# GENERAL MEDICINE PLAN

	PHYSICIAN ORDERS				
Diagnos	is				
Weight					
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific order detail box(	es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Vital Signs ☐ Per Unit Standards				
	Daily Weight				
	Patient Activity  ☐ Up Ad Lib/Activity as Tolerated   Assist as Needed ☐ Bedrest   Bathroom Privileges	Bedrest   Up to Bedside Commode Only	/		
	ICU Progressive Mobility Guidelines  ☐ ***See Reference Text****				
	Strict Intake and Output  Per Unit Standards  q2h  q12h	☐ q1h ☐ q4h			
	Urinary Catheter Care				
	Continuous Telemetry (Intermediate Care)				
	Intermittent Telemetry				
	Communication				
	Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Unit	Now			
	Dietary				
	Oral Diet  Regular Diet  Renal (Dialysis) Diet  Clear Liquid Diet  Clear Liquid Diet, Advance as tolerated to Full Liquid  Clear Liquid Diet, Advance as tolerated to Heart Healthy  Clear Liquid Diet, Advance as tolerated to Renal (Non-Dialysis)  Carbohydrate Controlled (1200 calories) Diet  Carbohydrate Controlled (2000 calories) Diet	Heart Healthy Diet Renal (Non-Dialysis) Diet Full Liquid Diet Clear Liquid Diet, Advance as tolerated Clear Liquid Diet, Advance as tolerated Carbohydrate Controlled (1600 calories	to Renal (Dialysis)		
	NPO Diet  NPO T;2359, NPO After Midnight T;2359, NPO After Midnight, Except Ice Chips	☐ NPO, Except Meds ☐ T;2359, NPO After Midnight, Except Me ☐ T;2359, NPO After Midnight, Except Me			
	IV Solutions				
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# GENERAL MEDICINE PLAN

#### **Patient Label Here**

		PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of	choice AND an "x" in the specific or	der detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<b>D5 1/2 NS</b> ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L  ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	<b>D5W</b> ☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	
	1/2 NS + 20 mEq KCI/L  ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	NS (Normal Saline)  ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	LR (Lactated Ringer's)  ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	Laboratory		
	Basic Metabolic Panel  Next Day in AM, T+1;0300, Every AM for 2 days Routine, T;N	☐ Routine, T;N, Every AM	for 1 days
	<b>CBC</b> ☐ Routine, T;N, Every AM for 2 days ☐ Routine, T;N	Routine, T;N, Every AM	for 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 for 2 days Routine, T;N	☐ Routine, T;N, Every AM	for 1 days
	Prothrombin Time with INR		
	Prothrombin Time with INR ☐ Next Day in AM, T+1;0300		
	PTT		
	PTT ☐ Next Day in AM, T+1;0300		
	Beta HCG Serum Qualitative		
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# GENERAL MEDICINE 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	•		
	Urinalysis with Positive Culture Reflex			
	Culture Blood			
	Lactic Acid Level			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest Portable			
	DX Chest PA & Lateral			
	DX Abdomen AP (KUB)			
	CT Chest w/o			
	CT Chest w/wo			
	CT Abd w/ PO Contrast Only			
	CT Abd w/o Contrast			
	Respiratory			
	Respiratory Care Plan Guidelines			
	Oxygen (O2) Therapy  Via: Nasal cannula, Keep sats greater than: 90%	☐ Via: Simple mask, Keep sa	ate greater than: 90%	
	☐ Via: Venturi mask, Keep sats greater than: 90%	Via: Nonrebreather mask,	Keep sats greater than: 90%	
	☐ Via: Trach collar, Keep sats greater than: 90%			
	Physical Medicine and Rehab			
-	Consult PT Mobility for Eval & Treat			
	Consult Occ Therapy for Eval & Treat			
	Consult Speech Therapy for Eval & Treat  Consults/Referrals			
	Consult MD			
	Consult MD			
	Service: Palliative Care			
	Additional Orders			
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Physician		Date	Time	

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# DISCOMFORT MED PLAN

	PHYSICIAN (	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND a	an "x" in the specific order o	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 patient distention present OR 6 hrs post Foley removal and patient has not voided.		scomfort and/or bladder
	Medications  Medication sentences are per dose. You will need to calculate a total of menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrate 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	•	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg 10 mL, PO, liq, q4h, PRN cough	g-200 mg/10 mL oral liquid)	
	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 hou ibuprofen if ordered.  1,000 mg, PO, tab, q6h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hou 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 hou ibuprofen if ordered.  Continued on next page	rs*** If acetaminophen contra	indicated or ineffective, use
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# 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			
	<ul> <li>☐ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> <li>☐ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> </ul>			
	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 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 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, q4h, 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.			
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# 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	i, q4h, PRN pain-severe (scale 7-10)	
	Antiemetics			
ı	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.			
	Gastrointestinal Agents			
ı	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-masuspension)  30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethic	one 200 mg-200 mg-20 mg/5 mL oral	
	simethicone  80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, c	<sub>q</sub> 4h, 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, F	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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# DISCOMFORT MED PLAN

#### **Patient Label Here**

	PHYSICIAN 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			
	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, PR	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, 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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#### **Patient Label Here**

