GENERAL SURGERY POST-OP PLAN

Patient Label Here

	PHYSICIAN ORDERS		
Diagnos	Diagnosis		
Weight	Allergies _		
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	der detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Vital Signs ☐ Per Unit Standards		
	Patient Activity Up Ad Lib/Activity as Tolerated Assist as Needed Bedrest Bathroom Privileges	☐ Bedrest ☐ Bedrest Up to Bedside	Commode Only
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h	
	Urinary Catheter Care		
	Discontinue Urinary Catheter		
	Maintain Gastric Tube Maintain Nasogastric - NG, Low Intermittent Suction		
	Maintain Surgical Drain		
	Instruct to Turn, Cough, & Deep Breath q1h While Awake		
	Wound Care by Nursing (Nursing to Perform Wound Care)		
	, ,		
	Communication		
		☐ In AM	
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit	☐ In AM	
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now	☐ In AM	
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now Notify Provider of VS Parameters Notify Provider (Misc) Dietary	☐ In AM	
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now Notify Provider of VS Parameters Notify Provider (Misc)	☐ In AM ☐ NPO, Except Meds ☐ NPO, Except Meds, Exc	ept Ice Chips
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now Notify Provider of VS Parameters Notify Provider (Misc) Dietary NPO Diet NPO NPO, Except Ice Chips	☐ NPO, Except Meds	ept Ice Chips
То	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now Notify Provider of VS Parameters Notify Provider (Misc) Dietary NPO Diet NPO NPO, Except Ice Chips	☐ NPO, Except Meds	ept Ice Chips
	Communication Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now Notify Provider of VS Parameters Notify Provider (Misc) Dietary NPO Diet NPO NPO, Except Ice Chips NPO, Except for Tube Feedings	□ NPO, Except Meds □ NPO, Except Meds, Exc	☐ Scanned PharmScan

GENERAL SURGERY POST-OP PLAN

Patient Label Here

	PHYSIC	IAN 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 ☐ Clear Liquid Diet ☐ Regular Diet ☐ Renal (Dialysis) 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)	☐ Full Liquid Diet ☐ Heart Healthy Diet ☐ Renal (Non-Dialysis) Diet ☐ Clear Liquid Diet, Advance as tolerated to Regular ☐ Clear Liquid Renal (Dialysis) Diet
	IV Solutions	
	NS (Normal Saline) IV, 75 mL/hr IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr
	D5 1/2 NS ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr
	D5 1/2 NS + 20 mEq KCI/L ☐ 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	
	CBC ☐ Next Day in AM, T+1;0300, Every AM for 1 days ☐ Routine, T;N	☐ Next Day in AM, T+1;0300, Every AM for 3 days
	CBC with Differential ☐ Next Day in AM, T+1;0300, Every AM for 1 days	☐ Routine, T;N
	Basic Metabolic Panel ☐ Next Day in AM, T+1;0300, Every AM for 1 days ☐ Routine, T;N	☐ Next Day in AM, T+1;0300, Every AM for 3 days
	Comprehensive Metabolic Panel Next Day in AM, T+1;0300, Every AM for 1 days Routine, T;N	☐ Next Day in AM, T+1;0300, Every AM for 3 days
	Hemoglobin and Hematocrit	
	Respiratory	
	Oxygen (O2) Therapy 1-3 L/min, Via: Nasal cannula, Keep sats greater than: 92% Via: Venturi mask, Keep sats greater than: 92%	☐ Via: Simple mask, Keep sats greater than: 92% ☐ Via: Nonrebreather mask, Keep sats greater than: 92%
	Respiratory Care Plan Guidelines	
	IS Instruct ☐ IS Instructions: q1h for 24hrs, Instruct patient to use 10 times each ☐ IS Instructions: q1h for 48hrs, Instruct patient to use 10 times each	
	Additional Orders	
□ то	☐ Read Back	☐ Scanned Powerchart ☐ Scanned PharmScan
Order Take	n by Signature:	Date Time
Physician	Signature:	Date Time

