		-	tient Label Here		
	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders	N			
	DUVOIOLA				
Diagnos		N ORDERS			
Weight					
Weight	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					
	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 C	Commode Only		
	Ambulate Patient				
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h			
	Insert Peripheral Line				
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag Urinary Catheter Care Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction				
	Apply Ice T;N, To: Neck, q4h, Apply ice 2 hours on and 2 hours off				
	Communication Notify Nurse (DO NOT USE FOR MEDS)				
	T;N, Evaluate neck for hematoma every 30 min for 2 hours. Notify pro	ovider if any swelling, difficulty	breathing or swallowing.		
	Notify Nurse (DO NOT USE FOR MEDS)	3			
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Check with Endocrine Surgery Team before initiating PO intake of	of liquids or solids			
	Notify Provider (Misc) T;N, Notify Endocrine surgery U1 service pager, Reason: Rapidly wor	sening neck swelling			
	Notify Provider (Misc)				
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now	🗆 In AM			
	Dietary				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	en by Signature:	Date	Time		
Physician	Signature:	Date	Time		
	1001				



	UMC Health System	Pa	tient Label Here
	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders	-	
		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		
	NPO Diet □ NPO □ NPO, Except Ice Chips □ T;2359, NPO After Midnight	NPO, Except Meds NPO, Except Meds, Exce T;2359, NPO After Midnig	
	Oral Diet Regular Diet Renal (Dialysis) Diet Clear Liquid Diet Carbohydrate Controlled (1200 calories) Diet Carbohydrate Controlled (2000 calories) Diet	 ☐ Heart Healthy Diet ☐ Renal (Non-Dialysis) Diet ☐ Full Liquid Diet ☐ Carbohydrate Controlled (
	IV Solutions		
	NS (Normal Saline) □ 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, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	LR (Lactated Ringer's) □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. calcium citrate 1,900 mg, PO, tab, TID		
	calcitriol I mcg, PO, cap, BID, x 10 days		
	 IV Calcium repletion protocol: .Medication Management BID, NOW, Start date T;N Nurse to titrate Calcium infusion based on calcium levels. Initial rate is 30 mL/hr. Decrease rate to 15 mL/hr when calcium level is between 7.8 - 8.2. When calcium level is greater than or equal to 8.3, nurse should discontinue calcium infusion and this order. 		
	Continued on next page		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

	UMC Health System		
F	NDOCRINE SURGERY PARATHYROIDECTOMY PI	-	tient Label Here
	Phase: Post-Op Orders		
	PHYSIC		
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	calcium gluconate 10 g/ 600 mL NS		
	10 g, Every Bag	600 mL final vol, IV, Rate:	As directed
	calcitriol 0.5 mcg, PO, cap, BID		
	calcium carbonate 1,500 mg, PO, tab chew, TID		
	Other Medications		
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous me 1 lozenge, mucous membrane, q4h, PRN sore throat	embrane lozenge)	
	Iabetalol (labetalol (PRN)) □ 20 mg, IVPush, inj, q6h, PRN hypertension, For SBP greater than 160 and HR is greater than 80 bpm For SBP greater than 160 and HR is greater than 80 bpm		
	hydrALAZINE (hydrALAZINE (PRN)) ☐ 10 mg, IVPush, inj, q6h, PRN hypertension, For SBP greater than 160 if HR is less than 80 bpm For SBP greater than 160 if HR is less than 80 bpm		
	Discharge Prescription		
	calcium-vitamin D (calcium (as citrate)-vitamin D 200 mg-6.25 mcg (250 intl units) oral tablet) 3 tab, PO, Daily, tab 3 tab, PO, BID, tab 3 tab, PO, TID, tab 3 tab, PO, QID, tab		
	Laboratory		
	CBC □ Routine, T;N, Every AM for 3 days □ Routine, T;N	Routine, T;N, Every AM fo	r 1 days
	CBC with Differential Routine, T;N, Every AM for 1 days	Routine, T;N	
	Comprehensive Metabolic Panel (CMP)	Routine, T;N, Every AM fo	r 1 days
	Routine, 1;N, Every Air for 3 days		i i uays
	Prothrombin Time with INR		
	PTT		
	Urinalysis with Positive Culture Reflex		
	Basic Metabolic Panel (BMP) ☐ Routine, T;N, q12h ☐ Routine, T;N, Every AM for 1 days	☐ Routine, T;N, Every AM fo ☐ Routine, T;N	r 3 days
	Calcium Level □ Routine, T;N, q6h		
	Ionized Calcium Level (Calcium Level Ionized) Routine, T;N, q6h		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time