# 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				
	Medications  Medication sentences are per dose. You will need to calculate a total	daily dose if needed.		
	The following scheduled orders will alternate every 3 hours.			
	ibuprofen ☐ 400 mg, PO, tab, q6h, x 3 days To be alternated with acetaminophen every 3 hours.			
	acetaminophen  ☐ 500 mg, PO, tab, q6h, x 3 days  To be alternated with ibuprofen every 3 hours. Do not exceed 4000 mg or	of acetaminophen per day from all	sources.	
	For renally impared patients: The following scheduled orders will alternate	every 3 hours.		
	traMADol 50 mg, PO, tab, q6h, x 3 days To be alternated with acetaminophen every 3 hours.			
	acetaminophen  500 mg, PO, tab, q6h, x 3 days To be alternated with tramadol every 3 hours. Do not exceed 4000 mg of	of acetaminophen per day from all	sources.	
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# 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			
	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			
	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 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 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 ****			
	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******			
	Analgesics for Severe Pain			
	Select only ONE of the following for Severe Pain  morphine  One of Severe Pain  morphine			
	Antiemetics			
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# 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			
	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-magnes suspension)  30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	sium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral	
	simethicone  80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, PF	RN 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.			
	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, as needed, PRN hemorrhoid care  Wipe affected area			
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.  1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	25% rectal ointment)		
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SL	LIDING SCALE INSULIN ASPART PLAN		
	PHYSIC	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		
	Patient Care		
	POC Blood Sugar Check ☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days ☐ BID ☐ q6h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	q4h	<b>—</b> qon 24 m	
	Sliding Scale Insulin Aspart Guidelines    Follow SSI Aspart Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a t	otal daily dose if needed.	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)  ☐ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parar Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in		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 subcominutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeat POC blood suinsulin 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, in	thecks every 90 minutes until b Igar in 4 hours and then resum	lood glucose is less than 300 mg/ e normal POC blood sugar check and
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut		
	If blood glucose is greater than 400 mg/dL administer 10 units subc minutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeat POC blood su insulin aspart sliding scale. Continued on next page	hecks every 90 minutes until b	lood glucose is less than 300 mg/
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# 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 application	ole.
ER	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, initiate hypoglycemia guidelines and notify provider.	
	in blood gladeste is less than 70 mg/de and patient is symptomatic, initiate hypogrycernia guidelines and notify provider.	
	70-150 mg/dL - 0 units	
	151-200 mg/dL - 1 units subcut	
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut	
	301-350 mg/dL - 4 units subcut	
	351-400 mg/dL - 6 units subcut	
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 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	
	insulin aspart sliding scale.	J110
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters	
	Low Dose Insulin Aspart Sliding Scale  If blood glycopa is lose than 70 mg/dl, and nationt is symptometric initiate by neglycomic guidelines and natify provider.	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
	70-150 mg/dL - 0 units	
	151-200 mg/dL - 1 units subcut	
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut	
	301-350 mg/dL - 4 units subcut	
	351-400 mg/dL - 6 units subcut	
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 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	
	insulin 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, initiate hypoglycemia guidelines and notify provider.	
	70-150 mg/dL - 0 units	
	151-200 mg/dL - 1 units subcut	
	201-250 mg/dL - 2 units subcut	
	251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut	
	351-400 mg/dL - 6 units subcut	
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 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 insulin aspart sliding scale.	and
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# SLIDING SCALE INSULIN ASPART PLAN

	PHYSICIAN (	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND	n "x" in the specific or	der detail box(es) where applicable.
RDER	ORDER DETAILS		
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)  □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameter Moderate Dose Insulin Aspart Sliding Scale  If blood glucose is less than 70mg/dL and patient is symptomatic, initiate  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, n minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar 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	hypoglycemia guidelines otify provider, and repeat s every 90 minutes until b in 4 hours and then resul	POC blood sugar check in 90 blood glucose is less than 300 mg/ me 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 351-400 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, n minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale.  □ 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate  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 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, n minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale.  Continued on next page	s every 90 minutes until be in 4 hours and then result hypoglycemia guidelines of the provider, and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and repeat is every 90 minutes until be in 4 hours and then result in 4 hours and the 5 hours and the 5 hours and the 6 hours and 6 hours an	plood glucose is less than 300 mg/me normal POC blood sugar check and and notify provider.  POC blood sugar check in 90 blood glucose is less than 300 mg/
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# SLIDING SCALE INSULIN ASPART PLAN

