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| | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders | N | | | |
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| 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 | | | | |
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| | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders | - | |
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| | 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 | | |
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| F | NDOCRINE SURGERY PARATHYROIDECTOMY PI | - | tient Label Here |
| | Phase: Post-Op Orders | | |
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| | 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 | | |
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| | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: Post-Op Orders | N | |
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| | 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 | | |
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| - 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 | | |
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| 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. | | | |
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| EN - F | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: DISCOMFORT MED PLAN | | | |
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| | PHYSICIA | N ORDERS | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific 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 | | | |
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| E1 - F | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: DISCOMFORT MED PLAN | | | | |
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| | 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 | | | | |
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| ENDOCRINE SURGERY PARATHYROIDECTOMY PLA - Phase: DISCOMFORT MED PLAN | | N | |
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| | | 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) | |
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| EN - F | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: GERIATRIC DISCOMFORT MED PLAN | N | | |
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| | PHYSICIA | N ORDERS | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific 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 | | | |
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| E1 - F | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: GERIATRIC DISCOMFORT MED PLAN | | | | | |
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| | PHYSICIA | N ORDERS | | | | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific 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 | | | | | |
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| | 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. | |
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| Eľ | UMC Health System NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: VTE PROPHYLAXIS PLAN | | ient Label Here | |
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| | 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 | | |
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| EN - F | NDOCRINE SURGERY PARATHYROIDECTOMY PLA Phase: VTE PROPHYLAXIS PLAN | | |
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| | 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 | |
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| | PHYSICIA | N ORDERS | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific orde | 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 | | |
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| | 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. |
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| | 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 | | |
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| | 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 | | |
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| | 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 | | |
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| | 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. |
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| | 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 | | |
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| | 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/ |
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| | 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/ |
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| | □ 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. |
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| | 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 | | |
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| | 251-300 mg/dL units subcut | | |
| | 301-350 mg/dL units subcut | | |
| | 351-400 mg/dL units subcut | | |
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| | 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 |
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| | 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 |
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| | PHYSICIA | N ORDERS | |
| | Place an "X" in the Orders column to designate orders of choice AN | D an "x" in the specific 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 | |
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| | 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 | | |
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