mL/hr	
	☐ IV, 125 mL/hr	☐ IV, 150 mL/hr	
	NS (Normal Saline)	□ n/ 400 + #	
	☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	D5 1/2 NS		
	□ IV, 75 mL/hr	☐ IV, 100 mL/hr	
	□ IV, 125 mL/hr	☐ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L  ☐ IV, 75 mL/hr	☐ IV, 100 mL/hr	
	□ IV, 75 mL/hr	☐ IV, 150 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	Multimodal Analgesia		
	For multimodal analgesia, when possible, patient should receive scheduled gabapentin, acetaminophen, tramadol, and		
	NSAID regimen (ketorolac for 24 hours post-op, then scheduled ibuprofen). PRN oxycodone for breakthrough pain is optional.		
	gabapentin		
	100 mg, PO, cap, TID		
	acetaminophen		
	1,000 mg, PO, tab, q6h  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24	1 hours***	
	1,000 mg, IVPB, iv soln, q6h, x 2 dose, Infuse over 15 min		
	***Do not exceed 4,000 mg of acetaminophen from all sources in 24	l hours***	
	For patients UNDER 65 years of age with:		
	No hepatic impairment up to moderate hepatic impairment     No history of renal impairmet		
	Select tramadol 100 mg every 6 hours.		
	For patients 65 years of age and older OR patients WITH CrCl LESS t hours.	han 30 mL/min, select tramadol 10	00 mg every 12
	For patients WITH severe hepatic impairment select tramadol 50 mg e	very 12 hours	
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Physician S		Date	Time

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ERAS SURGERY POST-OP PLAN EKM - Phase: ERAS Plan - When Patient Arrives To Room

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order de	etail box(es) where applicable.
ORDER	ORDER DETAILS		
	traMADol 100 mg, PO, tab, q6h Start at 0600 the day following surgery. Use this order for:		
	Patients UNDER 65 years of age with:		
	1. No hepatic impairment up to moderate hepatic impairment 2. No history of renal impairment 100 mg, PO, tab, q12h Start at 0600 the day following surgery. Use this order for patients 65 mL/min 50 mg, PO, tab, q12h Start at 0600 the day following surgery. Use this order For patients WI		s WITH CrCI LESS than 30
	If intrathecal analgesia was given, oxycodone will be timed to start 24 ho tion.	urs following intrathecal analgesia	administra
	May select both oxyCODONE orders if needed.  For Moderate Pain  oxyCODONE  5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)  If intrathecal analgesia was given, wait until 24 hours following intrathe	ecal analgesia administration to st	art oxycodone order.
	For Severe Pain  oxyCODONE  10 mg, PO, tab, q4h, PRN pain-severe (scale 7-10)  If intrathecal analgesia was given, wait until 24 hours following intrathe	ecal analgesia administration to st	art oxycodone order.
	BUILD NOTE: This is a Dynamic Plan. The NSAID Regimen orders and patient. If no weight is entered, all sentences and notes will be viewable ordering in PowerChart  NSAID Regimen Select both ketorolac and ibuprofen if patient can tole  ketorolac  15 mg, IVPush, inj, q6h, x 4 dose	This build note will not be visible	
	Start no sooner than 6 hours following last intraoperative dose.  10 mg, PO, tab, q6h, x 4 dose Start no sooner than 6 hours following last intraoperative dose.		
	For patients under 50 kilograms select ibuprofen 200 mg po every 6 hour	S.	
	For patients 65 years of age or older and over 50 kilograms select ibupro	fen 400 mg po every 6 hours.	
	For patients under 65 years of age and 50 to 80 kilograms select ibuprofe		
	For patients under 65 years of age and greater than 80 kilograms select	buprofen 800 mg po every 6 hou	rs.
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Physician S	Signature:	Date	Time