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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	R 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, initiate h	ypoglycemia guidelines and n	otify 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, not minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar ir insulin aspart sliding scale.  O-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, initiate h	every 90 minutes until blood g n 4 hours and then resume nor	llucose is less than 300 mg/ rmal 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, not minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar ir insulin aspart sliding scale.	every 90 minutes until blood g	lucose is less than 300 mg/
	insulin aspart (High Dose Insulin Aspart Sliding Scale)  □ 0-14 units, subcut, inj, AC & nightly, 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 if 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, noting minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin aspart sliding scale.  Continued on next page	fy provider, and repeat POC b every 90 minutes until blood g	lood sugar check in 90 llucose is less than 300 mg/
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# 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) whe	re applicable.
DER		
	U 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, initiate hypoglycemia guidelines and notify provider.	
	in blood gladooo is lood than 70 mg/d2 and patient is symptomatic, initiate hypoglycellia galdoines 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	
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less that	•
	dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood si insulin aspart sliding scale.	ugar check an
	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, 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 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less that	an 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 si insulin aspart sliding scale.	ugar check an
	0-14 units, subcut, inj, q6h, 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	
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less that	
	dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood si insulin aspart sliding scale.	ugar cneck an
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# SLIDING SCALE INSULIN ASPART 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.
RDER	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
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# SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A	AND an "x" in the specific order det	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	glucose (D50)  25 g, IVPush, syringe, as needed, PRN glucose levels - see parame Use if blood glucose is less than 70 mg/dL and patient is symtpoma AND has IV access. See hypoglycemia guidelines.	eters tic and cannot swallow OR if patient l	nas 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 symptoma AND has NO IV access. See hypoglycemia guidelines.	tic and cannot swallow OR if patient l	nas altered mental status
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# VTE PROPHYLAXIS 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		
	VTE Guidelines ☐ See Reference Text for Guidelines		
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindic cated***	cations for VTE below and complete	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 chemop	rophylaxis
	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 Extre Apply to: Right Lower Extremit	mities, Length: Thigh High
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	☐ Apply to Left Lower Extremity	(LLE)
	Medications	etal dalla da sa Marandad	
	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, q12h	5,000 units, subcut, inj, q8h	
	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		
	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 CrC  fondaparinux  2.5 mg, subcut, syringe, q24h  Prophylactic use is contraindicated in patients LESS than 50 kg or CrC		
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# ASP THERAPY FOR CELLULITIS/WOUND INFECTION PLAN

#### **Patient Label Here**

	PHYSICIAN 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		
	Patient Care		
	Systemic Antibiogram  T;N, Routine, See link for reference.		
	Antibiogram Education  T;N, Routine, See link for reference.		
	Medications		
	Medication sentences are per dose. You will need to calculate a total	al daily dose if needed.	
	For UNCOMPLICATED/non-diabetic, NONPURULENT, MILD cellulitis w Order empiric ORAL therapy	ith suspected Streptococcus (Grou	ps A, B, C, and G)-
	If MRSA is suspected, see below. If MRSA not suspected, choose either	r penicillin VK OR cephalexin as a s	single agent
	penicillin V potassium  500 mg, PO, tab, QID, x 10 days		
	cephalexin 500 mg, PO, cap, QID, x 10 days		
	Alternatively, if patient has an allergy to or has received penicillin or cept clindamycin	nalexin in the previous 90 days, cho	oose
	clindamycin ☐ 300 mg, PO, cap, TID, x 10 days	☐ 450 mg, PO, cap, TID, x 10 day	ys
	If MRSA is suspected:		
	Step 1: Add either TMP/SMZ or doxycycline.		
	sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS)  1 tab, PO, tab, BID, x 10 days	2 tab, PO, tab, BID, x 10 days	
	doxycycline 100 mg, PO, cap, BID, x 10 days		
	Step 2: Choose EITHER cephalexin or amoxicillin.		
	cephalexin ☐ 500 mg, PO, cap, TID, x 10 days		
	amoxiCILLIN ☐ 250 mg, PO, cap, TID, x 10 days	☐ 500 mg, PO, cap, TID, x 10 day	ys
	For UNCOMPLICATED/non-diabetic, NONPURULENT, MODERATE cell Order empiric IV therapy	Ilulitis with suspected Streptococcus	s (Groups A, B, C, and G) -
	Choose ONE of the following as a single agent:		
	penicillin G potassium  2.5 million_unit, IVPB, ivpb, q6h, x 10 days		
(	ceFAZolin  1 g, IVPush, inj, q8h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page		
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# ASP THERAPY FOR CELLULITIS/WOUND INFECTION 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		
	cefTRIAXone  1 g, IVPush, inj, q24h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes		
	Alternatively, if patient has an allergy to or has received penicillin or a cephalosporin in the previous 90 days, choose clindamycin		
	clindamycin ☐ 600 mg, IVPB, ivpb, q8h, x 10 days, Infuse over 30 min		
	For MRSA only. If vancomycin selected, add order for vancomycin loading dose (If not already done), and add a second order for vancomycin maintenance dose		
	vancomycin  25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 2500 mg, Skin/skin structure infection		
	vancomycin ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor		
	For patients with malignancy, severe systemic features (high fever & hypotension), unusual predisposing factors, order empiric IV therapy PURULENT/MODERATE/INPATIENT - Always I&D and C&S		
	For Streptococcus and MSSA, choose ONE of the following as a single agent:		
	ceFAZolin  1 g, IVPush, inj, q8h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes		
	nafcillin  1 g, IVPB, ivpb, q4h, x 10 days, Infuse over 30 min  12 g, IVPB, ivpb, q24h, x 10 days, Infuse over 24 hr		
	For MRSA only, choose ONE of the following as a single agent. If vancomycin selected, add order for vancomycin loading dose (If not already done), and add a second order for vancomycin maintenance dose		
	vancomycin  25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 2500 mg, [MONITORING ADVISED] Pharmacy to dose and monitor, Sk skin structure infection		
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor		
	For MRSA only, if documented allergy to vancomycin or Vanc MIC greater than or equal to 2 (must be verified by micro lab), ONE of the following may be ordered		
	DAPTOmycin  ☐ 4 mg/kg, IVPB, ivpb, q24h, x 10 days, Infuse over 30 min		
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 120 min		
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# ASP THERAPY FOR CELLULITIS/WOUND INFECTION

