ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: Post-Op Orders

Patient Label Here

	PHYSICIAN OF	DNEDS		
Diagnosi	PHYSICIAN ORDERS Diagnosis			
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			
		Bedrest Bedrest Up to Bedside Commode Only		
	Ambulate Patient			
	Strict Intake and Output Per Unit Standards q2h q12h			
	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 provider	r if any swelling, difficulty breathing or swallowing.		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Keep the head of the bed elevated GREATER THAN 30 degrees			
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Check with Endocrine Surgery team before initiating PO intake of liquids or solids			
	Notify Provider (Misc) T;N, Notify Endocrine surgery U1 service pager, Reason: Rapidly worsening	ng neck swelling		
	Notify Provider (Misc)			
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now	in AM		
	Dietary			
□ то	☐ Read Back ☐ Sc	canned Powerchart Scanned PharmScan		
Order Take	der Taken by Signature: Time			
Physician S	sician Signature: Date Time			

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: Post-Op Orders

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific orde	r 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, Except T;2359, NPO After Midnigh		
	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 (1600 calories) Diet	
	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 to If iPTH level is 10-20, order the following medications:	otal daily dose if needed.		
	calcium-vitamin D (calcium-vitamin D 500 mg-5 mcg (200 intl units) 1 tab, PO, tab, BID Administer with meals.	oral tablet)		
	calcium carbonate ☐ 1,000 mg, PO, tab chew, q2h, PRN numbness/tingling			
	If iPTH level is LESS than 10, order the following medications:			
	calcium-vitamin D (calcium-vitamin D 500 mg-5 mcg (200 intl units) 1 tab, PO, tab, TID Administer with meals.	oral tablet)		
	calcium carbonate 1,000 mg, PO, tab chew, q2h, PRN numbness/tingling			
	calcitriol ☐ 0.5 mcg, PO, cap, BID, x 7 days			
	If BMI is LESS than 30:			
	levothyroxine (levothyroxine (thyroidectomy)) 1.6 mcg/kg, PO, tab, Daily			
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: Post-Op Orders

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	If BMI is GREATER than 30, use the reference link to the dosing calce levothyroxine mcg, PO, tab, Daily Administer 1 hour before breakfast. Hold tube feeds for 1 hour before	` · ·	SH level):	
	Other Medications			
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous m	embrane lozenge)		
	labetalol (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 For SBP greater than 160 and HR is less than 80 bpm	160 and HR is less than 80 bpm		
	Discharge Prescription calcium-vitamin D (calcium (as citrate)-vitamin D 200 mg-6.25 mcg 3 tab, PO, Daily, tab 3 tab, PO, TID, tab	g (250 intl units) oral tablet) 3 tab, PO, BID, 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	or 1 days	
	CBC with Differential ☐ Routine, T;N, Every AM for 1 days	☐ Routine, T;N		
	Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N	☐ Routine, T;N, Every AM fo	or 1 days	
	Comprehensive Metabolic Panel (CMP) Routine, T;N, Every AM for 3 days Routine, T;N	☐ Routine, T;N, Every AM fo	or 1 days	
	Prothrombin Time with INR			
	PTT			
	Urinalysis with Positive Culture Reflex			
	Intact PTH to be drawn in PACU			
	PTH Intact (Intact PTH) ☐ STAT OPS/PACU, T;N			
	If iPTH level is LESS than 20, select all of the following lab orders:			
	lonized Calcium Level ☐ Timed, T;1800			
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Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	

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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: Post-Op Orders

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER			
	Phosphorus Level ☐ Timed, T;1800		
	Magnesium Level ☐ Timed, T;1800		
	Ionized Calcium Level ☐ Next Day, T+1;0300		
	Phosphorus Level ☐ Next Day in AM, T+1;0300		
	Magnesium Level ☐ Next Day in AM, T+1;0300		
	Diagnostic Tests		
	EKG-12 Lead		
	DX Chest Portable		
	DX Abdomen Portable		
	US Abdomen Comp		
	Respiratory		
		ria: Simple mask ria: Nonrebreather mask	
	Respiratory Care Plan Guidelines		
	Additional Orders		
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Order Take	ken by Signature:	Date	Time
Physician Signature:		Date	Time
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: Pre-Op Orders

