GERIATRIC TRAUMA PLAN

- Phase: .

PHYSICIAN ORDERS					
	Diagnosis				
Weight					
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS				
	Patient Care Continuous Telemetry (Intermediate Care)				
	Intermittent Telemetry				
	Vital Signs ☐ q4h				
	Daily Weight				
	Patient Activity Bedrest Bathroom Privileges Out of Bed, With meals	☐ Bedrest, HOB 30-45 degrees ☐ Ambulate w/ Assistance as Tolerated, TID			
	Strict Intake and Output (Daily Intake and Ouput) ☐ Per Unit Standards ☐ q2h	☐ q1h ☐ q8h			
	Perform Confusion Assessment Method ☐ BID				
	Insert Peripheral Line				
	Insert Urinary Catheter Catheter Type: Foley, To: Dependent Drainage Bag				
	Urinary Catheter Care Routine				
	Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction Nasogastric - NG, To: Low Constant Suction	Orogastric - OG, To: Low Intermittent Suction Orogastric - OG, To: Low Constant Suction			
	Perform Neurological Checks q1h q4h Special Instructions	☐ q2h ☐ q8h			
	Wound Care by Nursing				
	Apply Sequential Compression Device (Apply SCD) Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity (LLE)			
	POC Blood Sugar Check ☐ AC & HS				
	Communication				
	Notify Nurse (DO NOT USE FOR MEDS) Orient patient to day and night.				
	Notify Provider of VS Parameters Temp Greater Than 101, SBP Less Than 100				
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Physician S	Signature:	DateTime			

GERIATRIC TRAUMA PLAN

- Phase: .

	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		
	Aspiration Precautions		
	Notify Provider/Primary Team of Pt Admit ☐ In AM ☐ Now	☐ Upon Arrival to Unit	
	Dietary		
	NPO Diet ☐ NPO ☐ NPO, Except Ice Chips	□ NPO, Except Meds □ NPO, Except Meds, Except Ice Chips	
	Oral Diet Regular Diet Renal (Dialysis) Diet Clear Liquid Diet Clear Liquid Diet, Advance as tolerated to Full Liquid Clear Liquid Diet, Advance as tolerated to Heart Healthy Clear Liquid Diet, Advance as tolerated to Renal (Non-Dialysis) Carbohydrate Controlled (1200 calories) Diet Carbohydrate Controlled (2000 calories) Diet	Heart Healthy Diet Renal (Non-Dialysis) Diet Full Liquid Diet Clear Liquid Diet, Advance as tolerated to Regular Clear Liquid Diet, Advance as tolerated to Renal (Dialysis) Carbohydrate Controlled (1600 calories) Diet	
	IV Solutions		
	NS ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	D5NS ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	D5NS + 20 mEq KCI/L ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	NS + 20 mEq KCI/L IV, 25 mL/hr IV, 125 mL/hr IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr	
	Medications Medication sentences are per dose. You will need to calculate a t	otal daily dose if needed.	
	magnesium hydroxide (magnesium hydroxide (Milk of Magnesia)) ☐ 30 mL, PO, liq, BID Hold for diarrhea.	otal daily dose if fiscaed.	
	polycarbophil 625 mg, PO, tab, BID		
	probiotic, multistrain ☐ 1 cap, PO, cap, Daily		
	Analgesics		
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GERIATRIC TRAUMA PLAN

- Phase: .

