

GENERAL ORTHO PLAN
- Phase: Begin Immediately/Emergency Center

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"/> 2 g, IVPush, inj, q8h Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	clindamycin <input type="checkbox"/> 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min <input type="checkbox"/> 600 mg, IVPB, ivpb, q8h, Infuse over 30 min <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min <input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, x 24 hr, Infuse over 90 min <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, Pharmacy to dose Dose may be rounded if appropriate. <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 50 mg, PO, tab, q12h, PRN pain-mild (scale 1-3)
Analgesics for Moderate Pain	
	Select only one agent for moderate pain traMADol <input type="checkbox"/> 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 8 dose ***May give IM if no IV access*** <input type="checkbox"/> 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 7.5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen.
Analgesics for Severe Pain	
	Select only one agent for severe pain HYDROmorphone <input type="checkbox"/> 0.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push*** <input type="checkbox"/> 1 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push*** <input type="checkbox"/> 1.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push***

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UMC Health System GENERAL ORTHO PLAN - Phase: Begin Immediately/Emergency Center	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
	morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)
Laboratory	
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N
	CBC with Differential <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N
	Sed Rate
	Prothrombin Time with INR
	PTT
	Basic Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 1 days <input type="checkbox"/> Routine, T;N
	C Reactive protein
	Beta HCG Serum Qualitative
Diagnostic Tests	
	EKG-12 Lead
	DX Chest Single View <input type="checkbox"/> Pre op
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> Additional Tests: Lactate

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

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>Oral Diet</p> <table border="0"> <tr> <td><input type="checkbox"/> Regular Diet</td> <td><input type="checkbox"/> Heart Healthy Diet</td> </tr> <tr> <td><input type="checkbox"/> Renal (Dialysis) Diet</td> <td><input type="checkbox"/> Renal (Non-Dialysis) Diet</td> </tr> <tr> <td><input type="checkbox"/> Clear Liquid Diet</td> <td><input type="checkbox"/> Full Liquid Diet</td> </tr> <tr> <td><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid</td> <td><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular</td> </tr> <tr> <td><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Heart Healthy</td> <td><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Dialysis)</td> </tr> <tr> <td><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Non-Dialysis)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Carbohydrate Controlled (1200 calories) Diet</td> <td><input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet</td> </tr> <tr> <td><input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet</td> <td></td> </tr> </table>	<input type="checkbox"/> Regular Diet	<input type="checkbox"/> Heart Healthy Diet	<input type="checkbox"/> Renal (Dialysis) Diet	<input type="checkbox"/> Renal (Non-Dialysis) Diet	<input type="checkbox"/> Clear Liquid Diet	<input type="checkbox"/> Full Liquid Diet	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Heart Healthy	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Dialysis)	<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 (1600 calories) Diet	<input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet	
<input type="checkbox"/> Regular Diet	<input type="checkbox"/> Heart Healthy Diet																
<input type="checkbox"/> Renal (Dialysis) Diet	<input type="checkbox"/> Renal (Non-Dialysis) Diet																
<input type="checkbox"/> Clear Liquid Diet	<input type="checkbox"/> Full Liquid Diet																
<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Full Liquid	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular																
<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Heart Healthy	<input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Renal (Dialysis)																
<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 (1600 calories) Diet																
<input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet																	
	<p>NPO Diet</p> <table border="0"> <tr> <td><input type="checkbox"/> NPO</td> <td><input type="checkbox"/> T;2359, NPO After Midnight</td> </tr> <tr> <td><input type="checkbox"/> T;2359, NPO After Midnight, Except Meds</td> <td></td> </tr> </table>	<input type="checkbox"/> NPO	<input type="checkbox"/> T;2359, NPO After Midnight	<input type="checkbox"/> T;2359, NPO After Midnight, Except Meds													
<input type="checkbox"/> NPO	<input type="checkbox"/> T;2359, NPO After Midnight																
<input type="checkbox"/> T;2359, NPO After Midnight, Except Meds																	
Medications																	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.																	
	<p>aspirin</p> <input type="checkbox"/> 81 mg, PO, tab ec, Daily																
Antibiotics																	
	<p>ceFAZolin</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min</td> <td><input type="checkbox"/> 2 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 60 min</td> </tr> </table>	<input type="checkbox"/> 1 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	<input type="checkbox"/> 2 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 60 min														
<input type="checkbox"/> 1 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	<input type="checkbox"/> 2 g, IVPB, ivpb, q6h, x 72 hr, Infuse over 60 min																
	<p>clindamycin</p> <table border="0"> <tr> <td><input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min</td> <td><input type="checkbox"/> 900 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min</td> </tr> </table>	<input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	<input type="checkbox"/> 900 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min														
<input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min	<input type="checkbox"/> 900 mg, IVPB, ivpb, q6h, x 72 hr, Infuse over 30 min																
	<p>vancomycin</p> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, Pharmacy to dose Dose may be rounded if appropriate. <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min Dose may be rounded if appropriate.																
Analgesics for Mild Pain																	
	<p>Select only one agent for mild pain</p> <p>acetaminophen</p> <input type="checkbox"/> 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. <input type="checkbox"/> 1,000 mg, IVPB, iv soln, q6h, PRN pain-mild (scale 1-3), x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all sources.																
	<p>traMADol</p> <input type="checkbox"/> 50 mg, PO, tab, q12h, PRN pain-mild (scale 1-3)																
Analgesics for Moderate Pain																	
	<p>Select only one agent for moderate pain</p> <p>traMADol</p> <input type="checkbox"/> 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)																
	<p>ketorolac</p> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 8 dose ***May give IM if no IV access*** <input type="checkbox"/> 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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GENERAL ORTHO PLAN
- Phase: When Pt. Arrives to Room