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where application	le.	
ORDER			
	Medications Medication sentences are per dose. You will need to calculate a total daily 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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Order Take	ken by Signature: Date Time		
Physician S	hysician Signature: Date Time		

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Patient Care			
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat			
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)			
	10 mL, PO, liq, q4h, PRN cough			
	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	n by Signature: Date Time			
Physician S	Signature: Date Time			

ENDOCRINE SURGERY THYROIDECTOMY PLAN

Patient Label Here

 Phase: DISCOMFORT MED PLAN **PHYSICIAN ORDERS** Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER **ORDER DETAILS** 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, g4h, 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 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective , use if ordered. traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered. 50 mg, PO, tab. g4h, PRN pain-moderate (scale 4-6) 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 ineffective, use if ordered. Analgesics for Severe Pain Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. □ то ☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan Order Taken by Signature:

___ Time __

Date

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Physician Signature: _

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	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 o ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o			
	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-ma suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium 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 ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia			
	LORazepam ☐ 2 mg, PO, tab, Nightly, PRN insomnia			
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	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, P	RN itching	
	Anorectal Preparations			
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area			
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	6-0.25% rectal ointment)		
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Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

Patient Label Here

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: GERIATRIC DISCOMFORT MED PLAN

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Patient Care Perform Bladder Scan ☐ Scan PRN, If more than 250, Then: Call MD, Perform as needed for distention present OR 6 hrs post Foley removal and patient has no		discomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mc 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin ☐ 10 mL, PO, liq, q4h, PRN cough	20 mg-200 mg/10 mL oral liqui	d)
	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 2 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2	24 hours***	
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hou Give with food.	rs***	
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2	,	
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Collins 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***********************************		et)
	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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Order Take	Order Taken by Signature: Date Time		
Physician 9	Signature	Date	Time

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: GERIATRIC DISCOMFORT MED PLAN