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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	-		
	ceftaroline			
	600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 60 min			
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**Patient Label Here** 

# ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA 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	R ORDER DETAILS				
	Patient Care				
	Systemic Antibiogram  T;N, Routine, See link for reference text.				
	Antibiogram Education ☐ T;N, Routine, See link for reference text.				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily de	ose if needed.			
	Step 1: Select Primary Therapy				
	For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas:				
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitaliza antibiotics in the last 90 days	tion AND receipt of pare	nteral		
	Choose cefTRIAXone AND azithromycin				
	<u>ce</u> fTRIAXone				
	☐ 2 g, IVPush, inj, q24h, Pulmonary - CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	azithromycin 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Puln	nonary - CAP			
	Alternatively, if patient is allergic to or has received cefTRIAXone/azithromycin in t levoFLOXacin as single agent.	he previous 90 days, che	oose		
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP ☐ 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Puln	nonary - CAP			
	For Severe CAP withOUT risk factors for MRSA or Pseudomonas:				
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitaliza antibiotics in the last 90 days	tion AND receipt of pare	nteral		
	Choose cefTRIAXone. Then choose either azithromycin OR levoFLOXacin.				
¢	cefTRIAXone  ☐ 2 g, IVPush, inj, q24h, Pulmonary - CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page				
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# ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

	PHYSIC	CIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	And ADD EITHER azithromycin OR levoFLOXacin			
	azithromycin			
	500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP			
	<b>levoFLOXacin</b> ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP			
	Alternatively, if patient is allergic to cefTRIAXone/azithromycin, choos	e levoFLOXacin AND aztreonar	m.	
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP			
	aztreonam  ☐ 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes			
	Non-Severe/Severe CAP WITH risk factors for Pseudomonas:			
	Risk factors include: prior isolation of Pseudomonas or recent hospita the last 90 days	lization AND receipt of parenter	al antibiotics in	
	Choose levoFLOXacin and cefepime			
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP			
	cefepime ☐ 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - CAP			
	Alternatively, if patient is allergic to cefepime, choose levoFLOXacin A	AND aztreonam		
	<b>levoFLOXacin</b> ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP			
	aztreonam  2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes			
	Step 2: If MRSA coverage is needed:			
	Risk factors include: prior isolation of MRSA or recent hospitalization a last 90 days	AND receipt of parenteral antibi	otics in the	
	Choose both vancomycin loading dose (if not already done) and add a	a second order for vancomycin	maintenance dose	
	vancomycin 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP			
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# ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA 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				
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP			
	Alternatively, if patient is allergic to vancomycin, choose linezolid			
	(If patient takes SSRI/SNRI per home medication list or there is currently an active order AVOID linezolid due to increased risk of serotonin syndrome)			
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr			
	Laboratory			
	Serial Procalcitonin levels are more valuable than single levels.			
	zProcalcitonin Now			
	zProcalcitonin at 24 hours			
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# ASP THERAPY FOR FEBRILE NEUTROPENIA 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.				
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	atient Care				
	/stemic Antibiogram T;N, Routine, See link for reference text.				
	ntibiogram Education T;N, Routine, See link for reference text.				
	edications				
St	edication sentences are per dose. You will need to calculate a total daily dose if needed.  Step 1: Choose one of the following. If coverage needed for extended- spectrum beta-lactamase (ESBL), choose piperacill n-tazobactam or meropenem.				
	efepime 2 g, IVPB, ivpb, q8h, x 7 days, Infuse over 30 min, Neutropenic fever Discontinue at 7 days or continue until neutropenia resolves.				
	peracillin-tazobactam ] 3.375 g, IVPB, ivpb, q6h, x 7 days, Infuse over 30 min Discontinue at 7 days or continue until neutropenia resolves				
	eropenem  1 g, IVPB, ivpb, q8h, x 7 days, Infuse over 30 min Discontinue at 7 days or continue until neutropenia resolves				
St	Step 2: Add either amikacin or gentamicin.				
	amikacin  15 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor Discontinue at 7 days or continue until neutropenia resolves				
Y	entamicin 7 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	Step 3: Add coverage for MRSA or VRE. For MRSA select vancomycin. For VRE or documented allergy to vancomycin, select aptomycin.				
If	vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose.				
	Incomycin  25 mg/kg, IVPB, ivpb, ONE TIME, x 14 days, Infuse over 120 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	Incomycin  15 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	APTOmycin ] 6 mg/kg, IVPB, ivpb, q24h, x 14 days, Infuse over 90 min, Neutropenic fever				
St	step 4: Add acyclovir for prophylactic antiviral therapy.				
	syclovir 400 mg, PO, tab, BID, x 14 days				
St	Step 5: Add order for prophylactic antifungal therapy ONLY if after 5 day of broad spectrum antibacterial coverage, atient continues to run fever. Select either fluconazole or voriconazole or micafungin.				
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Physician Signature:					

### ASP THERAPY FOR FEBRILE NEUTROPENIA PLAN

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	PHYSICIA	IN 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			
	fluconazole ☐ 400 mg, PO, tab, Daily, x 14 days			
	voriconazole ☐ 200 mg, PO, tab, BID, x 14 days			
	micafungin ☐ 100 mg, IVPB, ivpb, x 14 days			
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Physician Signature:		Date	Time	