ERAS SURGERY POST-OP PLAN EKM - Phase: ERAS Plan - When Patient 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	R ORDER DETAILS			
	ibuprofen  □ 200 mg, PO, tab, q6h Start 6 hours following last ketorolac dose.  □ 400 mg, PO, tab, q6h Start 6 hours following last ketorolac dose.  □ 600 mg, PO, tab, q6h Start 6 hours following last ketorolac dose.  □ 800 mg, PO, tab, q6h Start 6 hours following last ketorolac dose.			
	Laboratory			
	CBC ☐ Next Day in AM, T+1;0300, for 1 days CBC			
	CBC with Differential			
	Basic Metabolic Panel			
	Basic Metabolic Panel ☐ Next Day in AM, T+1;0300, for 1 days			
	Comprehensive Metabolic Panel (CMP)			
	Hemoglobin and Hematocrit			
	Respiratory			
	Respiratory Care Plan Guidelines			
	Oxygen (O2) Therapy			
	Additional Orders			
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Order Take	aken by Signature: Date	Time		
Physician S	an Signature: Date	Time		

ERAS SURGERY POST-OP PLAN EKM
- Phase: ERAS Post Op Plan - PACU Phase

	BLIVEICIAN	OPDEPS		
	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				
OKDEK	Patient Care			
	Vital Signs			
	Per Unit Standards			
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities			
	Communication			
	Notify Provider of VS Parameters			
	Oral Diet  Clear Liquid Diet, Patient may have clear liquids as soon as patient is an	wake		
	Laboratory			
	CBC ☐ STAT Outpatient/PACU, T;N, Vendor Bill No			
	Hemoglobin and Hematocrit ☐ STAT Outpatient/PACU, T;N, Vendor Bill No			
	POC Hemoglobin and Hematocrit			
	Basic Metabolic Panel  STAT Outpatient/PACU, T;N, Vendor Bill No			
	POC Chem 8			
	Comprehensive Metabolic Panel ☐ STAT Outpatient/PACU, T;N, Vendor Bill No			
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Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	

# ERAS SURGERY POST-OP PLAN EKM - Phase: VTE PROPHYLAXIS PLAN

	PUVOIS	NAM ORRERO			
	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care VTE Guidelines				
	See Reference Text for Guidelines				
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***				
	Contraindications VTE  ☐ Active/high risk for bleeding ☐ Patient or caregiver refused ☐ Other anticoagulant ordered				
	Anticipated procedure within 24 hours	Intolerance to all VTE che			
	Apply Elastic Stockings				
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extre	emity (LLE), Length: Knee High		
	Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High		Extremities, Length: Thigh High remity (RLE), Length: Thigh High		
	* * * * * * * * * * * * * * * * * * * *	Apply to. Right Lower Ext	remity (KLE), Length. Thigh Fright		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities	☐ Apply to Left Lower Extre	mity (LLF)		
	Apply to Right Lower Extremity (RLE)		(===)		
	Medications				
	Medication sentences are per dose. You will need to calculate a	•			
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.				
	enoxaparin (enoxaparin for weight 40 kg or GREATER)  0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function				
	Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight				
	heparin  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, Pharmacy to Adjust Dose per Renal Function				
	30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, F 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, F				
	40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for				
	per Renal Function				
	<u>he</u> parin				
	☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q	Bh		
	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				
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Order Take	n by Signature:	Date	Time		
Physician Signature: Date Time			Time		

# ERAS SURGERY POST-OP PLAN EKM - Phase: VTE PROPHYLAXIS PLAN

	DIVIDIAN ORDERO			
	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	fondaparinux  2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrC	CI LESS than 30 mL/min		
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Physician Signature:		Date	Time	