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GI	ENERAL SURGERY POST-OP PLAN		
	DHYS	SICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choic		er detail box(es) where applicable.
ORDER	ORDER DETAILS		эт того түү
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Physician S	Signature:	Date	Time

Version: 5 Effective on: 06/27/22

DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ID an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care Perform Bladder Scan ☐ Scan PRN, If more than 250, Then: Call MD, Perform as needed for distention present OR 6 hrs post Foley removal and patient has not verification.		iscomfort and/or bladder
	Medications	tal alatha da a a Mara ada d	
	Medication sentences are per dose. You will need to calculate a to menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	•	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 2 ☐ 10 mL, PO, liq, q4h, PRN cough	0 mg-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 ibuprofen if ordered. 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 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 ibuprofen if ordered. Continued on next page	hours*** If acetaminophen contra	aindicated or ineffective, use
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Physician 9	Veneture	Date	Time

Version: 5 Effective on: 06/27/22

DISCOMFORT MED PLAN

Patient Label Here

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 ibuprofen if ordered. 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 ibuprofen if ordered. 		
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour	rs***. Give with food.	
	Analgesics for Moderate Pain Select only ONE of the following for moderate pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2		minophen contraindicated or
	ineffective, use if ordered. 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 ineffective, use if ordered.	4 hours*** If hydrocodone/aceta	minophen contraindicated or
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Collins 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2, use if ordered. 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 2, use if ordered.	4 hours*** If acetaminophen/coc	leine contraindicated or ineffective
	traMADol ☐ 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered. ☐ 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered.		
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ine	ffective, use if ordered.	
<u></u>	Analgesics for Severe Pain		
	Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ore 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ore		
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Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

DISCOMFORT MED PLAN

Patient Label Here

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj,	q4h, PRN pain-severe (scale 7-10)
	Antiemetics		
	Select only ONE of the following for nausea		
	promethazine ☐ 25 mg, PO, tab, q4h, PRN nausea		
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation		
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. ☐ 100 mg, PO, cap, Daily Do not crush or chew.		
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-ma suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL oral
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4	h, PRN gas
	Anxiety		
	Select only ONE of the following for anxiety		
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety		
	LORazepam ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PF	RN anxiety
	Insomnia		
	Select only ONE of the following for insomnia		
	ALPRAZolam ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia		
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia		
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Version: 5 Effective on: 06/27/22

DISCOMFORT MED PLAN

Patient Label Here

	PHYSICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A		r detail box(es) where applicable.
ORDER	ORDER DETAILS	-	
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE ☐ 25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, Pl	RN itching
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	%-0.25% rectal ointment)	
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Order Take	n by Signature:	Date	
Physician Signature:		Date	Time

GERIATRIC DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDE	RS	
	Place an "X" in the Orders column to designate orders of choice AND an "x"	in the specific order deta	nil 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 patients or distention present OR 6 hrs post Foley removal and patient has not voided.	omplaining of urinary discor	mfort and/or bladder
	Medications Medication sentences are per dose. You will need to calculate a total daily of	loop if pooded	
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane los 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 ☐ 10 mL, PO, liq, q4h, PRN cough	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 ☐ 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 ****	oral tablet)	
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***********************************	,	
	Analgesics for Severe Pain		
	Select only ONE of the following for Severe Pain		
	morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	Antiemetics		
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Version: 5 Effective on: 06/27/22

GERIATRIC DISCOMFORT MED PLAN

Patient Label Here

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation		
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation		
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-masuspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethic	one 200 mg-200 mg-20 mg/5 mL oral
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, 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 2- 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen from all sources in 2- ***Do not exceed 4,000 mg of acetaminophen		
	ibuprofen □ 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour Give with food. □ 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour Give with food.		
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	%-0.25% rectal ointment)	
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Order Take	n by Signature:	Date	Time
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Version: 5 Effective on: 06/27/22