# ASP THERAPY FOR MENINGITIS PLAN

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order deta	ail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Systemic Antibiogram  T;N, Routine, See link for reference text.			
	Antibiogram Education ☐ T;N, Routine, See link for reference text.			
	Medications  Medication contains are not docs. You will need to calculate a total	al daily does if wooded		
	Medication sentences are per dose. You will need to calculate a total Step 1: Select the following as empiric therapy for S. pneumo, meningoo			
	cefTRIAXone  2 g, IVPush, inj, q12h, x 14 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes			
	Alternatively, if patient has an allergy to beta-lactams, choose aztreonam	1		
	aztreonam  ☐ 2 g, IVPush, inj, q8h, x 14 days  Reconstitute with 10 mL of Sterile Water or NS  Administer IV Push over 3-5 minutes			
	Step 2: For age greater than or equal to 50 years OR alcoholism, debilita coverage for Listeria:	ating disease, impaired cellular imm	nunity, add	
	ampicillin ☐ 2 g, IVPB, ivpb, q4h, x 14 days, Infuse over 30 min, CNS infection			
	Step 3: Add vancomycin. Select order for vancomycin loading dose (If n vancomycin maintenance dose.	not already done), and add a second	d order for	
	vancomycin ☐ 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 250	00 mg, CNS infection		
	vancomycin 20 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITOF	RING ADVISED] Pharmacy to dose	and monitor	
	Step 4: If aseptic meningitis due to HSV is suspected (eg, concomitant g Acyclovir if/when CSF analysis and HSV results are not consistent with v		ontinue	
	acyclovir ☐ 10 mg/kg, IVPB, inj, q8h, Infuse over 60 min			
	Step 5: Add dexamethasone. Give before or at time of 1st dose of antibout for adults.	iotics. Discontinue if S. pneumonia	e is ruled	
·	dexamethasone  ☐ 10 mg, IVPush, inj, q6h, x 4 days Give before or at time of 1st dose of antibiotics. Discontinue if S. pneumo is ruled out for adults.  Continued on next page			
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Physician Signature:

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AS	SP THERAPY FOR MENING	ITIS PLAN		
		PHYSICIAN	LORDERS	
	Place an "X" in the Orders column			ler detail box(es) where applicable.
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Version: 11 Effective on: 01/10/23

#### **Patient Label Here**

# ASP THERAPY FOR NOSOCOMIAL PNEUMONIA 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				
	Systemic Antibiogram  T;N, Routine, See link for reference text.				
	Antibiogram Education ☐ T;N, Routine, See link for reference text.				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.				
	Step 1: Choose either piperacillin-tazobactam OR cefepime				
	If ordering piperacillin-tazobactam, place order for BOTH items				
	piperacillin-tazobactam				
	piperacillin-tazobactam  4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pulmonary - HAP/VAP				
	cefepime ☐ 2 g, IVPB, ivpb, q8h, Infuse over 3 hr, Pulmonary - HAP/VAP				
	Alternatively, if patient has an allergy to or has received any of these i	n the previous 90 days, choose	aztreonam		
	aztreonam  ☐ 1 g, IVPush, inj, q8h  Reconstitute with 10 mL of Sterile Water or NS  Administer IV Push over 3 minutes				
	Step 2: Add either an antipseudomonal fluoroquinolone (levoFLOXacin) OR an antipseudomonal aminoglycoside (gentamicin OR tobramycin)				
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP				
	gentamicin 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP				
	tobramycin ☐ 7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADV	VISED] Pharmacy to dose and r	monitor, Pulmonary - HAP/VAP		
	Step 3: If coverage is needed for atypical pathogen(s), add azithromy	cin			
	azithromycin ☐ 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/V	AP			
	Step 4: If MRSA coverage is needed, choose either vancomycin OR li	nezolid			
	Add order for vancomycin loading dose (if not already done) AND add	a second order for vancomycin	n maintenance dose		
	vancomycin  25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading December 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading December 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading December 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, IVPB, IVPB	ose]			
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#### **Patient Label Here**

