	UMC Health System ENERAL SURGERY PLAN Phase: General Surgery Plan	Patien	t Label Here
	PHYSICIA		
Diagnos	is		
Weight			
	Place an "X" in the Orders column to designate orders of choice AN		
ORDER			······································
-	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 Comr	mode Only
	Ambulate Patient		
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h	
	Insert Peripheral Line		
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag		
	Urinary Catheter Care		
	Insert Gastric Tube		
	Communication		
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now	🗆 In AM	
	Notify Provider (Misc)		
	Dietary		
	NPO Diet NPO NPO, Except Ice Chips T;2359, NPO After Midnight	<ul> <li>□ NPO, Except Meds</li> <li>□ NPO, Except Meds, Except Ic</li> <li>□ T;2359, NPO After Midnight, E</li> </ul>	e Chips Except Meds
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Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time

	UMC Health System ENERAL SURGERY PLAN Phase: General Surgery Plan	Patient Label Here	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	Oral Diet  Regular Diet Renal (Dialysis) Diet Clear Liquid Diet Carbohydrate Controlled (1200 calories) Diet Carbohydrate Controlled (2000 calories) Diet	<ul> <li>☐ Heart Healthy Diet</li> <li>☐ Renal (Non-Dialysis) Diet</li> <li>☐ Full Liquid Diet</li> <li>☐ Carbohydrate Controlled (1600 calories) Diet</li> </ul>	
	IV Solutions		
	NS (Normal Saline) IV, 75 mL/hr IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	<b>D5 1/2 NS</b> □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	<b>D5 1/2 NS + 20 mEq KCI/L</b> □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	LR (Lactated Ringer's) □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	Laboratory		
	<b>CBC</b> Routine, T;N, Every AM for 3 days Routine, T;N	Routine, T;N, Every AM for 1 days	
	<b>CBC with Differential</b> Routine, T;N, Every AM for 1 days	Routine, T;N	
	Basic Metabolic Panel (BMP) Routine, T;N, Every AM for 3 days Routine, T;N	Routine, T;N, Every AM for 1 days	
	Comprehensive Metabolic Panel (CMP) Routine, T;N, Every AM for 3 days Routine, T;N	Routine, T;N, Every AM for 1 days	
	Prothrombin Time with INR		
	РТТ		
	Urinalysis with Positive Culture Reflex		
	Diagnostic Tests		
	EKG-12 Lead		
	DX Chest Portable		
	DX Abdomen Portable		
	US Abdomen Comp		
	Respiratory		
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Order Take	on by Signature:	Date Time	
Physician	Signature:	Date Time	

	UMC Health System	Pa	tient Label Here
GI - F	ENERAL SURGERY PLAN Phase: General Surgery Plan		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Oxygen (O2) Therapy ☐ 1-3 L/min, Via: Nasal cannula, Keep sats greater than: 92% ☐ Via: Venturi mask	☐ Via: Simple mask ☐ Via: Nonrebreather mask	
	Respiratory Care Plan Guidelines		
	Additional Orders		
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Order Take	n by Signature:	Date	Time
	Signature:		Time

GENERAL SURGERY PLAN - Phase: DISCOMFORT MED PLAN

	PHYSICIAN OR	DERS	
	Place an "X" in the Orders column to designate orders of choice AND an	"x" in the specific order	detail box(es) where applicable.
ORDER	R ORDER DETAILS		
	Patient Care		
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patient distention present OR 6 hrs post Foley removal and patient has not voided.		discomfort and/or bladder
	Medications		
	Medication sentences are per dose.         You will need to calculate a total dai           menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane)         1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-2 10 mL, PO, liq, q4h, PRN cough	200 mg/10 mL oral liquid	1)
	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* 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* 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* ibuprofen if ordered. Continued on next page	** If acetaminophen contr	raindicated or ineffective, use
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Physician S	n Signature:	Date	Time



