GENERAL OBSERVATION PLAN

	PHYSICIAN ORDERS		
Diagnos	is		
Weight			
	Place an "X" in the Orders column to designate orders of choice		der 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
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h	
	Intermittent Telemetry		
	Obtain Orthostatic Vital Signs (Orthostatic VS)		
	Perform Neurological Checks (Neuro Checks) ☐ q4h		
	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		nce as tolerated to Regular nce as tolerated 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 Midn T;2359, NPO After Midn	ight, Except Meds ight, Except Meds, Except Ice Chips
	IV Solutions		
	D5 1/2 NS ☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	☐ IV, 100 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	
□то	Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time

GENERAL OBSERVATION PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	1/2 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 Routine, T;N			
	CBC with Differential Routine, T;N			
	Comprehensive Metabolic Panel Routine, T;N			
	Prothrombin Time with INR	Routine, T;N		
	PTT Routine, T;N			
	Urinalysis with Positive Culture Reflex ☐ Urine, Routine, T;N			
	Culture Blood ☐ Blood, STAT			
	Lactic Acid Level ☐ STAT			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest Portable			
	DX Abdomen AP (KUB)			
	CT Chest w/wo			
	CT Chest w/wo CT Head w/o			
	Respiratory			
	Respiratory Care Plan Guidelines			
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

GENERAL OBSERVATION PLAN		Patient	: Label Here
	DUVEICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		tail box(es) where applicable.
ORDER	ORDER DETAILS	x iii iiio opoomo oraor ao	tan bex(ee) miere approable.
	Oxygen (O2) Therapy Via: Nasal cannula, Keep sats greater than: 90% Via: Venturi mask, Keep sats greater than: 90% Via: Trach collar, Keep sats greater than: 90%	☐ Via: Simple mask, Keep sats g☐ Via: Nonrebreather mask, Kee	reater than: 90% p sats greater than: 90%
	Additional Orders		
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Order Taker	n by Signature:	Date	Time
Physician Signature:		Date	Time

Version: 3 Effective on: 11/01/23

DISCOMFORT MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the	specific order d	etail box(es) where applicable.	
ORDER	ER ORDER DETAILS	R ORDER DETAILS		
	Patient Care			
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complain distention present OR 6 hrs post Foley removal and patient has not voided.	ing of urinary disc	comfort and/or bladder	
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	needed.		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 ☐ 10 mL, PO, liq, q4h, PRN cough	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 hours*** If acetar 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 acetar 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 acetar ibuprofen if ordered. Continued on next page	ninophen contrair	ndicated or ineffective, use	
□ то	TO Read Back Scanned Pow	erchart [Scanned PharmScan	
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Physician S	cian Signature: Date		Time	

DISCOMFORT MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	 ☐ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. ☐ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. 			
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour	rs***. Give with food.		
	Analgesics for Moderate Pain Select only ONE of the following for moderate pain			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2		minophen 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 2 ineffective, use if ordered.	4 hours*** If hydrocodone/aceta	minophen contraindicated or	
	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 ine	ffective, use if ordered.		
<u></u>	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 ore 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ore			
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Physician S	Signature:	Date	Time	

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			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj,	q4h, PRN pain-severe (scale 7-10)	
	Antiemetics			
	Select only ONE of the following for nausea			
	promethazine ☐ 25 mg, PO, tab, q4h, PRN nausea			
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation			
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. ☐ 100 mg, PO, cap, Daily Do not crush or chew.			
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation			
	Antacids			
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-ma suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL oral	
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4	h, 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, PF	RN 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

	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific order de	etail 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, PRN	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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GERIATRIC DISCOMFORT MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Patient Care			
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for 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) ***********************************			
	Analgesics for Severe Pain			
	Select only ONE of the following for Severe Pain morphine			
	2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	Antiemetics			
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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-mag suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	nesium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL oral	
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	160 mg, PO, tab chew, q4	h, PRN gas	
	Anti-pyretics		3	
	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 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24			
	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% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	-0.25% rectal ointment)		
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Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

