

UMC Health System GENERAL MEDICINE PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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

Vital Signs
 Per Unit Standards

Daily Weight

Patient Activity
 Up Ad Lib/Activity as Tolerated | Assist as Needed
 Bedrest | Bathroom Privileges
 Bedrest
 Bedrest | Up to Bedside 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

<input type="checkbox"/> Regular Diet <input type="checkbox"/> Renal (Dialysis) Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Heart Healthy <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Non-Dialysis) <input type="checkbox"/> Carbohydrate Controlled (1200 calories) Diet <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet	<input type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Renal (Non-Dialysis) Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Dialysis) <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet
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NPO Diet

<input type="checkbox"/> NPO <input type="checkbox"/> T;2359, NPO After Midnight <input type="checkbox"/> T;2359, NPO After Midnight, Except Ice Chips	<input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> T;2359, NPO After Midnight, Except Meds <input type="checkbox"/> T;2359, NPO After Midnight, Except Meds, Except Ice Chips
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IV Solutions

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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
	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 <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 90% <input type="checkbox"/> Via: Venturi mask, Keep sats greater than: 90% <input type="checkbox"/> Via: Trach collar, Keep sats greater than: 90% <div style="float: right;"> <input type="checkbox"/> Via: Simple mask, Keep sats greater than: 90% <input type="checkbox"/> Via: Nonrebreather mask, Keep sats greater than: 90% </div>

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 <input type="checkbox"/> Service: Palliative Care

...Additional Orders	

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
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Patient Care

Perform Bladder Scan
 Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)
 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat

dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)
 10 mL, PO, liq, q4h, PRN cough

dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)
 15 mL, swish & spit, liq, q2h, PRN mucositis
While awake

Anti-pyretics

Select only ONE of the following for fever

acetaminophen
 500 mg, PO, tab, q4h, PRN fever
Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
 1,000 mg, PO, tab, q6h, PRN fever
Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.

ibuprofen
 200 mg, PO, tab, q4h, PRN fever
Do not exceed 3,200 mg in 24 hours. Give with food.
 400 mg, PO, tab, q4h, PRN fever
Do not exceed 3,200 mg in 24 hours. Give with food.

Analgesics for Mild Pain

Select only ONE of the following for mild pain

acetaminophen
 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
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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
	<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
	ibuprofen <input type="checkbox"/> 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) <input type="checkbox"/> 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. <input type="checkbox"/> 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) <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered.
	ketorolac <input type="checkbox"/> 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 <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 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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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 <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	Select only ONE of the following for nausea promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

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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
	<p>zolpidem</p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective</p>
Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
Anorectal Preparations	
	<p>Select only ONE of the following for hemorrhoid care</p> <p>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

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UMC Health System PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS	Patient Label Here
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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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>The following scheduled orders will alternate every 3 hours.</p> <p>ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, x 3 days To be alternated with acetaminophen every 3 hours.</p>
	<p>acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, x 3 days To be alternated with ibuprofen every 3 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.</p>
	<p>For renally impaired patients: The following scheduled orders will alternate every 3 hours.</p> <p>traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h, x 3 days To be alternated with acetaminophen every 3 hours.</p>
	<p>acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, x 3 days To be alternated with tramadol every 3 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.</p>

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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
Patient Care	
	Perform Bladder Scan <input type="checkbox"/> 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) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	melatonin <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
Analgesics for Mild Pain	
	Select only ONE of the following for Mild Pain acetaminophen <input type="checkbox"/> 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*** <input type="checkbox"/> 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*** <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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 <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	HYDROmorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anti-pyretics	
	Select only ONE of the following for fever acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. <input type="checkbox"/> 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) <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS										
Patient Care											
<p>POC Blood Sugar Check</p> <table border="0"> <tr> <td><input type="checkbox"/> Per Sliding Scale Insulin Frequency</td> <td><input type="checkbox"/> AC & HS</td> </tr> <tr> <td><input type="checkbox"/> AC & HS 3 days</td> <td><input type="checkbox"/> TID</td> </tr> <tr> <td><input type="checkbox"/> BID</td> <td><input type="checkbox"/> q12h</td> </tr> <tr> <td><input type="checkbox"/> q6h</td> <td><input type="checkbox"/> q6h 24 hr</td> </tr> <tr> <td><input type="checkbox"/> q4h</td> <td></td> </tr> </table>		<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS	<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID	<input type="checkbox"/> BID	<input type="checkbox"/> q12h	<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> q4h	
<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS										
<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID										
<input type="checkbox"/> BID	<input type="checkbox"/> q12h										
<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr										
<input type="checkbox"/> q4h											
<p>Sliding Scale Insulin Aspart Guidelines</p> <input type="checkbox"/> Follow SSI Aspart Reference Text											
Medications											
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>											
<p>insulin aspart (Low Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, 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.</p> <p>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</p> <p>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 and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 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, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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 and insulin aspart sliding scale.</p> <p>Continued on next page....</p>											