	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		
	acetaminophen 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen per 24 hours from all sources.*** 650 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen per 24 hours from all sources.*** 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen per 24 hours from all sources.*** 650 mg, rectally, supp, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen per 24 hours from all sources.***		
	traMADol	D 50 BO 4sh ach BBNis seed	lavata (acala 4.6)
	50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)	☐ 50 mg, PO, tab, q6h, PRN pain-mod	erate (scale 4-6)
	Anti-pyretics		
	acetaminophen ☐ 500 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen per 24 hours from al ☐ 650 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen per 24 hours from al ☐ 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen per 24 hours from al ☐ 650 mg, rectally, supp, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen per 24 hours from al	Il sources.*** Il sources.***	
	Laboratory		
	CBC Next Day in AM, T+1;0300, Every AM for 3 days Routine, T;N	☐ Next Day in AM, T+1;0300, Every Al	M for 1 days
	Comprehensive Metabolic Panel (CMP) ☐ Next Day in AM, T+1;0300, Every AM for 3 days ☐ Routine, T;N	☐ Next Day in AM, T+1;0300, Every Al	M for 1 days
	Magnesium Level ☐ Next Day in AM, T+1;0300		
	Phosphorus Level ☐ Next Day in AM, T+1;0300		
	Prealbumin ☐ Next Day in AM, T+1;0300		
	C Reactive protein		
	Routine, T;N		
	Hemoglobin A1C Routine, T;N		
	Hemoglobin A1C		
	Hemoglobin A1C ☐ Routine, T;N TSH		
□то	Hemoglobin A1C Routine, T;N TSH Next Day in AM, T+1;0300 T4 Free (Free T4)	☐ Scanned Powerchart ☐ Sca	nned PharmScan
	Hemoglobin A1C Routine, T;N TSH Next Day in AM, T+1;0300 T4 Free (Free T4) Next Day in AM, T+1;0300		nned PharmScan

GERIATRIC TRAUMA PLAN

- Phase: .

	PHYSICIAI	N 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		
	Vitamin D 25 Hydroxy Total		
	Respiratory		
	Respiratory Care Plan Guidelines		
	Oxygen (O2) Therapy Keep sats greater than: 90% Keep sats greater than: 93%	☐ Keep sats greater than: 92%	
	Continuous Pulse Oximetry		
	Incentive Spirometry 10 times per hour while awake		
	Initiate Geriatric Trauma Rib Fracture P (Initiate Geriatric Trauma Rib	Fracture Protocol)	
	Physical Medicine and Rehab		
	Consult MD ☐ Service: Physical Medicine and Rehabilitation(MD)		
	Consult Occ Therapy for Eval & Treat (Consult OT for Eval & Treat)		
	Consult PT Mobility for Eval & Treat Mobility		
	Consult Speech Therapy for Eval & Treat		
	Consults/Referrals		
	Consult Hospitalist Comment: For Medical Management		
	Social Services for Assessment and Eval (Discharge Planning Evaluation of the Control of the Co	ation by Social Services)	
	Consult MD		
	Additional Orders		
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GERIATRIC TRAUMA PLAN
- Phase: VTE PROPHYLAXIS PLAN