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 d	laily dose if needed		
	The following scheduled orders will alternate every 4 hours.	any acce ii necaca.		
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg of	f acetaminophen per day from all	sources.	
	For renally impared patients: The following scheduled orders will alternate e	very 4 hours.		
	traMADol ☐ 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.			
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Order Take	ken by Signature:	Date	Time	
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYCICIAL	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check	☐ AC & HS	
	☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days	TID	
	BID	q12h	
	q6h	☐ q6h 24 hr	
	∐ q4h		
	Sliding Scale Insulin Regular Guidelines		
	☐ Follow SSI Regular Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a total	al daily dose if needed	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	ar daily dood if ficeded.	
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame	eters	
	Low Dose Insulin Regular Sliding Scale	taka harri ada a sasta sasta Barana a sasta s	. 416
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initi	late nypoglycemia guidelines and n	otily 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 hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. O-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut	ss every 2 hours until blood glucose ir in 4 hours and then resume norm	e is less than 300 mg/dL. al POC blood sugar check and
	301-350 mg/dL - 4 units subcut		
	351-400 mg/dL - 6 units subcut		
Ç	If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. Continued on next page	ks every 2 hours until blood glucose	e is less than 300 mg/dL.
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDE		
	lumn to designate orders of choice AND an "x	" in the specific ord	ler detail box(es) where applicable
ER ORDER DETAILS			
	PRN glucose levels - see parameters		
Low Dose Insulin Regular Si	iding Scale 70 mg/dL and patient is symptomatic, initiate hype	nalycemia auidelines	and notify provider
ii blood gladede le lede tilali	70 mg/de and patient to symptomatic, initiate mypt	ogryociila galaciillos	and notify provider.
70-150 mg/dL - 0 units			
151-200 mg/dL - 1 units sub			
201-250 mg/dL - 2 units sub 251-300 mg/dL - 3 units sub			
301-350 mg/dL - 4 units sub			
351-400 mg/dL - 6 units sub			
	an 400 mg/dL, administer 10 units subcut, notify p units subcut and POC blood sugar checks every		
	than 300 mg/dL, repeat POC blood sugar in 4 ho		
0-10 units, subcut, inj, q6h, F Low Dose Insulin Regular Sl	PRN glucose levels - see parameters iding Scale		
If blood glucose is less than	70 mg/dL and patient is symptomatic, initiate hype	oglycemia guidelines	and notify provider.
70-150 mg/dL - 0 units			
151-200 mg/dL - 1 units sub			
201-250 mg/dL - 2 units sub 251-300 mg/dL - 3 units sub			
301-350 mg/dL - 4 units sub			
351-400 mg/dL - 6 units sub			
hours. Continue to repeat 10	an 400 mg/dL, administer 10 units subcut, notify p units subcut and POC blood sugar checks every than 300 mg/dL, repeat POC blood sugar in 4 ho	2 hours until blood g	lucose is less than 300 mg/dL.
insutlin regular sliding scale.		dis and then resume	e flormar i OC blood sugar check and
	PRN glucose levels - see parameters		
Low Dose Insulin Regular Si			
If blood glucose is less than	70 mg/dL and patient is symptomatic, initiate hype	oglycemia guidelines	and notify provider.
70-150 mg/dL - 0 units			
151-200 mg/dL - 1 units sub			
201-250 mg/dL - 2 units sub			
251-300 mg/dL - 3 units sub 301-350 mg/dL - 4 units sub			
351-400 mg/dL - 6 units sub			
	an 400 mg/dL, administer 10 units subcut, notify p		
Once the blood sugar is less	units subcut and POC blood sugar checks every than 300 mg/dL, repeat POC blood sugar in 4 ho		
insutlin regular sliding scale. Continued on next page			
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SLIDING SCALE INSULIN REGULAR PLAN

Patient	Lahal	Hara
Panem	ı anei	nere

	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				
	insulin regular (Moderate Dose Insulin Regular Sliding Scale) 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	331-400 Hight - 10 dillio subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.				
	Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.				
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut				
	351-350 mg/dL - 7 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and				
	insutlin regular scale.				
	0-12 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	ii zieea giaeee ie ieee alaii 70 iiigi al alia paaein ie eyinpioniaas, iimaalo iiypegiyeenia gaaleeniee alia ilealy pioniaei.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut				
	351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2				
	hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.				
	Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and				
	insutlin regular scale.				
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Order Take	n by Signature: Date Time				

Version: 3 Effective on: 11/01/23

SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicate				
ORDER					
	O-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia	te hypoglycemia guidelines and	d notify provider.		
70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut					
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale. O-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
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	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paramete High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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	te hypoglycemia guidelines and notify provider, and repeat PO	C blood sugar check in 2		
	hours. Continue to repeat 10 units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin regular sliding scale. Continued on next page	hours and then resume norma	ll POC blood sugar check and		
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SLIDING SCALE INSULIN REGULAR PLAN

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PHYSICIAN ORDERS In "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable DETAILS Units, subcut, inj, BID, PRN glucose levels - see parameters Dose Insulin Regular Sliding Scale od glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 50 mg/dL - 0 units 200 mg/dL - 3 units subcut 250 mg/dL - 5 units subcut 300 mg/dL - 7 units subcut 350 mg/dL - 10 units subcut 400 mg/dL - 12 units subcut 400 mg/dL - 12 units subcut
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od glucose is greater than 400 mg/dl administer 14 units subcut notify provider, and repeat POC blood sugar check in 2
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s. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.
e blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and
in regular sliding scale.
units, subcut, inj, TID, PRN glucose levels - see parameters Dose Insulin Regular Sliding Scale
od glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
50 mg/dL - 0 units
200 mg/dL - 3 units subcut
250 mg/dL - 5 units subcut
300 mg/dL - 7 units subcut
350 mg/dL - 10 units subcut 400 mg/dL - 12 units subcut
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50 mg/dL - 0 units
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SLIDING SCALE INSULIN REGULAR PLAN

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

SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parame Use if blood glucose is less than 70 mg/dL and patient is symptoma AND has IV access. See hypoglycemia guidelines.	eters itic 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.	itic and cannot swallow OR if patient l	nas altered mental status		
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Order Take	n by Signature:	Date	Time		
Physician S	Signature:	Date	Time		

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 a Maranda d			
	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 CrCl LESS than 30 mL/min fondaparinux 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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	Signature:	Date	Time		