RGERY PLAN

GENERAL SURGERY PLAN - Phase: DISCOMFORT MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND a	n "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	<ul> <li>1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour ibuprofen if ordered.</li> <li>650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour ibuprofen if ordered.</li> </ul>			
	ibuprofen ↓ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Compared to the state of the state o	Give with food.		
	Analgesics for Moderate Pain Select only ONE of the following for moderate pain			
	<ul> <li>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-32</li> <li>☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour ineffective, use if ordered.</li> <li>☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour ineffective, use if ordered.</li> </ul>	s*** If hydrocodone/aceta		
	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			
	traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered. 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered.			
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective	e, use if ordered.		
	Analgesics for Severe Pain			
	Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.			
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	UMC Health System	Patient Label Here
GENERAL SURGERY PLAN - Phase: DISCOMFORT MED PLAN		
	PHYSICIA	N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	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 order ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if order	
	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.	
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation	
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, 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, PRN anxiety
	Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam	
	0.25 mg, PO, tab, Nightly, PRN insomnia	
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia	
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- F	ENERAL SURGERY PLAN Phase: DISCOMFORT MED PLAN		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.
ORDER		· · ·	
	<b>zolpidem</b> ☐ 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, I	PRN itching
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care		
	<ul> <li>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</li> <li>1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care</li> <li>Wipe affected area</li> </ul>		
	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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GENERAL SURGERY PLAN - Phase: 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		
RDER	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)		
	melatonin 2 mg, PO, tab, Nightly, PRN insomnia		
	Analgesics for Mild Pain		
	Select only ONE of the following for Mild Pain  acetaminophen  500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***  1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***  650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ****** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****		
	Analgesics for Severe Pain		
	Select only ONE of the following for Severe Pain		
	morphine 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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GENERAL SURGERY PLAN - Phase: GERIATRIC DISCOMFORT MED PLAN

	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ND an "x" in the specific orde	er 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 <b>docusate</b> 100 mg, PO, cap, Nightly, PRN constipation		
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn 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	th, PRN gas
	Anti-pyretics		
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24		
	<ul> <li>ibuprofen</li> <li>200 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*</li> <li>Give with food.</li> <li>400 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*</li> <li>Give with food.</li> </ul>		
	Anorectal Preparations		
	<ul> <li>Select only ONE of the following for hemorrhoid care</li> <li>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)         <ul> <li>1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care</li> <li>Wipe affected area</li> </ul> </li> </ul>		
	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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## GENERAL SURGERY PLAN - Phase: PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

SC	CHEDULED MEDS			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Medications Medication sentences are per dose. You will need to calculate a tota	al daily dose if needed.		
	The following scheduled orders will alternate every 4 hours.			
	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	g of acetaminophen per day fror	n all sources.	
	For renally impared patients: The following scheduled orders will alternat	e every 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	n all sources.	
П то	Read Back	Scanned Powerchart	Scanned PharmScan	
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GENERAL SURGERY PLAN - Phase: VTE PROPHYLAXIS PLAN

	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice A	ID an "x" in the specific ord	ler detail box(es) where applicable.	
RDER	ORDER DETAILS	-		
	Patient Care			
	VTE Guidelines			
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindi cated***			
	Contraindications VTE  Active/high risk for bleeding  Patient or caregiver refused Anticipated procedure within 24 hours	<ul> <li>Treatment not indicated</li> <li>Other anticoagulant orde</li> <li>Intolerance to all VTE ch</li> </ul>		
	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: Bilateral Lower	emity (LLE), Length: Knee High Extremities, Length: Thigh High tremity (RLE), Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extre	emity (LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a to VTE Prophylaxis: Trauma Dosing. For CrCI LESS than 30 mL/min, use on body weight.		st enoxaparin dose based	
	<ul> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>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</li> </ul>			
	heparin ☐ 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing			
	VTE Prophylaxis: Non-Trauma Dosing			
	<ul> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pha</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pha</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for per Renal Function</li> </ul>	armacy to Adjust Dose per Re armacy to Adjust Dose per Re	enal Function enal Function	
	heparin ☐ 5,000 units, subcut, inj, q12h	5,000 units, subcut, inj, c	8h	
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin 5 mg, PO, tab, In PM			
	<b>aspirin</b> ☐ 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily		
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrC	LESS than 30 mL/min		
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UMC Health System		Pat	ient Label Here	
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	DUVCICIA			
	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	r datail hov(os) where applicable	
ORDER				
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Crt	CI LESS than 30 mL/min		
то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician	Physician Signature:			