# ASP THERAPY FOR NOSOCOMIAL PNEUMONIA 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.		
00000		AND an "x" in the specific order or	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP		
	linezolid ☐ 600 mg, PO, tab, BID, Pulmonary - HAP/VAP ☐ 600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP		
	Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin		
	clindamycin 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP		
	Laboratory		
	Serial Procalcitonin levels are more valuable than single levels.		
	zProcalcitonin Now		
	zProcalcitonin at 24 hours		
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# ASP THERAPY FOR OSTEOMYELITIS 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				
	Systemic Antibiogram  T;N, Routine, See link for reference text.				
	Antibiogram Education ☐ T;N, Routine, See link for reference text.				
	Medications				
	Medication sentences are per dose. You will need to calculate a t	otal daily dose if needed.			
	Order empiric IV therapy for PROSTHETIC JOINT INFECTIONS or VE	ERTEBRAL OSTEOMYELITIS			
	For Staphylococcus				
	If oxacillin susceptible and no allergy to penicillin or cephalosporin, selected order of ASP preference	ect one of the following. Agent	s listed in		
	nafcillin				
	12 g, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint				
	ceFAZolin  ☐ 1 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes ☐ 2 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes				
	cefTRIAXone  ☐ 1 g, IVPush, inj, q24h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes  ☐ 2 g, IVPush, inj, q24h, x 42 days, Bone/Joint Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	If oxacillin resistant or allergy to penicillin or cephalosporin, select one of the following. Agents listed in order of ASP preference				
	of ASP preference.				
	If vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose .				
	vancomycin ☐ 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint				
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint				
	DAPTOmycin  6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint  8 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint				
	Based on provider preference, if covering for MRSA, may add rifampin				
	rifAMPin  ☐ 300 mg, PO, cap, BID, x 42 days, Bone/Joint				
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Order Take	n by Signature:	Date	Time		
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# ASP THERAPY FOR OSTEOMYELITIS 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					
	For Enterococcus					
	If penicillin susceptible and no allergy, select one of the following. Agents	listed in order of ASP preference	Э			
	penicillin G potassium  20 million_unit, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Jo Must be infused over 24 hours.	int				
	ampicillin 2 g, IVPB, ivpb, q4h, x 42 days, Infuse over 60 min, Bone/Joint					
	If penicillin resistant or allergy, select vancomycin. If vancomycin chosen, add order for loading dose (if not already done) and	d a second order for maintenance	e dose.			
	vancomycin 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint					
	vancomycin ☐ 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORI	ING ADVISED] Pharmacy to dos	se and monitor, Bone/Joint			
	If vancomycin resistant, select daptomycin					
	DAPTOmycin  G mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint  B mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint					
	For Pseudomonas aeruginosa					
	Choose one of the following as a single agent. Agents listed in order of AS	SP preference				
	cefTAZidime (Fortaz)  ☐ 2 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes					
	ciprofloxacin 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint					
	cefepime ☐ 2 g, IVPB, ivpb, q8h, x 42 days, Infuse over 30 min, Bone/Joint					
	meropenem  1 g, IVPB, ivpb, q8h, x 42 days, Infuse over 30 min, Bone/Joint					
	For Enterobacter					
	Choose one of the following as a single agent. Agents listed in order of AS	SP preference				
	ciprofloxacin ☐ 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint					
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# ASP THERAPY FOR OSTEOMYELITIS 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				
	cefepime ☐ 2 g, IVPush, inj, q12h, x 42 days, Bone/Joint Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	For Salmonella species				
	Choose one of the following as a single agent. Agents listed in order of ASF	preference			
	ciprofloxacin 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint				
	cefTRIAXone  ☐ 2 g, IVPush, inj, q24h, x 42 days, Bone/Joint Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes				
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# ASP THERAPY FOR URINARY TRACT INFECTION 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				
	Urine Antibiogram				
	Antibiogram Education ☐ T;N, Routine, See link for reference text.				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.				
	Acute Uncomplicated Cystitis Women				
	For UNCOMPLICATED UTI in women that warrants treatment (dysuria, frequency, and urgency plus urinalysis confirmation), select oral therapy as either cefdinir or nitrofurantoin. If early pyelonephritis suspected, treat as pyelonephritis and reference that section below.				
	cefdinir  ☐ 300 mg, PO, cap, BID, x 5 days				
	nitrofurantoin (nitrofurantoin monohydrate 100 mg oral capsule)  ☐ 100 mg, PO, cap, BID, x 5 days				
	Acute Complicated Cystitis Men or Women (diabetic, pregnant, chronic foley catheter, obstruction, anatomic abnormalities , immunosuppression)				
	Select ONE of the following:				
	cefTRIAXone  1 g, IVPush, inj, q24h, x 7 days Reconstitute with 10 mL of sterile water or NS. Administer IV Push over 3 minutes.				
	ampicillin-sulbactam ☐ 3 g, IVPB, ivpb, q6h, x 7 days, Infuse over 30 min, Genitourinary infection				
	Alternatively, if patient has an allergy to penicillin or cephalosporin choose either gentamicin or aztreonam				
	<b>gentamicin</b> 5 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	aztreonam 2 g, IVPush, inj, q8h, x 7 days				
	Pyelonephritis				
	Select ONE of the following:				
	<b>cefepime</b> ☐ 1 g, IVPB, ivpb, q12h, x 14 days, Infuse over 30 min, Genitourinary infection				
	piperacillin-tazobactam  3.375 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min				
	Alternatively, if patient has an allergy to penicillin or cephalosporin, select aztreonam				
	aztreonam  2 g, IVPush, inj, q8h, x 14 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes Continued on next page				
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ASP THERAPY FOR URINARY TRACT INFECTION PLAN					
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00050	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				
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# BB TYPE AND SCREEN 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			
	Laboratory BB Blood Type (ABO/Rh)	Routine, T;N		
	BB Antibody Screen	Next Day in AM, Every AM		
	Hematology	Next Day III AM, Every AM		
	CBC with Differential  Next Day in AM	Ц		
	Coagulation			
	Anti Xa Level Timed, T;1300, Every M and Th			
	Prothrombin Time with INR ☐ Routine, T;N			
	Prothrombin Time with INR  ☐ Next Day in AM, Every AM			
	PTT ☐ Routine, T;N			
	PTT Next Day in AM, Every AM			
	Chemistry			
	Renal Function Panel ☐ Routine, T;N			
	Renal Function Panel  Next Day in AM, Every AM			
	Basic Metabolic Panel ☐ Routine, T;N			
	Comprehensive Metabolic Panel ☐ Routine, T;N			
	Magnesium Level ☐ Routine, T;N			
	Magnesium Level ☐ Next Day in AM, Every AM			
	Phosphorus Level ☐ Routine, T;N			
	Phosphorus Level ☐ Next Day in AM, Every AM			
	CK ☐ Routine, T;N, q8h 48 hr			
	Myoglobin ☐ Routine, T;N, q8h 48 hr			
	Nutrition Labs			
	Prealbumin ☐ Routine, T;N			
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# BB TYPE AND SCREEN PLAN

