GYN ONC POST-OP PLAN - Phase: .

Patient Label Here

	DUVELCIAN	OPDEPS		
Diagnas	PHYSICIAN ORDERS			
Diagnos Weight	I			
weight	Place an "X" in the Orders column to designate orders of choice AND	an "v" in the energific order det	ail bay(aa) whara appliaable	
00050		an x in the specific order det	all box(es) where applicable.	
ORDER				
	Patient Care Vital Signs ☐ Per Unit Standards			
	Patient Activity			
	Strict Intake and Output (Strict I & O)			
	Urinary Catheter Care			
	Communication			
	Instruct Patient Instruct Patient On: Incentive spirometry q1h while awake			
	Notify Provider of VS Parameters (Notify Provider if VS) Temp Greater Than 101, RR Greater Than 24, RR Less Than 10, SpO Greater Than 110, DBP Less Than 50, HR Greater Than 120, HR Less		n 150, SBP Less Than 90, DBP	
	Notify Provider (Misc) T;N, Reason: Urine Output less than 120 mL every 4 hours or 240 mL	per 8 hours.		
	Notify Provider (Misc) T;N, Reason: Increased vaginal or incisional bleeding.			
	Dietary			
	Oral Diet ☐ T;N, Regular Diet ☐	☐ T;N, Boost Breeze 8 ounces PC	D every 8 hours x 3 doses	
	NPO Diet			
	IV Solutions			
	LR □ IV, 75 mL/hr			
	Medications Medication sentences are per dose. You will need to calculate a tota	I daily dose if peeded		
	Home Medication Reconcilliation must be completed.	i dany dose n needed.		
	acetaminophen 1,000 mg, PO, tab, q8h ***For severe pain notify physician.*** ***Do Not exceed 4,000 mg of acetaminophen from all sources in 24 ho	ours.***		
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GYN ONC POST-OP PLAN

Patient Label Here

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Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER ORDER DETAILS Ibuprofen				
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 Ibuprofen				
ORDER ORDER DETAILS bipprofen		PHYSICIA	IN ORDERS	
buyrofen s00 mg, PO, lab, g8h		Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order de	tail box(es) where applicable.
Soo mg, PO, Lab, Q8h	ORDER	ORDER DETAILS		
Soo mg, PO, Lab, Q8h				
Reculne, T;N Comprehensive Metabolic Panel (CMP) Respiratory Respiratory Care Plan Guidelines Continuous Pulse Oximetry Oxygen (O2) Therapy Incentive Spirometry 14 Arr, while awake Additional Orders Additional Orders Continuous Pulse Oximetry 15 Arr, while awake Additional Orders Continuous Pulse Oximetry 16 Arr, while awake Additional Orders Continuous Pulse Oximetry 17 Arr, while awake Additional Orders Continuous Pulse Oximetry 18 Arr, while awake Additional Orders Continuous Pulse Oximetry 18 Arr, while awake Additional Orders Continuous Pulse Oximetry 18 Arr, while awake Additional Orders Continuous Pulse Oximetry 18 Arr, while awake Additional Orders Continuous Pulse Continuous		ibuprofen		
Comprehensive Metabolic Panel (CMP) Routine, T; N Comprehensive Metabolic Panel (CMP) Routine, T; N Respiratory Care Plan Guidelines Continuous Pulse Oximetry Oxygen (O2) Therapy Incentive Spirometry q1h.24 hr, while awake				
Comprehensive Metabolic Panel (CMP)				
Comprehensive Metabolic Panel (CMP) Routine, T.N Respiratory Care Plan Guidelines Continuous Pulse Oximetry Oxygen (02) Therapy Incentive Spirometry q1h 24 hr, while awake Additional Orders Additional Orders Continuous Pulse Oximetry q1h 24 hr, while awake Quite Panel Qui				
Respiratory Care Plan Guidelines Continuous Pulse Oximetry Oxygen (O2) Therapy Incentive Spirometry qin 24 hr, while awake		Comprehensive Metabolic Panel (CMP)		
Respiratory Care Plan Guidelines Continuous Pulse Oximetry continuous Spirometry		Routine, T;N		
Continuous Pulse Oximetry Oxygen (O2) Therapy				
Oxygen (O2) Therapy cantive Spirometry q1h 24 hr, while awake Additional Orders		Respiratory Care Plan Guidelines		
Incentive Spirometry		Continuous Pulse Oximetry		
q1h 24 hr, while awake		Oxygen (O2) Therapy		
Additional Orders To Read Back Scanned Powerchart Scanned PharmScan		Incentive Spirometry		
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	Physician Signature:		Date	Time

GYN ONC POST-OP PLAN - Phase: VTE PROPHYLAXIS PLAN

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice ANI	O an "x" in the specific order det	ail box(es) where applicable.
ORDER	ORDER DETAILS	•	, , , ,
	Patient Care		
	VTE Guidelines ☐ See Reference Text for Guidelines		
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindicat cated	ions for VTE below and complete r	eason 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 chemopre	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 Extrem☐ 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	l deile dess if weeded	
	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		nction nction
	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 I	LESS than 30 mL/min	
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GYN ONC POST-OP PLAN - Phase: VTE PROPHYLAXIS PLAN