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS	-	
	Patient Care		
	VTE Guidelines ☐ See Reference Text for Guidelines		
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindicat cated	ions for VTE below and complete	reason contraindi
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated☐ Other anticoagulant ordered☐ Intolerance to all VTE chemop	rophylaxis
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extremity Apply to: Bilateral Lower Extre Apply to: Right Lower Extremit	mities, Length: Thigh High
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity ((LLE)
	Medications		
	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, Pharmacy to use adjusted body weight if actual weight is greater than	neparin. Pharmacy will adjust enough	
	heparin ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h	
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, 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 F macy to Adjust Dose per Renal F	unction unction
	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 I fondaparinux 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrC		
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	Hase. SLIDING SCALE INSULIN REGULAR FLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		etail box(es) where applicable.
ORDER	ORDER DETAILS	-	
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines ☐ Follow SSI Regular Reference Text		
	Medications Very will read to a leader to the second seco	al daily dage if was dad	
	Medication sentences are per dose. You will need to calculate a tolinsulin regular (Low Dose Insulin Regular Sliding Scale)	ai daily dose if needed.	
	□ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insuttin regular sliding scale. □ 0-10 units, subcut, inj, 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, init 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 251-300 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar chec Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insuttin regular sliding scale. Continued on next page	t, notify provider, and repeat POC ks every 2 hours until blood gluco ar in 4 hours and then resume nor tiate hypoglycemia guidelines and t, notify provider, and repeat POC ks every 2 hours until blood gluco	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.
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	O-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, initiat 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut	e hypoglycemia guidelines and ı	notify provider.
	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, r hours. Continue to repeat 10 units subcut and POC blood sugar checks Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar is insutlin regular sliding scale. □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters	every 2 hours until blood glucos	e is less than 300 mg/dL.
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiat	e hypoglycemia guidelines and r	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, r hours. Continue to repeat 10 units subcut and POC blood sugar checks Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar is insutlin regular sliding scale. O-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, initiat	every 2 hours until blood glucos n 4 hours and then resume norm	e is less than 300 mg/dL. nal POC blood sugar check and
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut		
c	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, r hours. Continue to repeat 10 units subcut and POC blood sugar checks Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar is insut	every 2 hours until blood glucos	e 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 detail box(es) where applicable.
RDER	ORDER DETAILS
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)
	└── 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters
	Moderate Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 2 units subcut
	201-250 mg/dL - 3 units subcut
	251-300 mg/dL - 5 units subcut
	301-350 mg/dL - 7 units subcut
	351-400 mg/dL - 10 units subcut
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.
	Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters
	Moderate Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 2 units subcut
	201-250 mg/dL - 3 units subcut
	251-300 mg/dL - 5 units subcut
	301-350 mg/dL - 7 units subcut
	351-400 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. □ 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters
	Moderate Dose Insulin Regular Sliding Scale
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	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 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 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. 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 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.
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
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0055	-	an "x" in the specific order de	etali box(es) where applicable.
ORDER	Place an "X" in the Orders column to designate orders of choice ORDER DETAILS 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, 70-150 mg/dL - 0 units ubcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut 315-400 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut and POC blood sugar insulin regular sliding scale. O-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, 70-150 mg/dL - 0 units subcut 200-250 mg/dL - 5 units subcut 301-350 mg/dL - 12 units subcut 351-400 mg/dL - 12 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 351-400 mg/dL - 3 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 3 units subcut 351-400 mg/dL - 3 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 3 units subcut 351-400 mg/dL - 3 units subcut 351-300 mg/dL - 3 units subcut 351-300 mg/dL - 5 units subcut 351-300 mg/dL - 3 units subcut 351-300 mg/dL - 10 units subcut 351-300 mg/dL - 3 units subcut 351-300 mg/dL - 5 units subcut 351-300 mg/dL - 5 units subcut 351-300 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 12 units	initiate hypoglycemia guidelines and repeat POC necks every 2 hours until blood glucor in 4 hours and then resume normal initiate hypoglycemia guidelines and recks every 2 hours until blood glucor recks every 2 hours until blood glucor in 4 hours and then resume normal initiate hypoglycemia guidelines and initiate hypoglycemia guidelines and initiate hypoglycemia guidelines and	notify provider. blood sugar check in 2 se is less than 300 mg/dL. POC blood sugar check and notify provider. blood sugar check in 2 se is less than 300 mg/dL. POC blood sugar check and notify provider.
C	If blood glucose is greater than 400 mg/dL, administer 14 units sul hours. Continue to repeat 10 units subcut and POC blood sugar of Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin regular sliding scale. Continued on next page	necks every 2 hours until blood glucos	se 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 detail box(es) where applicable.
ORDER	ORDER DETAILS
	0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	insulin regular (Blank Insulin Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL units 151-200 mg/dL units subcut 201-250 mg/dL units subcut 251-300 mg/dL units subcut 301-350 mg/dL units subcut 351-400 mg/dL units subcut
	If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	HYPOglycemia Guidelines
	HYPOglycemia Guidelines ☐ ***See Reference Text***
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 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page
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Order Taker	n by Signature: Time
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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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Order Take	ten by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

GERIATRIC TRAUMA PLAN

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 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 **Patient Care POC Blood Sugar Check** AC & HS Per Sliding Scale Insulin Frequency AC & HS 3 days a12h q6h ☐ q6h 24 hr q4h Sliding Scale Insulin Aspart Guidelines Follow SSI Aspart Reference Text Medications 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 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, 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 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. Continued on next page.... □ то ☐ Read Back ☐ Scanned PharmScan ☐ Scanned Powerchart Order Taken by Signature: __ Time _ Physician Signature: Date

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	Place an "X" in the Orders column to designate orders of cho	pice AND an "x" in the specific ord	er detail box(es) where applicable.
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ORDER	R ORDER DETAILS			
ORDER	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 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, no 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 insulin aspart sliding scale. □ 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate	hypoglycemia guideling otify provider, and reperse every 90 minutes untrins in 4 hours and then re	eat POC blood sugar check in 90 til blood glucose is less than 300 mg/ sume normal POC blood sugar check and	
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	HYPOglycemia Guidelines			
	HYPOglycemia Guidelines ☐ ***See Reference Text***			
Ç	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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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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