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	PHYSIC	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Prealbumin  Next Day in AM, Every M and Th		
	C Reactive protein (CRP)  ☐ Routine, T;N		
	C Reactive protein (CRP)  Next Day in AM, Every M and Th		
	Urine 24hr Urea Nitrogen ☐ Next Day in AM, Every Monday		
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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 det	tail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory		
	Arterial Blood Gas (ABG with Lactate)  STAT, Additional Tests: Lactate, PRN:		
	Arterial Blood Gas (ABG with Lactate) Routine, Additional Tests: Lactate, Every AM, PRN, Continue while pabipab, or hiflow oxygen.	atient is on ventlator. D/C once pati	ent is no longer on vent,
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# ICU SEDATION AND PAIN MED PLAN

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	PHYSICIAN 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			
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitat	ion Sedation Scale)		
	Perform Awakening Trial  ☐ Daily ***See Reference Text***			
	ICU Pain/Agitation/Delirium Reference  ***See Reference Text***			
	Brain Function Monitoring  2 to 4 Channel EEG.			
	Communication			
	Notify Nurse (DO NOT USE FOR MEDS)  Assess patient's sedation and pain level every 4 hours.			
	Medications			
	Medication sentences are per dose. You will need to calculate a total ****SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN	•	ED***	
	If delirium noted give:	IS ADEQUATELY CONTROLL	EU	
	haloperidol ☐ 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.			
	Initial Dose			
	Pain Meds			
	morphine  2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10)  Administer until pain level is less than 4/10.			
	fentaNYL  50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10)  Administer until pain level is less than 4/10.			
	HYDROmorphone  ☐ 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.			
	Sedation Meds			
	propofol ☐ 25 mg, IVPush, inj, ONE TIME			
	midazolam ☐ 2 mg, IVPush, inj, q20min, PRN sedation  ***Sedative medications should only be given after pain is adequately	controlled***		
	LORazepam ☐ 2 mg, IVPush, inj, q20min, PRN sedation  ***Sedative medications should only be given after pain is adequately	controlled***		
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# ICU SEDATION AND PAIN MED PLAN

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Metamine						
ROBER   ORDER DETAILS		PHYSICIAN ORDERS				
Letamine   4 mg/kg, IVPush, inj, ONE TIME   Industry   1 mg/kg, IVPush, inj, ONE TIME   1 mg/kg, IVPush, inj		Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.		
4 mg/kg, NPJush, inj, ONE TIME   Infuse slowly with inciropes amiodarone or milinione or patients that are hypertensive with a blood pressure GREATER than 180/90.   5 mg/kg, NPJush, inj, ONE TIME   Infuse slowly with inciropes amiodarone or milinione or patients that are hypertensive with a blood pressure GREATER than 180/90.   6 mg/kg, NPJush, inj, ONE TIME   Infuse slowly with inciropes amiodarone or milinione or patients that are hypertensive with a blood pressure GREATER than 180/90.   Intermittent Dose   Pain Meds   morphine   2 mg, NPJush, inj, q2h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.   May increase 1 mg every 2 hours to a maximum of 4 mg.   4 mg, NPJush, inj, q2h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.     50 mg, IVPJush, inj, q2h, PRN pain-with sedation (scale 4-10)   Administer to maintain pain level less than 4/10.     WDROmorphone   1 mg, NPJush, inj, q4h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.     Sedation Meds   mildazolam   2 mg, NPJush, inj, q4h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.	ORDER	ORDER DETAILS				
Pain Meds morphine   2 mg, I/Push, inj, q2h, PRN pain-with sedation (scale 4-10)   1 maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.     4 mg, I/Push, inj, q2h, PRN pain-with sedation (scale 4-10)   5 maintain pain level less than 4/10.     6 mtaNYL		☐ 4 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients the ☐ 5 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients the ☐ 6 mg/kg, IVPush, inj, ONE TIME	at are hypertensive with a blood p	pressure GREATER than 180/90.		
morphine   2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.     4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.     6 mtaNY.		Intermittent Dose				
S0 mcg, I/Push, inj, q2h, PRN pain-with sedation (scale 4-10)   Administer to maintain pain level less than 4/10.   HYDROmorphone		morphine  ☐ 2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)  To maintain pain level less than 4/10. May increase 1 mg every 2 I  ☐ 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)	hours to a maximum of 4 mg.			
1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10)   To maintain pain level less than 4/10.   Sedation Meds   Idazolam		50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)				
midazolam 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***  LORazepam 2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***  Continuous Infusion  Pain Meds  morphine 100 mg/100 mL NS - Titratable Start at rate:mg/hr IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***  Continued on next page  DateTime_  Time_		1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10)				
2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***    Continuous Infusion		midazolam ☐ 2 mg, IVPush, inj, q1h, PRN sedation	ely controlled***			
Pain Meds  morphine 100 mg/100 mL NS - Titratable Start at rate:mg/hr V, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed*** Continued on next page  TO Read Back Scanned Powerchart Scanned PharmScan  Order Taken by Signature:		2 mg, IVPush, inj, q2h, PRN sedation	ely controlled***			
morphine 100 mg/100 mL NS - Titratable Start at rate:mg/hr IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed*** Continued on next page  TO Read Back		Continuous Infusion				
Order Taken by Signature: Time		morphine 100 mg/100 mL NS - Titratable  Start at rate:mg/hr  IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL.  ***Do NOT initiate infusion unless intermittent dosing has failed***				
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	Order Taken by Signature:					