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SLIDING SCALE INSULIN ASPART PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 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.</p> <p>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</p> <p>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 and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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 and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 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.</p> <p>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</p> <p>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 and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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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.

ORDER	ORDER DETAILS
	<p>insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 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.</p> <p><input type="checkbox"/> 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 and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 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.</p> <p><input type="checkbox"/> 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 hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 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.</p> <p>Continued on next page....</p>

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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.

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 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 hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 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.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 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.</p>
	<p>insulin aspart (High Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 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 hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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.</p> <p>Continued on next page....</p>

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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.

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p> <p><input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p> <p>Continued on next page....</p>

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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.

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p>
	<p>insulin aspart (Blank Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ___ mg/dL, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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.</p>
HYPOglycemia Guidelines	
	<p>HYPOglycemia Guidelines</p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p>glucose</p> <p><input type="checkbox"/> 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....</p>

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UMC Health System SLIDING SCALE INSULIN ASPART PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	glucose (D50) <input type="checkbox"/> 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 <input type="checkbox"/> 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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UMC Health System VTE PROPHYLAXIS PLAN	Patient Label Here
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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
Patient Care	
	VTE Guidelines <input type="checkbox"/> See Reference Text for Guidelines
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> Apply to Left Lower Extremity (LLE)
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 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 <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 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 <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 325 mg, PO, tab, Daily
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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UMC Health System ASP THERAPY FOR CELLULITIS/WOUND INFECTION PLAN	Patient Label Here
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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
Patient Care	
	Systemic Antibiogram <input type="checkbox"/> T;N, Routine, See link for reference.
	Antibiogram Education <input type="checkbox"/> T;N, Routine, See link for reference.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	For UNCOMPLICATED/non-diabetic, NONPURULENT, MILD cellulitis with suspected Streptococcus (Groups A, B, C, and G)- Order empiric ORAL therapy If MRSA is suspected, see below. If MRSA not suspected, choose either penicillin VK OR cephalexin as a single agent penicillin V potassium <input type="checkbox"/> 500 mg, PO, tab, QID, x 10 days
	cephalexin <input type="checkbox"/> 500 mg, PO, cap, QID, x 10 days
	Alternatively, if patient has an allergy to or has received penicillin or cephalexin in the previous 90 days, choose clindamycin clindamycin <input type="checkbox"/> 300 mg, PO, cap, TID, x 10 days <input type="checkbox"/> 450 mg, PO, cap, TID, x 10 days
	If MRSA is suspected: Step 1: Add either TMP/SMZ or doxycycline. sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS) <input type="checkbox"/> 1 tab, PO, tab, BID, x 10 days <input type="checkbox"/> 2 tab, PO, tab, BID, x 10 days
	doxycycline <input type="checkbox"/> 100 mg, PO, cap, BID, x 10 days
	Step 2: Choose EITHER cephalexin or amoxicillin. cephalexin <input type="checkbox"/> 500 mg, PO, cap, TID, x 10 days
	amoxiCILLIN <input type="checkbox"/> 250 mg, PO, cap, TID, x 10 days <input type="checkbox"/> 500 mg, PO, cap, TID, x 10 days
	For UNCOMPLICATED/non-diabetic, NONPURULENT, MODERATE cellulitis with suspected Streptococcus (Groups A, B, C, and G) - Order empiric IV therapy Choose ONE of the following as a single agent: penicillin G potassium <input type="checkbox"/> 2.5 million_unit, IVPB, ivpb, q6h, x 10 days
	ceFAZolin <input type="checkbox"/> 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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<p>UMC Health System</p> <p>ASP THERAPY FOR CELLULITIS/WOUND INFECTION PLAN</p>	<p>Patient Label Here</p>
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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
	<p>cefTRIAxone</p> <p><input type="checkbox"/> 1 g, IVPush, inj, q24h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes</p>
	<p>Alternatively, if patient has an allergy to or has received penicillin or a cephalosporin in the previous 90 days, choose clindamycin</p> <p>clindamycin</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, q8h, x 10 days, Infuse over 30 min</p>
	<p>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</p> <p>vancomycin</p> <p><input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 2500 mg, Skin/skin structure infection</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor</p>
	<p>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</p> <p>For Streptococcus and MSSA, choose ONE of the following as a single agent:</p> <p>ceFAZolin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, q8h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes</p>
	<p>nafcillin</p> <p><input type="checkbox"/> 1 g, IVPB, ivpb, q4h, x 10 days, Infuse over 30 min <input type="checkbox"/> 2 g, IVPB, ivpb, q4h, x 10 days, Infuse over 30 min</p> <p><input type="checkbox"/> 12 g, IVPB, ivpb, q24h, x 10 days, Infuse over 24 hr</p>
	<p>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</p> <p>vancomycin</p> <p><input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 2500 mg, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure infection</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor</p>
	<p>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</p> <p>DAPTOmycin</p> <p><input type="checkbox"/> 4 mg/kg, IVPB, ivpb, q24h, x 10 days, Infuse over 30 min</p>
	<p>linezolid</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 120 min</p>