	UMC Health System	Pat	ient Label Here
	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders	N	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Phosphorus Level		
	Magnesium Level □ Routine, T;N, q6h		
	PTH Intact (Intact PTH) □ Next Day, T+1;0300, Every AM		
	Diagnostic Tests		
	EKG-12 Lead STAT, in PACU		
	EKG-12 Lead T+1;0700, Routine		
	DX Chest Portable		
	DX Abdomen Portable		
	US Abdomen Comp		
	Respiratory		
	Oxygen (O2) Therapy ☐ 1-3 L/min, Via: Nasal cannula, Keep sats greater than: 92% ☐ Via: Venturi mask	Uia: Simple mask Via: Nonrebreather mask	
	Respiratory Care Plan Guidelines		
	Additional Orders		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:	Date	Time



	UMC Health System		atient Label Here
- F	Phase: Pre-Op Orders		
	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			
	Medications Medication sentences are per dose. You will need to calculate a tot	al dailv dose if needed.	
	gabapentin 100 mg, PO, cap, OCTOR		
	celecoxib 200 mg, PO, cap, OCTOR		
	acetaminophen 1,000 mg, PO, tab, OCTOR		
	famotidine 20 mg, PO, tab, OCTOR		
	dexAMETHasone 4 mg, IVPush, inj, OCTOR		
	 CeFAZolin 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes 1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes 		
	ondansetron 4 mg, IVPush, soln, OCTOR		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time



	UMC Health System	Pat	tient Label Here	
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: DISCOMFORT MED PLAN			
	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r 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 v		discomfort and/or bladder	
	Medications	al daily doos if pooded		
	Medication sentences are per dose. You will need to calculate a tor menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous men 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	•		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20) mg-200 mg/10 mL oral liquid	d)	
	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 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.			
	Continued on next page			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician 3	Physician Signature:		Time	

		1		
	UMC Health System	F	Patient Label Here	
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: 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 or	der detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	 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*** 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 ibuprofen if ordered. 			
	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 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. 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 ineffective, use if ordered. 			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 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/codeine contraindicated or ineffective , use			
	traMADol 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) If tramadol contraindicated or ineffective, use if ordered. If tramadol contraindicated or ineffective, use if ordered.			
	ketorolac ☐ 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 ineffect	ctive, 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 order 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if order			
□ то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:			Time	



	UMC Health System	Patient Label Here			
E1 - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: DISCOMFORT MED PLAN				
	PHYSICIA	AN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS				
	HYDROmorphone 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	Antiemetics				
	Select only ONE of the following for nausea				
	promethazine 25 mg, PO, tab, q4h, PRN nausea				
	ondansetron □ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. □ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. If ondansetron contraindicated or ineffective, use promethazine if ordered.				
	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. 	nesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral			
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	160 mg, PO, tab chew, q4h, PRN gas			
	Anxiety				
	Select only ONE of the following for anxiety ALPRAZolam 0.25 mg, PO, tab, TID, PRN anxiety				
	LORazepam 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PRN anxiety			
	Insomnia Select only ONE of the following for insomnia				
	ALPRAZolam				
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia				
Пто	Read Back	Scanned Powerchart Scanned PharmScan			
Order Take	n by Signature:	Date Time			
Physician Signature:		Date Time			



	UMC Health System	Pat	ient Label Here
ENDOCRINE SURGERY PARATHYROIDECTOMY PLA - Phase: DISCOMFORT MED PLAN		N	
		N ORDERS	
ļ	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	zolpidem □ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE 25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, Pf	2N itching
	Anorectal Preparations		(N tiching
	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)	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:	Date	
- aj siciali (



	UMC Health System			
		-	atient Label Here	
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: GERIATRIC DISCOMFORT MED PLAN	N		
	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			
	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	al deibe desse if meeded		
	Medication sentences are per dose. You will need to calculate a tota 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 liqu	iid)	
	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 hours*** 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 h	ours***		
	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 mg ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Code 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24		let)	
	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			
🗆 то		Scanned Powerchart	Scanned PharmScan	
	n by Signature:			
Physician	Physician Signature: Date			

	UMC Health System	Pa	atient Label Here			
E1 - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: GERIATRIC 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-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.					
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4	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 hours*** 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***					
	ibuprofen 200 mg, PO, tab, q4h, PRN fever ****Do not exceed 3,200 mg 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. On texceed 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%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area					
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Take	en by Signature:	Date	Time			
Physician Signature: Date			Time			