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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				
	POC Blood Sugar Check ☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days ☐ BID ☐ q6h ☐ q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr			
	Sliding Scale Insulin Regular Guidelines ☐ Follow SSI Regular Reference Text				
	Medications Medication sentences are per dose. You will need to calculate a tota	al daily dose if needed			
	insulin regular (Low Dose Insulin Regular Sliding Scale)  □ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale.  □ 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut 15 blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale.	ate hypoglycemia guidelines and range of the hypoglycemia guidelines and range	plood sugar check in 2 e is less than 300 mg/dL. nal POC blood sugar check and notify provider.  plood sugar check in 2 e is less than 300 mg/dL.		
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# ERAS SURGERY POST-OP PLAN EKM - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS
_	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable
R	ORDER DETAILS
	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	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 at insutlin regular sliding scale.
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters
	Low Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	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 at insuffice results cliding each.
	insutlin regular sliding scale.
	☐ 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters  Low Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	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 a
	insutlin regular sliding scale. Continued on next page
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Date \_\_\_\_\_ Time \_\_\_\_

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Date \_

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	PHYSICIAN O	RDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	R ORDER DETAILS				
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)  0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters	•			
	Moderate Dose Insulin Regular Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycemia guidelines a	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, no hours. Continue to repeat 10 units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours.	every 2 hours until blood g	lucose is less than 300 mg/dL.		
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycomia guidolinos s	and natify provider		
	il blood glucose is less than 70 mg/dL and patient is symptomatic, illitiate	Trypogrycernia guidennes a	and notify provider.		
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut				
	351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.				
	0-12 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycemia guidelines a	and notify provider		
		nypogryoonna galaomioo e	and notify provider.		
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut				
	351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.				
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# ERAS SURGERY POST-OP PLAN EKM - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN	ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	O-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, initia 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 check Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 linsutlin 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, initia 70-150 mg/dL - 0 units 151-200 mg/dL - 3 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 check Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 linsutlin regular scale.	notify provider, and repeat POC as every 2 hours until blood gluc hours and then resume normal l te hypoglycemia guidelines and notify provider, and repeat POC as every 2 hours until blood gluc	blood sugar check in 2 ose is less than 300 mg/dL. POC blood sugar checks and notify provider.  blood sugar check in 2 ose is less than 300 mg/dL.		
	insulin regular (High Dose Insulin Regular Sliding Scale)  □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paramete High Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dL and patient is symptomatic, initia  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 checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin regular sliding scale.  Continued on next page	te hypoglycemia guidelines and notify provider, and repeat POC e every 2 hours until blood gluco	blood sugar check in 2 se is less than 300 mg/dL.		
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Order Take	en by Signature:	Date	Time		

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Physician Signature: \_\_\_\_\_

\_\_ Date \_\_\_\_

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# ERAS SURGERY POST-OP PLAN EKM - Phase: SI IDING SCALE INSULIN REGULAR PLAN

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN
	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
DER	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.
	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, q6h, PRN glucose levels - see parameters

High Dose Insulin Regular Sliding Scale

If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.

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.

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Order Taken by Signature:	Date	Time
Physician Signature:	Date	Time

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	PHYSICIAN ORDERS				
Т	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  O-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, no hours. Continue to repeat 10 units subcut and POC blood sugar checks e Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours insulin regular sliding scale.	very 2 hours until blood glucos	e is less than 300 mg/dL.		
	insulin regular (Blank Insulin Sliding Scale)  ☐ See Comments, subcut, inj, PRN glucose levels - see parameters  Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines	s 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, hours. Continue to repeat units subcut and POC blood sugar check Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours insulin regular sliding scale.	s every 2 hours until blood glud	cose is less than 300 mg/dL.		
	HYPOglycemia Guidelines				
	HYPOglycemia Guidelines ☐ ***See Reference Text***				
	glucose  ☐ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines.  Continued on next page				
□ то	D ☐ Read Back ☐ So	canned Powerchart	Scanned PharmScan		
Order Taker	ken by Signature:	Date	Time		
Physician Signature:		Date	Time		

Patient Label Here

	PHYSICIA	AN 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				
	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.			
	cagon 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.			
□ то	☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician 9	Signature	Data	Time	