GENERAL ORTHO PLAN
- Phase: Begin Immediately/Emergency Center

### **Patient Label Here**

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 a	pplicable.			
ORDER	ORDER DETAILS					
	Communication					
	Notify Provider/Primary Team of Pt Admit  Notify: Primary Care Provider, In AM	☐ Notify: Primary Care Provider, Now				
	Notify: Primary Care Provider, In Am  Notify: Primary Care Provider, Upon Arrival to Unit	I Notify. Filliary Care Provider, Now				
	Dietary					
	NPO Diet					
	□NPO	T;2359, NPO After Midnight, Except Meds				
	IV Solutions					
	<b>LR</b>	☐ IV, 100 mL/hr				
	☐ IV, 125 mL/hr	☐ IV, 150 mL/hr				
	□ IV, 175 mL/hr	☐ IV, 25 mL/hr				
	D5 1/2 NS + 20 mEq KCI/L  ☐ IV, 75 mL/hr	☐ IV, 100 mL/hr				
	□ IV, 73 III2/III □ IV, 125 mL/hr	☐ IV, 150 mL/hr				
	□ IV, 175 mL/hr	□ IV, 25 mL/hr				
	Medications  Medication sentences are per dose. You will need to calculate a total daily dose if needed.					
	Medication Management  Start date T;N  Patient to undergo procedure on Nurse to HOLD all A warfarin, dabigatran, rivaroxaban, apixaban, edoxaban) for anticipa Nurse should discontinue this .Medication Management order on repostponed, the nurse MUST clarify anticoagulation order.  CEFAZOlin  1 g, IVPush, inj, OCTOR Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes  2 g, IVPush, inj, OCTOR Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes  1 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes  Continued on next page	M doses of anticoagulants (enoxaparin, heparin, fondapar ted surgical procedure.				
□ то	Read Back	☐ Scanned Powerchart ☐ Scanned PharmSc	an			
Order Take	n by Signature:	Date Time				
Physician S	Signature:	Date Time				

Version: 16 Effective on: 04/23/24

GENERAL ORTHO PLAN
- Phase: Begin Immediately/Emergency Center

### **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			
	2 g, IVPush, inj, q8h Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes			
	clindamycin ☐ 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min ☐ 600 mg, IVPB, ivpb, q8h, Infuse over 30 min	900 mg, IVPB, ivpb, OC		
	vancomycin  ☐ 1,000 mg, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 90 min  ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, Pharmacy to dose  Dose may be rounded if appropriate.  ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min  Dose may be rounded if appropriate.			
	Analgesics for Mild Pain			
	Select only one agent for mild pain  acetaminophen  1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  Do not exceed 4000 mg of acetaminophen per day from all sources			
	traMADol ☐ 50 mg, PO, tab, q12h, PRN pain-mild (scale 1-3)			
1	Analgesics for Moderate Pain			
	Select only one agent for moderate pain			
	traMADol 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)			
	ketorolac  ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 8 dose  ***May give IM if no IV access***  ☐ 15 mg, IVPush, inj, q12h, PRN pain-moderate (scale 4-6), x 4 dose  ***May give IM if no IV access***			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.  1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen.  2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen.	5 mg-325 mg oral tablet)		
	Analgesics for Severe Pain			
	Select only one agent for severe pain  HYDROmorphone  0.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)			
	***Slow IV Push***  1 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)  ***Slow IV Push***  1.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)			
	***Slow IV Push***			
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Order Take	n by Signature:	Date	Time	
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GENERAL ORTHO PLAN
- Phase: Begin Immediately/Emergency Center