	UMC Health System	_		
			atient Label Here	
	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: PAIN MANAGEMENT - ALTERNATING	NN I I I I I I I I I I I I I I I I I I		
s	CHEDULED MEDS			
	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice AN		er detail hox(es) where applicable	
ORDER	ORDER DETAILS			
OKDEK	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	The following scheduled orders will alternate every 4 hours.			
	i <u>b</u> uprofen			
	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 m	a of acotominanhan nar day	from all aquirage	
	To be alternated with ibuproten every 4 hours. Do not exceed 4000 m	g of acetaminophen per day		
	For renally impared patients: The following scheduled orders will alterna	te every 4 hours.		
	traMADol			
	☐ 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	To be alternated with acetaminophen every 4 nours.			
	acetaminophen			
	500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg	n of acetaminophen per day f	rom all sources.	
		5 - · · · · · · · · · · · · · · · · · ·		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
	n by Signature:	Date		
Physician	Signature:	Date	Time	



Eľ	UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: VTE PROPHYLAXIS PLAN		ient Label Here	
	TIASE. VIE FROFTILAXIS FLAN			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r 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 Contraindica cated	ations for VTE below and compl	ete reason contraindi	
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	 Treatment not indicated Other anticoagulant ordered Intolerance to all VTE cher 		
	Apply Elastic Stockings			
	Apply Liastic Cookings Apply to: Bilateral Lower Extremities, 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 E	nity (LLE), Length: Knee High xtremities, Length: Thigh High emity (RLE), Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extrem	nity (LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based			
	on body weight.			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) ☐ 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, Pharmacy to Adjust Dose per Renal Function			
	30 mg, subcut, syringe, q12n, Prophylaxis - Non-Trauma Dosing, Pha 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha	armacy to Adjust Dose per Rena armacy to Adjust Dose per Rena	al Function al Function	
	40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for per Renal Function			
	heparin ☐ 5,000 units, subcut, inj, q12h	5,000 units, subcut, inj, q8	h	
	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		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician S	Signature:	Date	Time	



	UMC Health System	Patient	Label Here
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: VTE PROPHYLAXIS PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		ail box(es) where applicable.
ORDER			
	fondaparinux		
	2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr(CLLESS than 30 mL/min	
∟ □ то	Read Back	Scanned Powerchart	Scanned PharmScan
	n by Signature:	Date	Time
Physician	Signature:	Date	Time



	UMC Health System		
	NDOCRINE SURGERY PARATHYROIDECTOMY PLA	-	itient Label Here
– F	Phase: SLIDING SCALE INSULIN ASPART PLAN		
	PHYSICIA	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		
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency	AC & HS	
	AC & HS 3 days		
		🔲 q12h	
		🔲 q6h 24 hr	
	Sliding Scale Insulin Aspart Guidelines		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)	aters	
	Low Dose Insulin Aspart 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 - 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 D	OC blood sugar chock in 90
	minutes. Continue to repeat 10 units subcut and POC blood sugar ch		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sug		
	insulin aspart sliding scale.		
	└ 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 - 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		-
	minutes. Continue to repeat 10 units subcut and POC blood sugar ch		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sug insulin aspart sliding scale.	ar in 4 nours and then resume	normal POC blood sugar check and
	Continued on next page		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order T-1	n he Construct	Data	Time
	en by Signature:	Date	
Physician	Signature:	Date	Time

	UMC Health System		
E	NDOCRINE SURGERY PARATHYROIDECTOMY PLA		ient Label Here
- F	Phase: SLIDING SCALE INSULIN ASPART PLAN		
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	^r detail box(es) where applicable.
ORDER			
	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypoglycemia guidelines a	nd 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar	ecks every 90 minutes until blo	od glucose is less than 300 mg/
	insulin aspart sliding scale.		5
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypoglycemia guidelines a	nd 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugainsulin aspart sliding scale.	ar in 4 hours and then resume i	normal POC blood sugar check and
	0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters		
	Low Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	late hypoglycemia guidelines a	na noury 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che		3
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar		
	insulin aspart sliding scale. Continued on next page		
	Continued on next page		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:		Time
	·		