UMC Health System		Patient Label He	re	
GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN				
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN		s) where applicable.	
ORDER	ORDER DETAILS		-) app	
	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		
	Follow SSI Aspart Reference Text			
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.         insulin aspart (Low Dose Insulin Aspart Sliding Scale)         0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters         Low Dose Insulin Aspart Sliding Scale         If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dL - 0 units         151-200 mg/dL - 1 units subcut         201-250 mg/dL - 2 units subcut         201-350 mg/dL - 3 units subcut         301-350 mg/dL - 4 units subcut         351-400 mg/dL - 6 units subcut         astinuation to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL.         If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.         0-10 units, subcut, inj, BID, PRN glucose levels - see parameters         Low Dose Insulin Aspart Sliding Scale         If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dL - 0 units         151-200 mg/dL - 1 units subc			
	351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL administer 10 units subcut, minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeat POC blood suga insulin aspart sliding scale. Continued on next page	cks every 90 minutes until blood glucose is l	ess than 300 mg/	
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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				
	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut				
	201-250 mg/dL - 2 units subcut				
	251-300 mg/dL - 3 units subcut				
	301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut				
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/				
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and				
	insulin aspart sliding scale.				
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 1 units subcut				
	201-250 mg/dL - 2 units subcut				
	251-300 mg/dL - 3 units subcut				
	301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut				
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90				
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/ dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and				
	insulin aspart sliding scale.				
	0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters				
	Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut				
	201-250 mg/dL - 2 units subcut				
	251-300 mg/dL - 3 units subcut				
	301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut				
	331-400 mg/dL - 6 units subcut				
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90				
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/ dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and				
	insulin aspart sliding scale.				
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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			
ORDER	Imsulin aspart (Moderate Dose Insulin Aspart Sliding Scale)         Imsulin aspart (Moderate Dose Insulin Aspart Sliding Scale)         Imsulin aspart Sliding Scale         If blood glucose is less than 70mg/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 - 1 units subcut         201-350 mg/dL - 1 units subcut         301-350 mg/dL - 1 units subcut         3051-300 mg/dL - 1 units subcut         3051-300 mg/dL - 1 units subcut         3051-400 mg/dL - 10 units         3051-200 mg/dL - 3 units subcut         3051-200 mg/dL - 3 units subcut         3051-200 mg/dL - 1 units         3051-200 mg/dL - 1 units         3051-300 mg/dL - 1 units         3051-400 mg/dL -			
	<ul> <li>70-150 mg/dL - 0 units</li> <li>151-200 mg/dL - 2 units subcut</li> <li>201-250 mg/dL - 3 units subcut</li> <li>251-300 mg/dL - 5 units subcut</li> <li>301-350 mg/dL - 7 units subcut</li> <li>351-400 mg/dL - 10 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcut</li> <li>minutes. Continue to repeat 10 units subcut and POC blood sugar ched</li> <li>dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale.</li> <li>Continued on next page</li> </ul>	ecks every 90 minutes until blo	od glucose is less than 300 mg/	
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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			
	<ul> <li>0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters</li> <li>Moderate Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.			
	Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/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			
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.			
	insulin aspart (High Dose Insulin Aspart Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale. Continued on next page			
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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific orde	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
ORDER	SDEF         ORDER DETAILS           0-14 units, subcut, inj, BID, PRN glucose levels - see parameters         High Dose insulin Aspart Silding 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 - 5 units subcut           250 mg/dL - 5 units subcut         251-300 mg/dL - 1 units subcut           301-350 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         90 minutes ontil blood glucose is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin Aspart Silding 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           151-200 mg/dL - 1 units subcut         351-400 mg/dL - 10 units subcut           351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut			
	201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400mg/dL, administer 14 units subcut, r minutes. Continue to repeat 10 units subcut and POC blood sugar cheo dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood suga insulin aspart sliding scale. Continued on next page	cks every 90 minutes until blo	ood glucose is less than 300 mg/	
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GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	<ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> <li>70-150 mg/dL - 0 units</li> </ul>			
	151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.			
	insulin aspart (Blank Insulin Aspart Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than mg/dL, initiate hypoglycemia guidelines and notify provider.			
	70-150 mg/dL units subcut         151-200 mg/dL units subcut         201-250 mg/dL units subcut         251-300 mg/dL units subcut         301-350 mg/dL units subcut         351-400 mg/dL units subcut			
	If blood glucose greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.			
	HYPOglycemia Guidelines			
	HYPOglycemia Guidelines			
	<ul> <li>glucose</li> <li>15 g, PO, gel, as needed, PRN glucose levels - see parameters</li> <li>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.</li> <li>Continued on next page</li> </ul>			
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GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in	in the specific order detail box(es) where applic	able.	
ORDER	R ORDER DETAILS			
	glucose (D50)         25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters         Use if blood glucose is less than 70 mg/dL and patient is symtpomatic and cannot         AND has IV access. See hypoglycemia guidelines.	not swallow OR if patient has 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 symptomatic and canno AND has NO IV access. See hypoglycemia guidelines.	not swallow OR if patient has altered mental status		
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UMC Health System GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN		Patient Label Here	
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
0112111	Patient Care		
	POC Blood Sugar Check  Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h Sliding Scale Insulin Regular Guidelines	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Follow SSI Regular Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	insulin regular (Low Dose Insulin Regular Sliding Scale)         □ 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         201-250 mg/dL - 4 units subcut         301-350 mg/dL - 4 units subcut         313-350 mg/dL - 4 units subcut         351-400 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, 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 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, initiate hypoglycemia guidelines and notify provider.		
	<ul> <li>151-200 mg/dL - 1 units subcut</li> <li>201-250 mg/dL - 2 units subcut</li> <li>251-300 mg/dL - 3 units subcut</li> <li>301-350 mg/dL - 4 units subcut</li> <li>351-400 mg/dL - 6 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 10 units subcut</li> <li>hours. Continue to repeat 10 units subcut and POC blood sugar checl</li> <li>Once the blood sugar is less than 300 mg/dL, repeat POC blood suga</li> <li>insutlin regular sliding scale.</li> </ul>	s every 2 hours until blood	glucose is less than 300 mg/dL.
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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 d	etail box(es) where applicable.		
ORDER	ER ORDER DETAILS				
	R       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, initiate hypog 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 2 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut         If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify pr hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hou insutin regular sliding scale.         □       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 hypog 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 2 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut         If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify pr hours. Continue to repeat 10 units subcut and POC blood sugar in 4 hou insutin 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, initiate hypog 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 212-50 mg/dL - 2 units subcut 212-50 mg/dL - 3 units subcut 212-50 mg/dL - 4 units subcut 212-50 mg/dL - 4 units subcut 213-100 mg/dL - 4 units subcut 214-100 mg/dL - 4 units subcut 215-100 mg/dL - 4 units subcut 215-	ovider, and repeat POC hours until blood gluco rs and then resume nor glycemia guidelines and hours until blood gluco rs and then resume nor glycemia guidelines and plycemia guidelines and hours until blood gluco s and then resume nor	blood sugar check in 2 se is less than 300 mg/dL. mal POC blood sugar check and notify provider. blood sugar check in 2 se is less than 300 mg/dL. mal POC blood sugar check and notify provider.		
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**UMC Health System** 