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UMC Health System

Patient Label Here

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
	ceftaroline <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 60 min

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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	ORDER DETAILS
Patient Care	
	Systemic Antibigram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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: Select Primary Therapy For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas: Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days Choose cefTRIAxone AND azithromycin cefTRIAxone <input type="checkbox"/> 2 g, IVPush, inj, q24h, Pulmonary - CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP <input type="checkbox"/> 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP
	Alternatively, if patient is allergic to or has received cefTRIAxone/azithromycin in the previous 90 days, choose levoFLOxacin as single agent. levoFLOxacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP <input type="checkbox"/> 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP
	For Severe CAP withOUT risk factors for MRSA or Pseudomonas: Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days Choose cefTRIAxone. Then choose either azithromycin OR levoFLOxacin. cefTRIAxone <input type="checkbox"/> 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

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
	<p>And ADD EITHER azithromycin OR levoFLOXacin</p> <p>azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP</p>
	<p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>Alternatively, if patient is allergic to cefTRIAxone/azithromycin, choose levoFLOXacin AND aztreonam.</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes</p>
	<p>Non-Severe/Severe CAP WITH risk factors for Pseudomonas:</p> <p>Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose levoFLOXacin and cefepime</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - CAP</p>
	<p>Alternatively, if patient is allergic to cefepime, choose levoFLOXacin AND aztreonam</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes</p>
	<p>Step 2: If MRSA coverage is needed:</p> <p>Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose</p> <p>vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP</p>

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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	ORDER DETAILS
	<p>vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP</p>
	<p>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)</p> <p>linezolid <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr</p>
Laboratory	
	<p>Serial Procalcitonin levels are more valuable than single levels. zProcalcitonin Now</p>
	zProcalcitonin at 24 hours

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ASP THERAPY FOR FEBRILE NEUTROPENIA 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
	fluconazole <input type="checkbox"/> 400 mg, PO, tab, Daily, x 14 days
	voriconazole <input type="checkbox"/> 200 mg, PO, tab, BID, x 14 days
	micafungin <input type="checkbox"/> 100 mg, IVPB, ivpb, x 14 days

