UMC Health System HEART FAILURE PLAN		Patient Label Hare	
		Patient Label Here	
	PHYSICI	AN ORDERS	
Diagnos			
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific order detail box(es) where applicable.	
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 Commode Only	
	Ambulate Patient	Ambulate in Hallway	
	Strict Intake and Output (Strict I & O)		
	Fluid Restriction Amount to Restrict: 1000 ml per 24 hours	Amount to Restrict: 1200 ml per 24 hours	
	Continuous Telemetry (Intermediate Care)		
	Intermittent Telemetry		
	Use the following orders for VAD Patients		
	VAD Dressing Change Type UVAD Dressing Kit Other		
	LVAD Setting ONLY To be Changed by MCS Provider and LVAD Coordinators.		
	Communication		
	Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Floor/Unit	Now	
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Provide the patient with the UMC Congestive Heart Failure Discharg Failure education on TV channel 56 for English or 58 for Spanish	e Instruction Sheet and have the patient watch the Heart	
	Dietary		
	Oral Diet ☐ 2 gram Sodium Diet ☐ Regular Diet ☐ Carbohydrate Controlled (2000 calories) Diet	☐ Heart Healthy Diet ☐ Carbohydrate Controlled (1600 calories) Diet	
	NPO Diet		
	□ NPO □ T;2359, NPO After Midnight	□ NPO, Except Meds □ T;2359, NPO After Midnight, Except Meds	
	IV Solutions		
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan	
Order Take	en by Signature:	Date Time	
Physician	Signature:	Date Time	
		1201	

UMC Health System HEART FAILURE PLAN		Pa	Patient Label Here	
		N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	1/2 NS □ IV, 75 mL/hr □ IV, 150 mL/hr	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	D5 1/2 NS □ IV, 75 mL/hr □ IV, 150 mL/hr	□ IV, 125 mL/hr □ IV, 200 mL/hr		
	D5NS IV, 75 mL/hr IV, 175 mL/hr	□ IV, 125 mL/hr □ IV, 200 mL/hr		
	NS (Normal Saline) □ IV, 75 mL/hr □ IV, 150 mL/hr	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr		
	Medications	al datha da a Maradad		
	Medication sentences are per dose. You will need to calculate a tot Digoxin (IV) Loading Dose PLUS Maintenance Dosing	al dally dose if needed.		
	digoxin ☐ 250 mcg, IVP, inj, ONE TIME, LOADING DOSE Loading Dose			
	digoxin ☐ 125 mcg, IVPush, inj, q6h, x 2 dose, LOADING DOSE Loading Dose			
	digoxin ☐ 125 mcg, PO, tab, q24h, MAINTENANCE DOSE Maintenance dose ☐ 250 mcg, PO, tab, q24h, MAINTENANCE DOSE Maintenance dose			
	Digoxin (PO) Loading Dose PLUS Maintenance Dosing digoxin ☐ 250 mcg, PO, tab, ONE TIME, LOADING DOSE Loading dose			
	digoxin ☐ 125 mcg, PO, tab, q6h, x 2 dose, LOADING DOSE Loading dose			
	digoxin ☐ 125 mcg, PO, tab, q24h, x 2 dose, MAINTENANCE DOSE Maintenance dose ☐ 250 mcg, PO, tab, q24h, x 2 dose, MAINTENANCE DOSE Maintenance dose			
	Digoxin Maintenance Dose (NO LOADING DOSE)			
Пто	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	

UMC Health System HEART FAILURE PLAN		Patient Label Here	
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	id an x in the specific orde	r detail box(es) where applicable.
	digoxin		
	125 mcg, PO, tab, Daily	250 mcg, PO, tab, Daily	
	potassium chloride 20 mEq, PO, tab sa, Daily	40 mEq, PO, tab sa, Daily	
	calcium carbonate-magnesium chloride 1 tab, PO, tab ec, Daily, [elemental magnesium 64 mg]		
	magnesium sulfate 2 g, IVPB, ivpb, ONE TIME, Infuse over 60 min 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 30 min If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Administer at rate of 1 g/hr. Repeat serum magnesium level 2 hours after the infusion is completed.		
	spironolactone 25 mg, PO, tab, Daily		
	isosorbide mononitrate 20 mg, PO, tab, BID		
	Diuretics		
	furosemide ☐ 40 mg, IVPush, inj, BID ☐ 40 mg, IVPush, inj, Daily ☐ 40 mg, PO, tab, BID	☐ 40 mg, IVPush, inj, TID ☐ 40 mg, PO, tab, Daily	
	bumetanide □ 0.25 mg, PO, tab, BID □ 1 mg, PO, tab, BID	0.5 mg, PO, tab, BID	
	metOLazone □ 5 mg, PO, Daily	2.5 mg, PO, Daily	
	Ace Inhibitors		
	captopril □ 6.25 mg, PO, tab, TID Administer 1 hour before meals □ 12.5 mg, PO, tab, TID Administer 1 hour before meals □ 25 mg, PO, tab, TID Administer 1 hour before meals □ 25 mg, PO, tab, TID Administer 1 hour before meals		
	lisinopril ☐ 2.5 mg, PO, tab, Daily ☐ 10 mg, PO, tab, Daily	☐ 5 mg, PO, tab, Daily ☐ 20 mg, PO, tab, Daily	
	ramipril ☐ 2.5 mg, PO, cap, Daily ☐ 10 mg, PO, cap, Daily	☐ 5 mg, PO, cap, Daily	
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time