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# ICU SEDATION AND PAIN 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		
	fentaNYL 1000 mcg/100 mL NS - Titratable  Start at rate:mcg/hr  IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr  Final concentration = 10 mcg/mL.  ***Do NOT initiate infusion unless intermittent dosing has failed***		
	HYDROmorphone 20 mg/100 mL NS - Titratab (HYDROmorphone 20  ☐ Start at rate:mg/hr ☐ IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL).  ***Do NOT initiate infusion unless intermittent dosing has failed***	mg/100 mL NS - Titratable)	
	Sedation Meds  propofol 1,000 mg/100 mL - Titratable  IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min mg, Bolus Indication: for sedation Final concentration= 10 mg/mL (10,000 mcg/mL).  ***Sedative medications should only be given after pain is adequately  Start at rate:mcg/kg/min		q2h, Bolus 4-hour Limit: 100
	***Midazolam should NOT be used in patients with creatinine greater that midazolam 100 mg/100 mL NS - Titratable  Start at rate:mg/hr  IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr  Final concentration = 1 mg/mL (1,000 mcg/mL).  ***Do NOT initiate infusion unless intermittent dosing has failed***  ***Sedative medications should only be given after pain is adequately		***
	LORazepam 40 mg/250 mL D5W - Titratable  Start at rate:mg/hr  IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr  Final concentration = 0.16 mg/mL (160 mcg/mL).  ***Do NOT initiate infusion unless intermittent dosing has failed***  ***Sedative medications should only be given after pain is adequately	controlled***	
	***Dexmedetomidine should NOT be used as a single sedative agent im  dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 n  IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg. Final concentration = 4 mcg/mL.  ***Sedative medications should only be given after pain is adequately continued on next page	ncg/100 mL - Titratable) /kg/hr	
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Order Taken by Signature:		Date	Time
Physician S	ignature:	Date	Time

# ICU SEDATION AND PAIN 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		
	Start at rate:mcg/kg/hr		
	ketamine 500 mg/100 mL NS - Titratable  ☐ Start at rate:mcg/kg/min  ☐ IV, Max titration: 2 mcg/kg/min every every 10 minutes, Max dose: 20 mcg/kg/min  Infuse slowly with inotropes amiodarone or milrinone or in patients that are hypertensive.		
	Laboratory		
	***If patient remains on a propofol infusion after 48 hours monitor Triglycerides now and every 3 days until propofol discontinued.***		
	Triglycerides		
	Notify Provider (Misc) (Notify Provider of Results)  Reason: Triglyceride Level greater than 400 mg/dL		
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Order Take	n by Signature: Date Time		
Physician S	Signature: Date Time		

# MECHANICAL VENTILATION PLAN

**Patient Label Here** 

	PHYSICIAN	N ORDERS	
	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.
ORDER	ORDER DETAILS		
	Patient Care		
	Patient Activity ☐ Bedrest, HOB elevation 30 - 45 degrees		
	Perform Oral Care Per Unit Standards, Use SAGE oral cleansing & suctioning system		
	ICU Progressive Mobility Guidelines		
	Medications		
	Medication sentences are per dose. You will need to calculate a total ocular lubricant  1 app, both eyes, as needed, PRN dry eyes	al daily dose if needed.	
	Respiratory		
	Ventilator Settings		
	Ventilator Settings APRV		
	Ventilator Settings HFOV		
	Arterial Blood Gas		
	MICU Ventilator Weaning Protocol		
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Order Taken by Signature:		Date	Time
Physician S	Signature:	Date	Time

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# POTASSIUM CHLORIDE REPLACEMENT 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			
	Potassium Replacement Guidelines ☐ T;N, See Reference Text			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	ORAL POTASSIUM REPLACEMENT  potassium chloride  40 mEq, PO, tab sa, as needed, PRN hypokalemia Use oral replacement if patient is asymptomatic and able to take ORAL supplementation. If contraindicated, give IV potassium replacement if ordered.			
	If K+ level less than 3.1 mMol/L -Contact provider immediately as IV replacement may be necessary.  If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give each 20 mEq tablets two hours apart to prevent GI discomfort if needed.			
	Repeat potassium level with next day labs.			
	IV POTASSIUM REPLACEMENT			
	potassium chloride  ☐ 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 h If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Administer at 10 mEq/hr. Repeat serum potassium level 2 hours a			
	potassium chloride  60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L  If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider  Administer at 10 mEq/hr. Repeat serum potassium level 2 hours after total replacement is completed.			
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Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	

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