	UMC Health System		
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN ASPART PLAN		atient Label Here
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	 insulin aspart (Moderate Dose Insulin Aspart Sliding Scale) □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initial 		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 minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sug insulin aspart sliding scale. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initia	ecks every 90 minutes until b gar in 4 hours and then resur	lood glucose is less than 300 mg/ ne normal POC blood sugar check 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale. 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initia 	ecks every 90 minutes until b gar in 4 hours and then resur	lood glucose is less than 300 mg/ ne normal POC blood sugar check 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sug insulin aspart sliding scale. Continued on next page	ecks every 90 minutes until b	lood glucose is less than 300 mg/
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time
•	-		



EN - F	UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN ASPART PLAN		tient Label Here
		N ORDERS	
	Physicia Place an "X" in the Orders column to designate orders of choice AN		r datail box(oc) whore applicable
ORDER	ORDER DETAILS	D all X III the specific ofde	i detali box(es) where applicable.
	ORDER DETAILS □ 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initi 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 minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sug insulin aspart sliding scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 0 units 151-200 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut	t, notify provider, and repeat P ecks every 90 minutes until blo gar in 4 hours and then resume ate hypoglycemia guidelines a t, notify provider, and repeat P ecks every 90 minutes until blo	OC blood sugar check in 90 ood glucose is less than 300 mg/ e normal POC blood sugar check and nd notify provider. OC blood sugar check in 90 ood glucose is less than 300 mg/
	insulin aspart sliding scale. Insulin aspart (High Dose Insulin Aspart Sliding Scale) 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parame High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 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 400mg/dL, administer 14 units subcut minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin aspart sliding scale. Continued on next page	iate hypoglycemia guidelines a , notify provider, and repeat PC ecks every 90 minutes until blc	DC blood sugar check in 90 bod glucose is less than 300 mg/
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:		



EN - P	UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN ASPART PLAN		tient Label Here
	DUVEICIA	N ORDERS	
	Photoca Place an "X" in the Orders column to designate orders of choice AN		or datail box(os) whore applicable
ORDER	ORDER DETAILS		
	 □ 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 201-250 mg/dL - 10 units subcut 201-350 mg/dL - 10 units subcut 201-350 mg/dL - 10 units subcut 201-350 mg/dL - 12 units subcut If blood glucose is greater than 400mg/dL, administer 14 units subcut, minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sug insulin aspart sliding scale. □ 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 4 units subcut 201-250 mg/dL - 10 units 201-250 mg/dL - 0 units 201-250 mg/dL - 0 units 201-250 mg/dL - 0 units 201-250 mg/dL - 0 units 201-250 mg/dL - 10 units subcut 201-250 mg/dL	notify provider, and repeat Po ecks every 90 minutes until blo ar in 4 hours and then resume late hypoglycemia guidelines a notify provider, and repeat Po ecks every 90 minutes until blo ar in 4 hours and then resume late hypoglycemia guidelines a notify provider, and repeat Po ecks every 90 minutes until blo	OC blood sugar check in 90 bod glucose is less than 300 mg/ e normal POC blood sugar check and and notify provider. OC blood sugar check in 90 bod glucose is less than 300 mg/ e normal POC blood sugar check and and notify provider.
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taker	n by Signature:	Date	Time
Physician S	Signature:	Date	Time



	UMC Health System		
EN - F	۔ NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN ASPART PLAN		tient Label Here
	PHYSICIAI	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		
	 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi 	ate hypoglycemia guidelines a	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 400mg/dL, administer 14 units subcut, minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood suga insulin aspart sliding scale.	cks every 90 minutes until blo	ood glucose is less than 300 mg/
	insulin aspart (Blank Insulin Aspart Sliding Scale)		
	See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than mg/dL, initiate hypoglycemia guideline	es and notify provider.	
	70-150 mg/dL units subcut		
	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 greater than 400 mg/dL, administer units subcut, r		
	minutes. Continue to repeat units subcut and POC blood sugar ch dL. Once blood sugar is less than 300 mg/dL, repeat POC blood suga		
	insulin aspart sliding scale.		norman oo blood ougar oncok and
	HYPOglycemia Guidelines		
	HYPOglycemia Guidelines		
	glucose		
	 If 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 gluco able to swallow. See hypoglycemia Guidelines. Continued on next page 	ose is less than 70 mg/dL and	patient is symptomatic and
то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taka	n by Signature:	Date	Time
Physician S	Signature:	Date	11me



	UMC Health System		
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN ASPART PLAN		ent Label Here
		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		
	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 symtpomatic AND has IV access. See hypoglycemia guidelines.		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 patie	ent has altered mental status
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
	n by Signature:	Date	
Physician S	Signature:	Date	Time