Patient Label Here

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	tail 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 Cr0	CI LESS than 30 mL/min	
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GYN ONC POST-OP PLAN

Patient Label Here

- P	hase: SLIDING SCALE INSULIN REGULAR PLAN		
	BUVSI	 CIAN ORDERS	
			or detail boy(ee) where applies ble
RDER	Place an "X" in the Orders column to designate orders of choice ORDER DETAILS	AND all X III the specific ord	er detail box(es) where applicable.
KDEK	Patient Care		
	POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency	AC & HS	
	☐ AC & HS 3 days ☐ BID	∐ TID □ q12h	
	q6h	q6h 24 hr	
	∐ 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 Sliding Scale)	-	
	☐ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see para Low Dose Insulin Regular Sliding Scale	ameters	
	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 sul hours. Continue to repeat 10 units subcut and POC blood sugar of Once the blood sugar is less than 300 mg/dL, repeat POC blood sinsutlin regular sliding scale. O-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 sul hours. Continue to repeat 10 units subcut and POC blood sugar of Once the blood sugar is less than 300 mg/dL, repeat POC blood sinsutlin regular sliding scale.	hecks every 2 hours until blood g sugar in 4 hours and then resume initiate hypoglycemia guidelines bcut, notify provider, and repeat F hecks every 2 hours until blood g	lucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider. POC blood sugar check in 2 lucose is less than 300 mg/dL.
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nysician S	ignature:	Date	Time

Version: 6 Effective on: 01/03/24



GYN ONC POST-OP 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 ord	er 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.	e 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, n 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 is insuttin regular sliding scale.	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	e 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, n 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 insuttin regular sliding scale.	every 2 hours until blood g	lucose is less than 300 mg/dL.
	0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate	e 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, n 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 is insut	every 2 hours until blood g	lucose is less than 300 mg/dL.
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GYN ONC POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSI	CIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er 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 pan Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units sul hours. Continue to repeat 10 units subcut and POC blood sugar 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, 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units sul hours. Continue to repeat 10 units subcut and POC blood sugar once blood sugar is less than 300 mg/dL, repeat POC blood sugar. □ 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, 70-150 mg/dL - 0 units 151-200 mg/dL - 5 units subcut 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 201-250 mg/dL - 2 units subcut 301-350 mg/dL - 10 units subcut 201-250 mg/dL - 10 units subcut 201-250 mg/dL - 10 units subcut 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-35	cout, notify provider, and repeat for checks every 2 hours until blood in 4 hours and then resume nor checks every 2 hours until blood in 4 hours and then resume nor checks every 2 hours until blood in 4 hours and then resume nor in 4 hours and then resume nor in 1 hours and then resume nor checks every 2 hours until blood in 2 hours and then resume nor checks every 2 hours until blood boot, notify provider, and repeat for checks every 2 hours until blood	POC blood sugar check in 2 glucose is less than 300 mg/dL. mal POC blood sugar checks and and notify provider. POC blood sugar check in 2 glucose is less than 300 mg/dL. mal POC blood sugar checks and and notify provider.
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Version: 6 Effective on: 01/03/24

GYN ONC POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific ord	ler 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, in	itiate 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 subcombours. Continue to repeat 10 units subcut and POC blood sugar chonce blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale. O-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, in	ecks every 2 hours until blood 4 hours and then resume nor	glucose is less than 300 mg/dL. mal POC blood sugar checks and
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut	mate ny pogry comia gardomiec	cara nouty promoti.
	If blood glucose is greater than 400 mg/dL, administer 12 units subcombours. Continue to repeat 10 units subcut and POC blood sugar channels of the blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale.	ecks every 2 hours until blood	glucose 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 param High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut		and notify provider.
	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 subcombours. Continue to repeat 10 units subcut and POC blood sugar cheonic blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale. Continued on next page	cks every 2 hours until blood o	glucose is less than 300 mg/dL.
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GYN ONC POST-OP 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
DER	ORDER DETAILS
	0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut
	201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut
	301-350 mg/dL - 10 units subcut
	351-400 mg/dL - 12 units subcut
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	0-14 units, subcut, inj, TID, PRN glucose levels - see parameters
	High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut
	251-300 mg/dL - 7 units subcut
	301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. □ 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters
	High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 3 units subcut
	201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut
	301-350 mg/dL - 10 units subcut
	351-400 mg/dL - 12 units subcut
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
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GYN ONC POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN		
Т	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific order det	tail box(es) where applicable.
ORDER	 _		
	O-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia	te hypoglycemia guidelines and n	otify 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, 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.	s every 2 hours until blood glucose	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 guideli	nes 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 subchours. Continue to repeat units subcut and POC blood sugar cheonic blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin regular sliding scale.	cks every 2 hours until blood glud	cose is less than 300 mg/dL.
	HYPOglycemia Guidelines		
	HYPOglycemia Guidelines ☐ ***See Reference Text***		
	glucose ☐ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood gluco able to swallow. See hypoglycemia Guidelines. Continued on next page	se is less than 70 mg/dL and patio	ent is symptomatic and
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Order Taker	en by Signature:	Date	Time
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GYN ONC POST-OP 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		
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.		
	glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.		
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Order Take	n by Signature: Date Time		
Physician S	Signature: Time		