GENERAL SURGERY PLAN

- F	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		
	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		
	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. D-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		
	351-400 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 because the subcut and the resume normal POC blood sugar checks and blood sugar checks and blood sugar subcut and POC blood sugar is less than 300 mg/dL.		
	insutlin regular scale. D-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.		
	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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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of cho	ice AND an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	0-12 units, subcut, inj, q6h, PRN glucose levels - see paramete Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptoma		and notify provider.		
If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 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/dI, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks insuttin regular scale. 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 7 units subcut 301-350					
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptoma		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 hours. Continue to repeat 10 units subcut and POC blood suga				
	Once blood sugar is less than 300 mg/dL, repeat POC blood s insulin regular sliding scale. Continued on next page				
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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND ar	n "x" in the specific orde	r detail box(es) where applicable.	
ORDER	R ORDER DETAILS			
	ORDER DETAILS <ul> <li>O-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 70-150 mg/dL - 0 units 151-200 mg/dL - 5 units subcut 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 112 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 16 blood glucose is greater than 400 mg/dL, administer 14 units subcut, not hours. Continue to repeat 10 units subcut 251-300 mg/dL - 3 units subcut 251-300 mg/dL - 3 units subcut 251-300 mg/dL - 10 units 151-200 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 10 units 151-200 mg/dL - 0 units 151-200 mg/dL - 10 units subcut 251-300 mg/dL - 10 units subcut 251-300 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut 351-</li></ul>	tify provider, and repeat Po very 2 hours until blood glu ours and then resume norm hypoglycemia guidelines a tify provider, and repeat Po very 2 hours until blood glu ours and then resume norm hypoglycemia guidelines a	OC blood sugar check in 2 Joose is less than 300 mg/dL. hal POC blood sugar check and and notify provider. OC blood sugar check in 2 Joose is less than 300 mg/dL. hal POC blood sugar check and and notify provider.	
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GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN Patient Label Here

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	<ul> <li><b>Progrycemia Guidelines</b> <ul> <li>***See Reference Text***</li> <li><b>glucose</b></li> <li>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 gl able to swallow. See hypoglycemia Guidelines.</li> </ul> </li> <li>Continued on next page</li> </ul>	ucose is less than 70 mg/dL an	d patient is symptomatic and		
	HYPOglycemia Guidelines HYPOglycemia Guidelines				
	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.				
	IIf 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				
	insulin regular (Blank Insulin Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters If blogged glucose in less thanmg/dLinitiate bu/agglucomic guidelines and patifu provider.				
	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.				
	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				
	<ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters</li> <li>High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>				
ORDER					
	Place an "X" in the Orders column to designate orders of choice A		er detail box(es) where applicable.		
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- r	Mase. SLIDING SCALE INSULIN REGULAR PLAN				

UMC Health System GENERAL SURGERY PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN		Patient Label Here			
- r	Hase. SLIDING SCALE INSULIN REGULAR PLAN				
	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN		r detail hox(es) where applicable		
ORDER	ORDER DETAILS				
ORDER	ORDER DETAILS				
	<ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters</li> <li>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.</li> </ul>				
	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 symptomatic and cannot swallow OR if patient has altered mental status         AND has NO IV access.       See hypoglycemia guidelines.				
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