Patient Label Here

PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER			
	Medications Medication sentences are per dose. You will need to calculate a total	daily dose if needed	
	The following scheduled orders will alternate every 4 hours.	dany dose ii needed.	
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.		
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg	of acetaminophen per day from all	sources.
	For renally impared patients: The following scheduled orders will alternate	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	of acetaminophen per day from all	sources.
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Order Take	ken by Signature:	Date	Time
Physician S	n Signature:	Date	Time

Version: 5 Effective on: 06/27/22

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 unresponsive, stop PCA pump.
	IV Solutions
	CAUTION Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.
	DOSING NOTES: 1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses. 2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.
	morphine (morphine 30 mg/30 mL PCA) Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N
	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) = 100, Start date/time T;N ☐ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N ☐ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein 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 total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL). Continued on next page
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Order Take	n by Signature: Date Time
Physician S	ignature: Date Time

Patient Label Here

PC	CA MED PLAN		
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		N ORDERS	
00000	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order deta	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory		
	Continuous Pulse Oximetry		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

VTE PROPHYLAXIS PLAN

Patient Label Here

	PHYSICIAI	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	O an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	VTE Guidelines ☐ See Reference Text for Guidelines		
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindicated	ions for VTE below and comple	te reason contraindi
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated ☐ Other anticoagulant ordered ☐ Intolerance to all VTE chemi	
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extremi Apply to: Bilateral Lower Ext Apply to: Right Lower Extrer	tremities, Length: Thigh High
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremit	ty (LLE)
	Medications		
	Medication sentences are per dose. You will need to calculate a total VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use hon body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) □ 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharm Pharmacy to use adjusted body weight if actual weight is greater than	eparin. Pharmacy will adjust en	·
	heparin 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing		
	VTE Prophylaxis: Non-Trauma Dosing		
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Phal 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Phal 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Phal 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for E per Renal Function	macy to Adjust Dose per Renal macy to Adjust Dose per Renal	Function 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	
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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order d	etail 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 Cr	CI LESS than 30 mL/min	
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	PHYSICIA	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check ☐ Per Sliding Scale Insulin Frequency	☐ AC & HS	
	AC & HS 3 days	TID	
	BID	q12h	
	☐ q6h ☐ q4h	☐ q6h 24 hr	
	Sliding Scale Insulin Aspart Guidelines Follow SSI Aspart Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed.	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)		
	☐ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see param Low Dose Insulin Aspart Sliding Scale	eters	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, in	itiate hypoglycemia guidelines a	nd 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 minutes. Continue to repeat 10 units subcut and POC blood sugar cfdL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin aspart sliding scale. O-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, in	necks every 90 minutes until blo gar in 4 hours and then resume	od glucose is less than 300 mg/ 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		
	If blood glucose is greater than 400 mg/dL administer 10 units subcuminutes. Continue to repeat 10 units subcut and POC blood sugar cfdL. Once blood sugar is less than 300 mg/dL, repeat POC blood suginsulin aspart sliding scale. Continued on next page	necks every 90 minutes until blo	od glucose is less than 300 mg/
	Sommada on none pago		
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SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of	of choice AND an "x" in the specific ord	ler detail box(es) where applicable
DER ORDER DETAILS		
0-10 units, subcut, inj, TID, PRN glucose levels - see par	rameters	
Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is sym	untomatic initiate hypoglycemia guidelines	and notify provider
ii blood glucose is less than 70 mg/de and patient is sym	promatic, initiate hypogrycernia guidennes	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		
minutes. Continue to repeat 10 units subcut and POC bloom.		
dL. Once blood sugar is less than 300 mg/dL, repeat PC insulin aspart sliding scale.	DC blood sugar in 4 nours and then resum	e normal POC blood sugar check and
0-10 units, subcut, inj, q6h, PRN glucose levels - see par	rameters	
Low Dose Insulin Aspart Sliding Scale		
If blood glucose is less than 70 mg/dL and patient is sym	optomatic, 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		
minutes. Continue to repeat 10 units subcut and POC blod. Once blood sugar is less than 300 mg/dL, repeat PC		
insulin aspart sliding scale.	oo bicca cagai iii i nicale ana alcin iccani	o norman oo bissa sagar sheek an
0-10 units, subcut, inj, q4h, PRN glucose levels - see par	rameters	
Low Dose Insulin Aspart Sliding Scale	untamatia initiata bunankaamia guidalinaa	and natific provider
If blood glucose is less than 70 mg/dL and patient is sym	iptomatic, initiate nypogiycemia 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 F	POC blood sugar check in 90
minutes. Continue to repeat 10 units subcut and POC blo		
dL. Once blood sugar is less than 300 mg/dL, repeat PC	DC blood sugar in 4 hours and then resum	e normal POC blood sugar check an
insulin aspart sliding scale. Continued on next page		
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	Place an "X" in the Orders column to designate orders of choice AND an	"x" in the specific order de	etail box(es) where applicable.
RDER	R ORDER DETAILS		
	insulin savart (Madarata Dasa Insulin Asyart Cliding Cools)		
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale) □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters		
	Moderate Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate h	ypoglycemia guidelines and n	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, not minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar ir insulin aspart sliding scale. □ 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters	every 90 minutes until blood o	glucose is less than 300 mg/