Patient Label Here

PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER ORDER DETAILS				
ORDER ORDER DETAILS ondansetron d mg, (PVush, soln, q8h, PRN nausea		PHYSICIAN ORDERS		
ondansetron		Place an "X" in the Orders column to designate orders of choice ANI	D an "x" in the specific order det	ail box(es) where applicable.
Gastrointostinal Agents Select only ONE of the following for constipation docusate 1 100 mg, PO, cap, Nightly, PRN constipation bisacody 1 10 mg, rectally, supp. Daily, PRN constipation bisacody 1 10 mg, rectally, supp. Daily, PRN constipation Antacids At hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) 3 0 mL, PO, susp. q4h, PRN indigestion Administer 1 hour before meals and nightly. simethicone 3 mg, PO, lab, chew, q4h, PRN gas Anti-pyretics Select only ONE of the following for fever acetaminophen 500 mg, PO, lab, q4h, PRN fever ""Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours"" 1 1,000 mg, PO, lab, q4h, PRN fever ""Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours"" bipurofen 200 mg, PO, lab, q4h, PRN fever ""Do not exceed 3,200 mg of bibuprofen from all sources in 24 hours"" bipurofen 200 mg, PO, lab, q4h, PRN fever ""Do not exceed 3,200 mg of bibuprofen from all sources in 24 hours"" bipurofen 200 mg, PO, lab, q4h, PRN fever ""Do not exceed 3,200 mg of bibuprofen from all sources in 24 hours"" bipurofen 3 monexcal Preparations Select only ONE of the following for hemorrhoid care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as needed, PRN hemorrhoid care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as neededd, PRN hemorrhoid care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as neededd, PRN hemorrhoid care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as neededd, PRN hemorrhoid care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as neededd, PRN hemorrhoids care witch hazal-glycerin topical (witch hazal-glycerin 50% topical pat) 1 1 spp, lopical, pad, hemorrhoids, as neededd, PRN hemorrhoids care	ORDER	ORDER DETAILS		
Select only ONE of the following for constipation docusate 100 mg, PO, cap, Nightly, PRN constipation				
docusate 100 mg, PO, cap, Nightly, PRN constipation		<u> </u>		
100 mg, PO, cap, Nightly, PRN constipation		Select only ONE of the following for constipation		
Antacids Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) 3 on L, 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, q4h, 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, g4h, PRN fever ""Do not exceed 4,000 mg of ibuprofen from all sources in 24 hours"" 200 mg, PO, tab, q4h, PRN fever ""Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours"" 200 mg, PO, tab, q4h, PRN fever ""Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours"" 3 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours"" 4 on mg, PO, tab, q4h, PRN fever 4 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours"" 5 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 6 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 6 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 7 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 8 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 9 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 1 app, topical, pad, hemorrhoid care 2 on the exceed 3,200 mg of ibuprofen from all sources in 24 hours" 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoids,				
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				
Suspension Susp. q4h, PRN indigestion Administer 1 hour before meals and nightly.		Antacids		
80 mg, PO, tab chew, q4h, PRN gas		suspension) 30 mL, PO, susp, q4h, PRN indigestion	esium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral
Select only ONE of the following for fever acetaminophen S00 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*** 1,000 mg, PO, tab, q4h, PRN fever "**Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** 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. 4norectal 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 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 Time			☐ 160 mg, PO, tab chew, q4h, PR	RN gas
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 "**To not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** bluprofen 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. 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 To Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time				
500 mg, PO, tab, q4h, PRN fever		Select only ONE of the following for fever		
1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** bluprofen		500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
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. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***To not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 1 app, topical (witch hazel-glycerin 50% topical pad) 1 app, topical (witch hazel-glycerin 50%				
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 Date		 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** 		
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 To Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		•		
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 Apply to affected area Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		•		
☐ 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area ☐ TO ☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan Order Taken by Signature:		witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care		
Order Taken by Signature: Date Time		1 app, rectally, oint, q6h, PRN hemorrhoid care	0.25% rectal ointment)	
Order Taken by Signature: Date Time				
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Patient Label Here

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

_	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	The following scheduled orders will alternate every 4 hours.			
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.			
	For renally impared patients: The following scheduled orders will alternate every 4 hours.			
	traMADol ☐ 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Version: 3 Effective on: 03/13/24

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: VTE PROPHYLAXIS PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Patient Care			
	VTE Guidelines ☐ See Reference Text for Guidelines			
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated			
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated ☐ Other anticoagulant ordered ☐ Intolerance to all VTE chemopr	ophylaxis	
	Apply Elastic Stockings ☐ 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: Left Lower Extremity (☐ Apply to: Bilateral Lower Extrer☐ Apply to: Right Lower Extremity	nities, Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity (I	LLE)	
	Medications Medication conteness are per dose. You will need to calculate a total	al daily doso if pooded		
	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, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function			
	heparin ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h		
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin ☐ 5 mg, PO, tab, In PM			
	aspirin ☐ 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily		
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min			
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Order Taker	by Signature:	Date	Time	
Physician S	ignature:	Date	Time	

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: VTE PROPHYLAXIS PLAN

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrC	CI LESS than 30 mL/min		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART 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 order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Aspart Guidelines Follow SSI Aspart Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a total	al dalla da as Mara da d	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale) □ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL administer 10 units subcut, 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. □ 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, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 301-350 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 insulin aspart sliding scale. Continued on next page	eters iate hypoglycemia guidelines an notify provider, and repeat POC ecks every 90 minutes until blood ar in 4 hours and then resume notify provider, and repeat POC ecks every 90 minutes until blood ecks every 90 minutes until blood ecks every 90 minutes until blood	C blood sugar check in 90 d glucose is less than 300 mg/ ormal POC blood sugar check and d notify provider. C blood sugar check in 90 d glucose is less than 300 mg/
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sician	·		

ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIA	N 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			
	0-10 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 chedL. Once blood sugar is less than 300 mg/dL, repeat POC blood suginsulin aspart sliding scale. □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters	ecks every 90 minutes until blo	od glucose is less than 300 mg/	
	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 chedL. Once blood sugar is less than 300 mg/dL, repeat POC blood suginsulin aspart sliding scale. 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	ecks every 90 minutes until blo ar in 4 hours and then resume	od glucose is less than 300 mg/ 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			
c	If blood glucose is greater than 400 mg/dL administer 10 units subcut minutes. Continue to repeat 10 units subcut and POC blood sugar chedL. Once blood sugar is less than 300 mg/dL, repeat POC blood suginsulin aspart sliding scale. Continued on next page	ecks every 90 minutes until blo	od glucose is less than 300 mg/	
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

	PHYSICIAN ORI	 DERS		
	Place an "X" in the Orders column to designate orders of choice AND an "		detail box(es) where applicable.	
ORDER		-		
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale) ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters			
	Moderate Dose Insulin Aspart Sliding Scale			
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hyp	oglycemia guidelines and	d 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 minutes. Continue to repeat 10 units subcut and POC blood sugar checks et dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in a 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, initiate hyperstands.	very 90 minutes until bloo 4 hours and then resume	d glucose is less than 300 mg/ 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, notify minutes. Continue to repeat 10 units subcut and POC blood sugar checks et dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in a 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, initiate hypersections.	very 90 minutes until bloo 4 hours and then resume	d glucose is less than 300 mg/ 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, notify minutes. Continue to repeat 10 units subcut and POC blood sugar checks et dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in a insulin aspart sliding scale. Continued on next page	very 90 minutes until bloo	d glucose is less than 300 mg/	
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	O-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, init 70-150 mg/dL - 0 units	iate hypoglycemia guidelines	and notify provider.	
	151-200 mg/dL - 2 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 subcuminutes. Continue to repeat 10 units subcut and POC blood sugar chdL. Once blood sugar is less than 300 mg/dL, repeate POC blood suinsulin aspart sliding scale. O-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale	ecks every 90 minutes until b gar in 4 hours and then resun	lood glucose is less than 300 mg/ ne normal POC blood sugar check and	
	If blood glucose is less than 70mg/dL and patient is symptomatic, init 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	iate hypoglycemia guidelines	and notify provider.	
	If blood glucose is greater than 400 mg/dL, administer 12 units subcuminutes. Continue to repeat 10 units subcut and POC blood sugar chdL. Once blood sugar is less than 300 mg/dL, repeate POC blood suinsulin aspart sliding scale.	ecks every 90 minutes until b	lood glucose is less than 300 mg/	
	insulin aspart (High Dose Insulin Aspart Sliding Scale) ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see param High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini		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 subcurminutes. Continue to repeat 10 units subcut and POC blood sugar chdL. Once blood sugar is less than 300 mg/dL, repeat POC blood suginsulin aspart sliding scale. Continued on next page	ecks every 90 minutes until b	lood glucose is less than 300 mg/	
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

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		PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate order	s of choice AND an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	0-14 units, subcut, inj, BID, PRN glucose levels - see High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is s 70-150 mg/dL - 0 units		and notify provider.
	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 minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repeat insulin aspart sliding scale. □ 0-14 units, subcut, inj, TID, PRN glucose levels - see	blood sugar checks every 90 minutes until b POC blood sugar in 4 hours and then resum	lood glucose is less than 300 mg/
	High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is s		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 minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repeat insulin aspart sliding scale. 0-14 units, subcut, inj, q6h, PRN glucose levels - see High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is s	blood sugar checks every 90 minutes until b POC blood sugar in 4 hours and then resum parameters	lood glucose is less than 300 mg/ e normal POC blood sugar check and
	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		
Ç	If blood glucose is greater than 400mg/dL, administer minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repeat insulin aspart sliding scale. Continued on next page	blood sugar checks every 90 minutes until b	lood glucose is less than 300 mg/
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
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Phase: SLIDING SCALE INSULIN ASPART PLAN