### **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			
	morphine ☐ 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)	☐ 4 mg, Slow IVPush, inj, q2h, PR	RN pain-severe (scale 7-10)	
	Laboratory			
	CBC  Next Day in AM, T+1;0300, Every AM for 3 days Routine, T;N	☐ Next Day in AM, T+1;0300, Eve	ry AM for 1 days	
	CBC with Differential  Next Day in AM, T+1;0300, Every AM for 1 days	Routine, T;N		
	Sed Rate			
	Prothrombin Time with INR			
	PTT			
	Basic Metabolic Panel  ☐ Next Day in AM, T+1;0300, Every AM for 3 days ☐ Routine, T;N	☐ Next Day in AM, T+1;0300, Eve	ry AM for 1 days	
	C Reactive protein			
	Beta HCG Serum Qualitative			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest Single View Pre op			
	Respiratory			
	Arterial Blood Gas Additional Tests: Lactate			
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Order Take	n by Signature:	Date	Time	
	Signature:	Date	Time	

GENERAL ORTHO PLAN
- Phase: When Pt. Arrives to Room

### **Patient Label Here**

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care				
	Vital Signs ☐ Per Unit Standards				
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h			
	Insert Urinary Catheter  Foley, To: Dependent Drainage Bag				
	Urinary Catheter Care				
	Patient Activity  ☐ Up Ad Lib/Activity as Tolerated   Assist as Needed ☐ Bedrest   Bathroom Privileges	☐ Bedrest ☐ Bedrest   Up to Bedside Commode Only			
	Elevate Extremity  Left Lower Extremity (LLE)  Left Upper Extremity (LUE)	Right Lower Extremity (RLE) Right Upper Extremity (RUE)			
	Set Up for Overhead Trapeze and Frame				
	Apply Traction				
	LLE Weight Bearing Activity  Non Weight Bearing  Partial Weight Bearing	☐ Weight Bearing as Tolerated ☐ Touch Down Weight Bearing			
	RLE Weight Bearing Activity  Non Weight Bearing  Partial Weight Bearing	☐ Weight Bearing as Tolerated ☐ Touch Down Weight Bearing			
	LUE Weight Bearing Activity  Non Weight Bearing  Partial Weight Bearing	☐ Weight Bearing as Tolerated			
	RUE Weight Bearing Activity  Non Weight Bearing  Partial Weight Bearing	☐ Weight Bearing as Tolerated			
	Communication				
	Peripheral Nerve Block				
	Dietary				
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Order Take	en by Signature:	Date Time			
Physician	Signature:	DateTime			

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GENERAL ORTHO PLAN - Phase: When Pt. Arrives to Room

### **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		
	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		ce as tolerated to Regular ce as tolerated to Renal (Dialysis)
	NPO Diet ☐ NPO ☐ T;2359, NPO After Midnight, Except Meds	☐ T;2359, NPO After Midni	ght
	Medications  Variable and the colored to a level to a l	del delle de e 16 e	
	Medication sentences are per dose. You will need to calculate a to aspirin  81 mg, PO, tab ec, Daily	otal dally dose if needed.	
T	Antibiotics		
	ceFAZolin  1 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	2 g, IVPB, ivpb, q6h, x 72	2 hr, Infuse over 60 min
	clindamycin ☐ 600 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	☐ 900 mg, IVPB, ivpb, q6h,	x 72 hr, Infuse over 30 min
	vancomycin  ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, Pharmacy to dose Dose may be rounded if appropriate.  ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min Dose may be rounded if appropriate.		
	Analgesics for Mild Pain		
	Select only one agent for mild pain  acetaminophen  1,000 mg, IVPB, iv soln, q6h, x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all sources.  1,000 mg, IVPB, iv soln, q6h, PRN pain-mild (scale 1-3), x 2 dose, Ir Do not exceed 4000 mg of acetaminophen per day from all sources.		
	traMADol  ☐ 50 mg, PO, tab, q12h, PRN pain-mild (scale 1-3)		
	Analgesics for Moderate Pain		
	Select only one agent for moderate pain  traMADol  100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)		
	ketorolac  ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 8 dose  ***May give IM if no IV access***  ☐ 15 mg, IVPush, inj, q12h, PRN pain-moderate (scale 4-6), x 4 dose  ***May give IM if no IV access***		
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Order Taker	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

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GENERAL ORTHO PLAN - Phase: When Pt. Arrives to Room