	UMC Health System	P	lationt Labol Horo
E1 - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN REGULAR PLAN		atient Label Here
	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		
	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		
	Medications Medication sentences are per dose. You will need to calculate a tota	al daily doop if pooded	
	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	ters	s and notify provider.
	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, initia 	ks every 2 hours until blood of r in 4 hours and then resume	glucose is less than 300 mg/dL. e normal POC blood sugar check and
	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 suga insutlin regular sliding scale. Continued on next page	s every 2 hours until blood	glucose is less than 300 mg/dL.
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:		

UMC Health System	Patient Label Here
ENDOCRINE SURGERY PARATHYROIDECTOMY PLA - Phase: SLIDING SCALE INSULIN REGULAR PLAN	N
PHYSICI	N ORDERS
Place an "X" in the Orders column to designate orders of choice Al	ID an "x" in the specific order detail box(es) where applicable.
ORDER 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, initial 	iate 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 subculous. 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.	ks every 2 hours until blood glucose is less than 300 mg/dL.
Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini	iate 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 hours. Continue to repeat 10 units subcut and POC blood sugar chect Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar 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, ini	ks every 2 hours until blood glucose is less than 300 mg/dL. ar in 4 hours and then resume normal POC blood sugar check and
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 subcu hours. Continue to repeat 10 units subcut and POC blood sugar chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sug insutlin regular sliding scale. Continued on next page	ks every 2 hours until blood glucose is less than 300 mg/dL.
TO Read Back	Scanned Powerchart Scanned PharmScan
Order Taken by Signature:	Date Time
Physician Signature:	



ENDOCRINE SURGERY PARATHYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN PHYSICIAN ORDERS	atient Label Here
PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific ord	der detail box(es) where applicable.
ORDER ORDER DETAILS	
 insulin regular (Moderate Dose Insulin Regular Sliding Scale) □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines 	and notify provider.
70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut	
If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume nor insutlin regular scale. □ 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines	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 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume nor insutlin regular scale. 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is loss than 20 mg/dl, and patient is symptometic, initiate hypoglycomia guidelings	glucose is less than 300 mg/dL. mal POC blood sugar checks and
If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines 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	י מהים הסתוץ אוסיומפו.
If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume nor insutlin regular scale. Continued on next page	glucose is less than 300 mg/dL.
TO Read Back Scanned Powerchart	Scanned PharmScan
Order Taken by Signature: Date	Time
Physician Signature: Date	Time



EN - F	UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN REGULAR PLAN		tient Label Here			
	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					
	R ORDER DETAILS					
	insulin regular scale. Imsulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 201-350 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 12 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. Continued on next page					
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:			Time			
Physician Signature:			I ime			