	Moderate Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate h	ypoglycemia guidelines and n	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, not minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar ir insulin aspart sliding scale. □ 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate h	every 90 minutes until blood on 4 hours and then resume no	glucose is less than 300 mg/ ormal POC blood sugar check and
	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, not minutes. Continue to repeat 10 units subcut and POC blood sugar checks dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar ir insulin aspart sliding scale. Continued on next page	every 90 minutes until blood of	glucose is less than 300 mg/
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Т	Place an "X" in the Orders column to designate orders of choice A	AND an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	O-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, in	iitiate hypoglycemia guidelines an	d notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 12 units subcominutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeate POC blood subcominual in aspart sliding scale.	checks every 90 minutes until bloc	od glucose is less than 300 mg/
	O-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, in	nitiate hypoglycemia guidelines an	d notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut		
	If blood glucose is greater than 400 mg/dL, administer 12 units subc minutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sinsulin aspart sliding scale.	checks every 90 minutes until bloc	od glucose is less than 300 mg/
	insulin aspart (High Dose Insulin Aspart Sliding Scale) ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parar High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in		nd 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		
Ç	If blood glucose is greater than 400mg/dL, administer 14 units subcominutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeat POC blood suinsulin aspart sliding scale. Continued on next page	checks every 90 minutes until bloc	od glucose is less than 300 mg/
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PI	Place an "X" in the Orders column to designate orders of choice AND an "	" in the specific orde	r detail box(es) where applicable.
RDER O	ORDER DETAILS		
	0-14 units, subcut, inj, BID, PRN glucose levels - see parameters		
	High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hyl	ooglycemia guidelines a	and notify provider
	in blood gladdoo io lood than 70 mg/a2 and patient to dymptomatic, initiate my	ogiyoonna galasiinoo c	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 PC	OC blood sugar check in 90
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks ev		
	dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin aspart sliding scale.	nours and then resume	normal POC blood sugar check and
	0-14 units, subcut, inj, TID, PRN glucose levels - see parameters		
	High Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hyp	ooglycemia guidelines a	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 minutes. Continue to repeat 10 units subcut and POC blood sugar checks ev dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4	ery 90 minutes until blo	od glucose is less than 300 mg/
	insulin aspart sliding scale.	iours and then resume	Horman Go blood sugar check and
	0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters		
	High Dose Insulin Aspart Sliding Scale	and a constant the constant of	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hyp	ogiycemia guidelines a	and notity 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		
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks ev		
	dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 insulin aspart sliding scale.	iours and then resume	normal POC blood sugar check an
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	Place an "X" in the Orders column to designate orders of choice AND an "x" in the sp	ecific order deta	ail box(es) where applicable.
ORDER	-		
	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 n	otify 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		
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minudL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and the 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 provi	der.	
	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		
	minutes. Continue to repeat units subcut and POC blood sugar checks every 90 min dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and the insulin aspart sliding scale.		
'	HYPOglycemia Guidelines		
	HYPOglycemia Guidelines ☐ ***See Reference Text***		
C	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 able to swallow. See hypoglycemia Guidelines. Continued on next page	mg/dL and patie	nt is symptomatic and
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	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
	glucose (D50) 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 swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.
	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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	PHYSICIAN	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND	D an "x" in the specific order det	tail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check	□ AC & HS	
	☐ Per Sliding Scale Insulin Frequency ☐ AC & HS 3 days	TID	
	□ BID	q12h	
	q6h	☐ q6h 24 hr	
	∐ q4h		
	Sliding Scale Insulin Regular Guidelines		
	Follow SSI Regular Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a total	al daily does if peeded	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	ar dany dose ir needed.	
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see paramet	ters	
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initial	ate hypoglycemia guidelines and n	otify 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		
	3		
	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		
	insuttin regular sliding scale.		ari Co blood Sagar Gricox and
	0-10 units, subcut, inj, BID, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale	aka buwa subua susia susialalisa a asad w	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initial	ate nypogiycemia guidelines and n	lotily 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 - 3 units subcut		
	351-400 mg/dL - 6 units subcut		
	If the state of th		land annual description of
	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.		
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	PHYSICIAN ORDERS
DED	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
DER	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 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
	insutlin 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 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
	insutlin 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 hypoglycemia guidelines and notify provider.
	ii blood glacooc le looc than 70 mg/az and pation le symptomatic, illitate mypogrycomia galaciines and flothy 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
-	insutlin regular sliding scale. Continued on next page
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Version: 5 Effective on: 06/27/22

SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	AND an "x" in the specific orde	er 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, if the properties of the prop	cut, notify provider, and repeat F necks every 2 hours until blood on a 4 hours and then resume normal nitiate hypoglycemia guidelines cut, notify provider, and repeat F necks every 2 hours until blood on a 4 hours and then resume normal	POC blood sugar check in 2 glucose is less than 300 mg/dL. nal POC blood sugar checks and and notify provider. POC blood sugar check in 2 glucose is less than 300 mg/dL. nal POC blood sugar checks and
	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 hours. Continue to repeat 10 units subcut and POC blood sugar cl Once blood sugar is less than 300 mg/dl, repeat POC blood sugar i insutlin regular scale. Continued on next page	necks every 2 hours until blood	glucose is less than 300 mg/dL.
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SLIDING SCALE INSULIN REGULAR PLAN

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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
	0-12 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.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 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 insutiin 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 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 313-400 mg/dL - 10 units subcut 313-400 mg/dL - 10 units subcut 314-400 mg/dL - 10 units subcut 315-400 mg/dL - 10 units subcut 316-400 mg/dL - 10 units subcut 317-400 mg/dL - 10 units subcut 318-400 mg/dL - 10 units subcut 319-400 mg/dL - 10 units s
	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. Continued on next page
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SLIDING SCALE INSULIN REGULAR PLAN

Patient	Lahal	Hara
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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
ER	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, 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
١,	insulin regular sliding scale.
	U 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.
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	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
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	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.
	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.
	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
	331-400 Hig/ac - 12 ailia sabcat
	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.
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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, 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		
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SLIDING SCALE INSULIN REGULAR PLAN

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

Version: 5 Effective on: 06/27/22