### **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	R ORDER DETAILS	ORDER DETAILS		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 m  ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  Do not exceed 4g/day of acetaminophen.  ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  Do not exceed 4g/day of acetaminophen.	g oral tablet)		
	Analgesics for Severe Pain			
	Select only one agent for severe pain			
	HYDROmorphone  ☐ 0.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)  ***Slow IV Push***  ☐ 1 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)			
	***Slow IV Push***  1.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)  ***Slow IV Push***  1.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)  ***Slow IV Push***			
	morphine ☐ 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ☐ 4 mg,	Slow IVPush, inj, q2h, PRN pain-severe (scale 7-1	0)	
	Gastrointestinal Agents			
	docusate  ☐ 100 mg, PO, cap, Nightly, PRN constipation  *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****  ☐ 100 mg, PO, cap, BID  *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****			
	*****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl****  bisacodyl  10 mg, rectally, supp, Daily, PRN constipation  *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****			
	*****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema**	***		
	sodium biphosphate-sodium phosphate (Fleet Enema)  1 ea, rectally, enema, Daily, PRN constipation	sodium biphosphate-sodium phosphate (Fleet Enema)		
	Antihistamines			
	diphenhydrAMINE  25 mg, IVPush, inj, q6h, PRN itching  *****IF diphenhydrAMINE PO is ineffective or patient is NPO, USE diphenhydrA	MINE inj*****		
	Antiemetics			
	ondansetron ☐ 4 mg, IVPush, soln, q4h, PRN nausea Use if promethazine ineffective or contraindicated.			
	Laboratory			
	CBC			
	CBC with Differential			
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Order Take	Taken by Signature: Dat	te Time		
Physician S	ian Signature: Dar	teTime		

Version: 16 Effective on: 04/23/24

GENERAL ORTHO PLAN - Phase: When Pt. Arrives to Room

### **Patient Label Here**

	PHYSICIAN ORDERS
ORDER	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.  ORDER DETAILS
OKDEK	Sed Rate
	Prothrombin Time with INR
	PTT PT
	Basic Metabolic Panel
	C Reactive protein
	Beta HCG Serum Qualitative
	Discussodia Tooda
	Diagnostic Tests EKG-12 Lead
	Pre-Op [High Risk Operation] (V72.81)
	DX Chest Single View
	☐ Pre op
	DX Chest PA & Lateral  Pre op
	Respiratory
	Respiratory Care Plan Guidelines
	Oxygen (O2) Therapy
	Via: Nasal cannula, Keep sats greater than: 92%
	Physical Medicine and Rehab
	Consult PT Mobility for Eval & Treat
	Consult Occ Therapy for Eval & Treat  Consults/Referrals
	Consult MD
	Additional Orders
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Order Take	n by Signature: Date Time
Physician S	Signature: Date Time

GENERAL ORTHO PLAN - Phase: PCA MED PLAN

### **Patient Label Here**

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Communication			
	Notify Provider of VS Parameters (Notify Provider if VS)  RR Less Than 10, Patient becomes unresponsive			
	.Medication Management (Notify Nurse and Pharmacy)  ☐ Start date T;N  If respirations fall below 10 breaths per minute or patient becomes unit	responsive, stop PCA pump.		
	IV Solutions			
	***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid to	olerant patients who require hiç	gh dose therapy.	
	***DOSING NOTES***:  1. Initial doses are for opioid naive patients. Chronic pain patients may re 2. Decrease initial starting dose by 25-30% in patients greater than 65 ye hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with rena morphine.	ears of age, and/or patients with		
	morphine (morphine 30 mg/30 mL PCA)  Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, S  Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, S			
	HYDROmorphone (HYDROmorphone 6 mg/30 mL PCA)  ☐ Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N  ☐ Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N  ☐ Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N			
	fentaNYL (fentaNYL 300 mcg/30 mL PCA)  Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 10  Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 10  Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 20	50, Start date/time T;N		
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vei	n open for duration of PCA		
	NS (Normal Saline) 1,000 mL final vol, IV, 20 mL/hr			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.  ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive 1. Stop PCA Pump 2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min. 3. Notify Physician  naloxone  0.1 mg, IVPush, inj, q2min, PRN bradypnea			
	May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a to (0.1 mg = 2.5 mL).  Continued on next page	al volume of 10 mL to achieve	a 0.04 mg/mL concentration	
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GENERAL ORTHO PLAN - Phase: PCA MED PLAN