ENDOCRINE SURGERY THYROIDECTOMY PLAN

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PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. 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, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale. 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 guidelines 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, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat __ units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale. **HYPOglycemia Guidelines HYPOglycemia Guidelines** ***See Reference Text*** glucose ☐ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page.... □ то ☐ Read Back ☐ Scanned PharmScan ☐ Scanned Powerchart Order Taken by Signature: Physician Signature: _ ___ Time ___ Date

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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symtpomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.			
	glucagon ☐ 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.			
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
	Patient Care
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency AC & HS 3 days ITID BID q6h q6h q4h Sliding Scale Insulin Regular Guidelines Follow SSI Regular Reference Text Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	insulin regular (Low Dose Insulin Regular Silding Scale) 0-10 units subcut, in, AC & nighty, PTRN glucose levels - see parameters 15
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN C	RDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	R ORDER DETAILS			
	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycemia guidelines	and notify provider.	
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut			
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut			
	351-400 mg/dL - 6 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, no hours. Continue to repeat 10 units subcut and POC blood sugar checks once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in insut	every 2 hours until blood g	lucose is less than 300 mg/dL.	
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters			
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycemia guidelines	and notify provider.	
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut			
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut			
	301-350 mg/dL - 4 units subcut			
	351-400 mg/dL - 6 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, no hours. Continue to repeat 10 units subcut and POC blood sugar checks once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in insut	every 2 hours until blood g	lucose is less than 300 mg/dL.	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	hypoglycemia guidelines	and notify provider.	
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, no hours. Continue to repeat 10 units subcut and POC blood sugar checks once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in insut	every 2 hours until blood g	lucose is less than 300 mg/dL.	
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	un Signature:	Date	Time	

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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)			
	0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see paral	meters		
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, i	nitiate 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 POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and			
	insutlin regular scale. 0-12 units, subcut, inj, 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, i	nitiate 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 POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.			
	0-12 units, subcut, inj, TID, PRN glucose levels - see parameters			
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, i	nitiate 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			
	351-400 Hig/aL - 10 utilis subcat			
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.			
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSIC	CIAN 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				
	0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 POC blood sugar check in hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 m Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check insutlin regular scale.					
	U 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 sub hours. Continue to repeat 10 units subcut and POC blood sugar once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.	checks every 2 hours until blood g	lucose is less than 300 mg/dL.		
	insulin regular (High Dose Insulin Regular Sliding Scale) ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see para High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,		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				
c	If blood glucose is greater than 400 mg/dL, administer 14 units subhours. Continue to repeat 10 units subcut and POC blood sugar chonce blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale. Continued on next page	necks every 2 hours until blood glu	ucose is less than 300 mg/dL.		
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS					
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.					
ORDER	ORDER DETAILS					
	0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units					
	151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut					
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.					
	☐ 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale					
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.					
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut					
	251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut					
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. 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 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. Continued on next page					
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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ORDER	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.					
ORDER	ORDER DETAILS 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.					
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut					
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, r hours. Continue to repeat 10 units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin regular sliding scale.	every 2 hours until blood glucos	e is less than 300 mg/dL.			
	insulin regular (Blank Insulin Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelin	es and notify provider.				
	70-150 mg/dL units 151-200 mg/dL units subcut 201-250 mg/dL units subcut 251-300 mg/dL units subcut 301-350 mg/dL units subcut 351-400 mg/dL units subcut If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2					
	hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.					
	HYPOglycemia Guidelines					
	HYPOglycemia Guidelines ☐ ***See Reference Text***					
	glucose 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucos able to swallow. See hypoglycemia Guidelines. Continued on next page	e is less than 70 mg/dL and pati	ent is symptomatic and			
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ENDOCRINE SURGERY THYROIDECTOMY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.					
ORDER						
OKDEK	ORDER DETAILS					
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.					
	ucagon In mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.					
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Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

Version: 3 Effective on: 03/13/24