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UMC Health System ASP THERAPY FOR MENINGITIS PLAN	Patient Label Here
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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
	Patient Care
	Systemic Antibiogram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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: Select the following as empiric therapy for S. pneumo, meningococci, H. flu. cefTRIAxone <input type="checkbox"/> 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 aztreonam <input type="checkbox"/> 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, debilitating disease, impaired cellular immunity, add coverage for Listeria: ampicillin <input type="checkbox"/> 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 not already done), and add a second order for vancomycin maintenance dose. vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Max Dose 2500 mg, CNS infection
	vancomycin <input type="checkbox"/> 20 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	Step 4: If aseptic meningitis due to HSV is suspected (eg, concomitant genital lesions), add acyclovir. Discontinue Acyclovir if/when CSF analysis and HSV results are not consistent with viral meningitis. acyclovir <input type="checkbox"/> 10 mg/kg, IVPB, inj, q8h, Infuse over 60 min
	Step 5: Add dexamethasone. Give before or at time of 1st dose of antibiotics. Discontinue if S. pneumoniae is ruled out for adults. dexamethasone <input type="checkbox"/> 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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UMC Health System

ASP THERAPY FOR MENINGITIS 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

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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 Antibigram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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 <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/VAP Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	piperacillin-tazobactam <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pulmonary - HAP/VAP
	cefepime <input type="checkbox"/> 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 in the previous 90 days, choose aztreonam aztreonam <input type="checkbox"/> 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 <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP
	gentamicin <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	tobramycin <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	Step 3: If coverage is needed for atypical pathogen(s), add azithromycin azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAP
	Step 4: If MRSA coverage is needed, choose either vancomycin OR linezolid Add order for vancomycin loading dose (if not already done) AND add a second order for vancomycin maintenance dose vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]

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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
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	linezolid <input type="checkbox"/> 600 mg, PO, tab, BID, Pulmonary - HAP/VAP <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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.	
	Order empiric IV therapy for PROSTHETIC JOINT INFECTIONS or VERTEBRAL OSTEOMYELITIS For Staphylococcus If oxacillin susceptible and no allergy to penicillin or cephalosporin, select one of the following. Agents listed in order of ASP preference nafcillin <input type="checkbox"/> 12 g, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint
	ceFAZolin <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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. If vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint
	DAPTOmycin <input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint <input type="checkbox"/> 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 <input type="checkbox"/> 300 mg, PO, cap, BID, x 42 days, Bone/Joint

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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 penicillin G potassium <input type="checkbox"/> 20 million_unit, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint Must be infused over 24 hours.
	ampicillin <input type="checkbox"/> 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 a second order for maintenance dose. vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint
	If vancomycin resistant, select daptomycin DAPTOmycin <input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint <input type="checkbox"/> 8 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 ASP preference cefTAZidime (Fortaz) <input type="checkbox"/> 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 <input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint
	cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 42 days, Infuse over 30 min, Bone/Joint
	meropenem <input type="checkbox"/> 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 ASP preference ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint

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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
	<p>cefepime <input type="checkbox"/> 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</p>
	<p>For Salmonella species Choose one of the following as a single agent. Agents listed in order of ASP preference</p> <p>ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint</p>
	<p>cefTRIAxone <input type="checkbox"/> 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</p>

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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 <input type="checkbox"/> 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 <input type="checkbox"/> 300 mg, PO, cap, BID, x 5 days
	nitrofurantoin (nitrofurantoin monohydrate 100 mg oral capsule) <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 gentamicin <input type="checkbox"/> 5 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 7 days
	Pyelonephritis Select ONE of the following: cefepime <input type="checkbox"/> 1 g, IVPB, ivpb, q12h, x 14 days, Infuse over 30 min, Genitourinary infection
	piperacillin-tazobactam <input type="checkbox"/> 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 <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 14 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 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