### **Patient Label Here**

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Paraisetam.		
	Respiratory Continuous Pulse Oximetry		
	Continuous i disc Oximetry		
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Order Take	n by Signature:	Date	Time
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GENERAL ORTHO PLAN

### **Patient Label Here**

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIAI	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice ANI	o an "x" in the specific ord	er detail box(es) where applicable.
RDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check ☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days ☐ BID ☐ q6h ☐ q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines  Follow SSI Regular Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a total	I daily dose if needed.	
	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 - 2 units subcut  201-250 mg/dL - 3 units subcut  301-350 mg/dL - 6 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.  □ 0-10 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  201-250 mg/dL - 4 units subcut  301-350 mg/dL - 6 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.  Continued on next page	notify provider, and repeat F s every 2 hours and then resume ate hypoglycemia guidelines	POC blood sugar check in 2 lucose is less than 300 mg/dL. normal POC blood sugar check and and notify provider.  POC blood sugar check in 2 lucose is less than 300 mg/dL.
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	en by Signature:	Date	
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GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

### **Patient Label Here**

	PHYSICIA	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters     Low Dose Insulin Regular Sliding Scale     If blood glucose is less than 70 mg/dL and patient is symptomatic, ini     70-150 mg/dL - 0 units	tiate hypoglycemia guidelines a	and notify provider.	
	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 subcult hours. Continue to repeat 10 units subcut and POC blood sugar checonce the blood sugar is less than 300 mg/dL, repeat POC blood sugar insuttin regular sliding scale.  □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters	ks every 2 hours until blood glo	ucose is less than 300 mg/dL.	
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ini	tiate hypoglycemia guidelines a	and notify provider.	
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insuttin regular sliding scale.  □ 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dL and patient is symptomatic, ini	ks every 2 hours until blood gluar in 4 hours and then resume	ucose is less than 300 mg/dL. normal POC blood sugar check and	
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut			
C	If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar checonce the blood sugar is less than 300 mg/dL, repeat POC blood suginsutlin regular sliding scale.  Continued on next page	ks every 2 hours until blood glo	ucose is less than 300 mg/dL.	
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### **Patient Label Here**

GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN C		
	Place an "X" in the Orders column to designate orders of choice AND a	an "x" in the specific	order detail box(es) where applicable.
ORDER	R ORDER DETAILS		
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)  ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameter  Moderate Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate		nes and notify provider.
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate 70-150 mg/dL - 0 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut, no 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 he insutlin regular scale.	notify provider, and repe s every 2 hours until blo nours and then resume the hypoglycemia guideli notify provider, and repe s every 2 hours until blo nours and then resume the hypoglycemia guideli	eat POC blood sugar check in 2 bod glucose is less than 300 mg/dL. normal POC blood sugar checks and mes and notify provider.  eat POC blood sugar check in 2 bod glucose is less than 300 mg/dL. normal POC blood sugar checks and mes and notify provider.
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Physician	an Signature:	Date	Time

GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

### **Patient Label Here**

Place an "X" in the Orders column to designate orders of choic ORDER ORDER DETAILS	•	der detail box(es) where applicable.		
ORDER ORDER DETAILS	•	der detail box(es) where applicable.		
	<u> </u>			
Moderate Dose Insulin Regular Sliding Scale	☐ 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters			
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	, , , , , ,			
hours. Continue to repeat 10 units subcut and POC blood sugar Once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.  □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters	0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters			
Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic	c, initiate hypoglycemia guideline	s and notify provider.		
70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcurs. Continue to repeat 10 units subcut and POC blood sugain				
Once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.				
insulin regular (High Dose Insulin Regular Sliding Scale)  □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see pa High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic		s and notify provider.		
70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut				
If blood glucose is greater than 400 mg/dL, administer 14 units so hours. Continue to repeat 10 units subcut and POC blood sugar Once blood sugar is less than 300 mg/dL, repeat POC blood sug insulin regular sliding scale.  Continued on next page	checks every 2 hours until blood	glucose is less than 300 mg/dL.		
☐ TO ☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature:	Date	Time		
Physician Signature:	Date			

GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

### **Patient Label Here**

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 70-150 mg/dL - 0 units	initiate hypoglycemia guidelines	and notify provider.
	151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 14 units sub hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale.  □ 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters	ecks every 2 hours until blood of	glucose is less than 300 mg/dL.
	High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,	initiate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 14 units sub hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale.  0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,	ecks every 2 hours until blood of in 4 hours and then resume no	glucose is less than 300 mg/dL. rmal POC blood sugar check and
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
Ç	If blood glucose is greater than 400 mg/dL, administer 14 units sub hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale.  Continued on next page	ecks every 2 hours until blood of	glucose is less than 300 mg/dL.
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician Signature:		Datt	1 IIIIC

### **Patient Label Here**

GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER				
	0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, 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			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

# GENERAL ORTHO PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

### **Patient Label Here**

glucose (DS0)   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 hyproglycemia guidelines.   Imag. 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 hyproglycemia guidelines.   Imag. 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 hyproglycemia guidelines.   Imag. 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 hyproglycemia guidelines.   Imag. 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 hyproglycemia guidelines.   Imag. 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 hyproglycemia guidelines.				
RDER ORDER DETAILS    plucose (D50)				
glucose (DS0)   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 hyproglycemia guidelines.   Imag. 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.   Imag. 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.   Imag. 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.   Imag. 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.   Imag. 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.				
25 g, I/Push, syringe, as needed, PRN glucose levels - see parameters   Use if blood glucose is less than 70 mg/dt. and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.   glucagon	ORDER	ORDER DETAILS		
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.    To   Read Back   Scanned Powerchart   Scanned PharmScan   Scan		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		
Order Taken by Signature: Date Time		Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status		
Order Taken by Signature: Date Time				
	□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan		
	Order Taken	by Signature: Date Time		
hysician Signature: DateTime				

GENERAL ORTHO PLAN
- Phase: VTE PROPHYLAXIS PLAN

### **Patient Label Here**

PHYSICIAN ORDERS			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail	I box(es) where applicable.		
ORDER ORDER DETAILS	, ,		
Patient Care			
VTE Guidelines ☐ See Reference Text for Guidelines			
***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete rea cated***	ason 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 chemopropi	ohylaxis		
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: Right Lower Extremity (Flutter)	ties, Length: Thigh High		
Apply Sequential Compression Device  Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)  Apply to Right Lower Extremity (RLE)	E)		
Medications  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)  □ 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight			
heparin ☐ 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing			
VTE Prophylaxis: Non-Trauma Dosing	<del>                                     </del>		
enoxaparin (enoxaparin for weight 40 kg or GREATER)  40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function			
heparin ☐ 5,000 units, subcut, inj, q12h ☐ 5,000 units, subcut, inj, q8h			
rivaroxaban ☐ 10 mg, PO, tab, In PM			
warfarin  5 mg, PO, tab, In PM			
aspirin ☐ 81 mg, PO, tab chew, Daily ☐ 325 mg, PO, tab, Daily			
Fondaparinux may only be used in adults 50 kg or GREATER.  Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min			
☐ TO ☐ Read Back ☐ Scanned Powerchart ☐ Sc	canned PharmScan		
Order Taken by Signature: Date	Time		
Physician Signature: Date	Time		

GENERAL ORTHO PLAN
- Phase: VTE PROPHYLAXIS PLAN

### **Patient Label Here**

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	fondaparinux  ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr0	CI LESS than 30 mL/min	
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

# GENERAL ORTHO PLAN - Phase: BB TYPE AND SCREEN 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		
	Laboratory (ADO(DE)		
	BB Blood Type (ABO/Rh) BB Antibody Screen		
	BB Antibody Screen		
□то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
	Signature:		Time