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>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen.</p> <p><input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4g/day of acetaminophen.</p>
Analgesics for Severe Pain	
	<p>Select only one agent for severe pain</p> <p>HYDROmorphone</p> <p><input type="checkbox"/> 0.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push***</p> <p><input type="checkbox"/> 1 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push***</p> <p><input type="checkbox"/> 1.5 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) ***Slow IV Push***</p>
	<p>morphine</p> <p><input type="checkbox"/> 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 7-10)</p>
Gastrointestinal Agents	
	<p>docusate</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****</p> <p><input type="checkbox"/> 100 mg, PO, cap, BID *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****</p>
	<p>*****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl*****</p> <p>bisacodyl</p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****</p>
	<p>*****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema*****</p> <p>sodium biphosphate-sodium phosphate (Fleet Enema)</p> <p><input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation</p>
Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, IVPush, inj, q6h, PRN itching *****IF diphenhydrAMINE PO is ineffective or patient is NPO, USE diphenhydrAMINE inj*****</p>
Antiemetics	
	<p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q4h, PRN nausea Use if promethazine ineffective or contraindicated.</p>
Laboratory	
	CBC
	CBC with Differential

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- Phase: When Pt. Arrives to Room

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Sed Rate
	Prothrombin Time with INR
	PTT
	Basic Metabolic Panel
	C Reactive protein
	Beta HCG Serum Qualitative
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> Pre-Op [High Risk Operation] (V72.81)
	DX Chest Single View <input type="checkbox"/> Pre op
	DX Chest PA & Lateral <input type="checkbox"/> Pre op
Respiratory	
	Respiratory Care Plan Guidelines
	Oxygen (O2) Therapy <input type="checkbox"/> 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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UMC Health System

Patient Label Here

GENERAL ORTHO PLAN
- Phase: PCA 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

Respiratory

Continuous Pulse Oximetry

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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	ORDER DETAILS
Patient Care	
POC Blood Sugar Check	
<input type="checkbox"/> Per Sliding Scale Insulin Frequency <input type="checkbox"/> AC & HS 3 days <input type="checkbox"/> BID <input type="checkbox"/> q6h <input type="checkbox"/> q4h	<input type="checkbox"/> AC & HS <input type="checkbox"/> TID <input type="checkbox"/> q12h <input type="checkbox"/> q6h 24 hr
Sliding Scale Insulin Regular Guidelines	
<input type="checkbox"/> Follow SSI Regular Reference Text	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
insulin regular (Low Dose Insulin Regular Sliding Scale)	
<input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 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 the 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.	
<input type="checkbox"/> 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, initiate hypoglycemia guidelines and notify provider.	
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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 Regular 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 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 the 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.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate 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 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 the 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.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate 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 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 the 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.</p> <p>Continued on next page....</p>

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GENERAL ORTHO PLAN
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ORDER	ORDER DETAILS
	<p>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 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.</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 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.</p> <p><input type="checkbox"/> 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.</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 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.</p> <p><input type="checkbox"/> 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.</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 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.</p> <p>Continued on next page....</p>

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	<p><input type="checkbox"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, 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 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.</p> <p><input type="checkbox"/> 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, 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 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.</p>
	<p>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, 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.</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 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.</p> <p>Continued on next page....</p>

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ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</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 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.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</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 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.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</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 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.</p> <p>Continued on next page....</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	ORDER DETAILS
	<input type="checkbox"/> 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.
	<p>insulin regular (Blank Insulin Sliding Scale)</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. 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	
	<p>HYPOglycemia Guidelines</p> <input type="checkbox"/> ***See Reference Text***
	<p>glucose</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....

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	ORDER DETAILS
	<p>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.</p>
	<p>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.</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

GENERAL ORTHO PLAN
- Phase: 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
	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

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

GENERAL ORTHO PLAN
- Phase: BB TYPE AND SCREEN PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Laboratory	
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