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, BLD, PRN glucose levels - see parameters High Dose insulin Regular Skilling Scale 11 17 200 mg/dl 2 units subcut 301-350 mg/dl 2 units subcut 201-250 mg/dl 10 units subcut 301-350 mg/dl 10 units subcut 201-260 mg/dl 10 units subcut 301-360 mg/dl 10 units subcut 301-380 mg/dl 10 units subcut 301-380 mg/dl 10 units subcut 301-380 mg/dl 10 units subcut 301-390 mg/dl 20 units subcut 301-380 mg/dl 10 units subcut 301-300 mg/dl 20 units subcut 301-380 mg/dl 10 units subcut 301-300 mg/dl 20 units subcut 11 blood glucose is ises than 70 mg/dl. adpatent is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-190 mg/dl 10 units subcut 201-280 mg/dl 20 units 11 blood glucose is ises than 70 mg/dl. adpatent is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-190 mg/dl 10 units subcut 201-280 mg/dl 20 units 151-200 mg/dl 20 units 301-300 mg/dl 40 units 151-200 mg/dl 30 units subcut 201-280 mg/dl 20 units </th <th>EN - F</th> <th>UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN REGULAR PLAN</th> <th></th> <th>nt Label Here</th>	EN - F	UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN REGULAR PLAN		nt Label Here		
Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(os) where applicable. ORDER ORDER DETAILS □ 0-14 units, subout, inj, BID, PRN glucose levels - see parameters High Does insulin Regular Siding Scale If biood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 3 units subout 201-280 mg/dL - 10 units subout 201-280 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 0.01 units (is less than 300 mg/dL, repeat POC blood sugar check servy 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 0 units 151-200 mg/dL - 10 units subout 251-300 mg/dL - 10 units subout 351-400 mg/dL - 10 units subout 351-400 mg/dL - 10 units subout 351-400 mg/dL - 10 units subout						
ORDER ORDER DETAILS In 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulting 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 225 mg/dL - 5 units subcut 215-300 mg/dL - 10 units subcut 315-400 mg/dL - 10 units subcut 315-400 mg/dL - 10 units subcut 316-300 mg/dL, repeat 10 units subcut and POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sitiling scale. Uri4 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Siding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 71-150 mg/dL - 0 units 151-300 mg/dL - 10 units subcut 211-250 mg/dL - 10 units subcut 211-200 mg/dL - 10 units sub		PHYSICIA	N ORDERS			
 ☐ 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Silding 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 sunits subcut 251-300 mg/dL - 1 units subcut 351-400 mg/dL - 3 units subcut 351-400 mg/dL - 0 units 151-200 mg/dL - 5 units subcut 351-400 mg/dL - 0 units 351-400 mg/dL - 0 units 351-400 mg/dL - 1 units subcut 351-400 mg/dL - 1 un		Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order d	etail box(es) where applicable.		
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 201-350 mg/dL - 10 units subcut 301-360 mg/dL - 10 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 check severy 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. 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 - 10 units subcut 201-250 mg/dL - 10 units subcut 201-350 mg/dL - 10 units subcut	ORDER	ORDER DETAILS				
151-200 mg/dL - 3 units subout 251-380 mg/dL - 7 units subout 331-380 mg/dL - 10 units subout 16 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 subout 0 nore blood sugar 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, subout, inj, TID, PNN glucose levels - see parameters High Dose insulin Regular Sliding 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 - 10 units subout 201-250 mg/dL - 10 units subout 201-250 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-380 mg/dL - 10 units subout 301-390 mg/dL - 10 units subout 301-300 mg/dL - 10 units subout 301-300 mg/dL - 10 units subout 301-400 mg/dL - 10 units subout 301-40		High Dose Insulin Regular Sliding Scale	iate hypoglycemia guidelines and	notify provider.		
hours. Continue to repeat 10 units subcut and PQC 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 PQC blood sugar in 4 hours and then resume normal PQC blood sugar check and insulin regular silding scale. O-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Silding Scale Tblood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 201-250 mg/dL - 7 units subcut 201-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 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 in 4 hours and then resume normal POC blood sugar check and insulin regular siding scale. If blood glucose is less than 700 mg/dL, administer 14 units subcut, notify provider, and then resume normal POC blood sugar check and insulin regular siding scale. If blood glucose is less than 700 mg/dL, administer 14 units subcut, notify provider, and then resume normal POC blood sugar check and insulin regular siding scale. If blood glucose is less than 70 mg/dL and		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				
 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 351-400 mg/dL - 12 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 in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. O-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 251-300 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut 151-200 mg/dL - 10 units 151-200 mg/dL - 10 units subcut 251-300 mg/dL - 10 units subcut 351-400 mg/dL - 110 units subcut 351-400 mg/dL, repeat POC blood sugar checks every 2 hours until blood glucose is less than 300 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. If blood sugar is less than 300 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. 		 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 				
 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 - 3 units subcut 201-250 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 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. 		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				
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.		 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. 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale 	ks every 2 hours until blood gluco 4 hours and then resume normal	se is less than 300 mg/dL. POC blood sugar check and		
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.		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				
		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.	ks every 2 hours until blood gluco	se is less than 300 mg/dL.		
□ TO □ Read Back □ Scanned Powerchart □ Scanned PharmScan	то	Read Back] Scanned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature: Time	Order Taken by Signature: Date Time			Time		
Physician Signature: Time Date Time						



	UMC Health System				
EN - F	NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: SLIDING SCALE INSULIN REGULAR PLAN		tient Label Here		
		N ORDERS			
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific orde	er detail box(es) where applicable.		
URDER					
	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				
	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 I 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 gluco able to swallow. See hypoglycemia Guidelines. Continued on next page	ose is less than 70 mg/dL and	l patient is symptomatic and		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		



UMC Health System				
ENDOCRINE SURGERY PARATHYROIDECTOMY PLA - Phase: SLIDING SCALE INSULIN REGULAR PLAN			ent Label Here	
	DHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN		detail box(es) where applicable.	
ORDER			. ,	
	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 patie	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 patie	ent has altered mental status	
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician S	Signature:	Date	Time	