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<p>UMC Health System</p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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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
	Laboratory
	BB Blood Type (ABO/Rh) Routine, T;N
	BB Antibody Screen <input type="checkbox"/> Next Day in AM, Every AM
	Hematology
	CBC with Differential <input type="checkbox"/> <input type="checkbox"/> Next Day in AM
	Coagulation
	Anti Xa Level <input type="checkbox"/> Timed, T;1300, Every M and Th
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N
	Prothrombin Time with INR <input type="checkbox"/> Next Day in AM, Every AM
	PTT <input type="checkbox"/> Routine, T;N
	PTT <input type="checkbox"/> Next Day in AM, Every AM
	Chemistry
	Renal Function Panel <input type="checkbox"/> Routine, T;N
	Renal Function Panel <input type="checkbox"/> Next Day in AM, Every AM
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N
	Magnesium Level <input type="checkbox"/> Routine, T;N
	Magnesium Level <input type="checkbox"/> Next Day in AM, Every AM
	Phosphorus Level <input type="checkbox"/> Routine, T;N
	Phosphorus Level <input type="checkbox"/> Next Day in AM, Every AM
	CK <input type="checkbox"/> Routine, T;N, q8h 48 hr
	Myoglobin <input type="checkbox"/> Routine, T;N, q8h 48 hr
	Nutrition Labs
	Prealbumin <input type="checkbox"/> Routine, T;N

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UMC Health System BB TYPE AND SCREEN PLAN	Patient Label Here
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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
	Prealbumin <input type="checkbox"/> Next Day in AM, Every M and Th
	C Reactive protein (CRP) <input type="checkbox"/> Routine, T;N
	C Reactive protein (CRP) <input type="checkbox"/> Next Day in AM, Every M and Th
	Urine 24hr Urea Nitrogen <input type="checkbox"/> Next Day in AM, Every Monday

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ICU LAB 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

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 patient is on ventlator. D/C once patient is no longer on vent, bipab, or hiflow oxygen.

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<p>UMC Health System</p> <p>ICU SEDATION AND PAIN MED PLAN</p>	<p>Patient Label Here</p>
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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
	Patient Care
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale) <input type="checkbox"/> ***See Reference Text***
	Perform Awakening Trial <input type="checkbox"/> Daily ***See Reference Text***
	ICU Pain/Agitation/Delirium Reference <input type="checkbox"/> ***See Reference Text***
	Brain Function Monitoring <input type="checkbox"/> 2 to 4 Channel EEG.
	Communication
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Assess patient's sedation and pain level every 4 hours.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ***SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED*** If delirium noted give: haloperidol <input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.
	Initial Dose
	Pain Meds morphine <input type="checkbox"/> 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	fentaNYL <input type="checkbox"/> 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	HYDROmorphine <input type="checkbox"/> 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 <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME
	midazolam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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UMC Health System ICU SEDATION AND PAIN MED PLAN	Patient Label Here
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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
	ketamine <input type="checkbox"/> 4 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90. <input type="checkbox"/> 5 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90. <input type="checkbox"/> 6 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.
Intermittent Dose	
	Pain Meds morphine <input type="checkbox"/> 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. <input type="checkbox"/> 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.
	fentaNYL <input type="checkbox"/> 50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Administer to maintain pain level less than 4/10.
	HYDROmorphine <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.
	Sedation Meds midazolam <input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam <input type="checkbox"/> 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 <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> 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...

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UMC Health System ICU SEDATION AND PAIN MED PLAN	Patient Label Here
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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
	fentaNYL 1000 mcg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> 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***
	HYDRomorphine 20 mg/100 mL NS - Titratab (HYDRomorphine 20 mg/100 mL NS - Titratable) <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> 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***
	Sedation Meds propofol 1,000 mg/100 mL - Titratable <input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Bolus Dose: 25 mg, Bolus Freq: q2h, Bolus 4-hour Limit: 100 mg, Bolus Indication: for sedation Final concentration= 10 mg/mL (10,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled*** <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours midazolam 100 mg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> 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 controlled***
	LORazepam 40 mg/250 mL D5W - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> 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 immediately after intubation dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable) <input type="checkbox"/> IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled*** Continued on next page....

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<p>UMC Health System</p> <p>MECHANICAL VENTILATION PLAN</p>	<p>Patient Label Here</p>
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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
	Patient Care
	Patient Activity <input type="checkbox"/> Bedrest, HOB elevation 30 - 45 degrees
	Perform Oral Care <input type="checkbox"/> 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 daily dose if needed.
	ocular lubricant <input type="checkbox"/> 1 app, both eyes, as needed, PRN dry eyes
	Respiratory
	Ventilator Settings
	Ventilator Settings APRV
	Ventilator Settings HFOV
	Arterial Blood Gas
	MICU Ventilator Weaning Protocol

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