	UMC Health System	Define to the University
HEART FAILURE PLAN		Patient Label Here
		N ORDERS
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	ID an "x" in the specific order detail box(es) where applicable.
URDER	enalapril	
	2.5 mg, PO, tab, BID 10 mg, PO, tab, BID	☐ 5 mg, PO, tab, BID ☐ 20 mg, PO, tab, BID
	Angiotensin Receptor Blockers	
	losartan ☐ 25 mg, PO, tab, Daily ☐ 100 mg, PO, tab, Daily	☐ 50 mg, PO, tab, Daily
	Beta Blockers	
	atenolol 12.5 mg, PO, tab, Daily 25 mg, PO, tab, Daily 50 mg, PO, tab, Daily 100 mg, PO, tab, Daily	□ 12.5 mg, PO, tab, BID □ 25 mg, PO, tab, BID □ 50 mg, PO, tab, BID □ 100 mg, PO, tab, BID
	metoprolol (metoprolol succinate extended release) ☐ 12.5 mg, PO, tab sa, Daily ☐ 50 mg, PO, tab sa, Daily	☐ 25 mg, PO, tab sa, Daily ☐ 100 mg, PO, tab sa, Daily
	 carvedilol 6.25 mg, PO, tab, BID Administer with breakfast and dinner. 12.5 mg, PO, tab, BID Administer with breakfast and dinner. 25 mg, PO, tab, BID Administer with breakfast and dinner. 	
	Anti Platelets	
	aspirin 81 mg, PO, tab chew, Daily	325 mg, PO, tab, Daily
	clopidogrel 300 mg, PO, tab, ONE TIME	600 mg, PO, tab, ONE TIME
	clopidogrel 75 mg, PO, tab, Daily, Daily Maintenance Dose	
	Statins	
	atorvastatin 10 mg, PO, tab, Nightly 40 mg, PO, tab, Nightly	☐ 20 mg, PO, tab, Nightly ☐ 80 mg, PO, tab, Nightly
	rosuvastatin ☐ 5 mg, PO, tab, Nightly ☐ 20 mg, PO, tab, Nightly	☐ 10 mg, PO, tab, Nightly ☐ 40 mg, PO, tab, Nightly
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan
Order Take	en by Signature:	Date Time
Physician	Signature:	Date Time



HEART FAILURE PLAN Privation Resonance 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 Image: String PD, tab. Nightly Image: Dot an. Nightly Image: Dot an. Nightly Image: Dot an. Nightly	UMC Health System HEART FAILURE PLAN		Patient Label Here
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS simulation of the Details of the			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS semucation and provide the Details and provide the De			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS simulation of the Details of the		BUYOOL	
ORDER ORDER DETAILS			
simustation Io mg, PO, tab. Nightly Io mg, PO, tab. Nightly Borng, PO, tab. Nightly Io mg, PO, tab. Nightly Io mg, PO, tab. Nightly Borng, PO, tab. Nightly Io mg, PO, tab. Nightly Io mg, PO, tab. Nightly Borng, PO, tab. Nightly Io mg, PO, tab. Nightly Io mg, PO, tab. Nightly Borng, PO, tab. Nightly Io mg, PO, tab. Nightly Io mg, PO, tab. Nightly Borng, PO, tab. Nightly Io mg, PO, tab. Nightly Io may in AM, T+1:0300 Borng, PO, tab. Nightly Io may in AM, T+1:0300 Io may in AM, T+1:0300 Prothombin Time with INR Io Next Day in AM, T+1:0300 Io adys Bortine, TN Io Next Day in AM, T+1:0300, for 1 days Io adys Basic Metabolic Panel Io Next Day in AM, T+1:0300, for 1 days Io adys Basic Metabolic Panel Io Next Day in AM, T+1:0300, for 1 days Io adys Basic Metabolic Panel Io Next Day in AM, T+1:0300 Io adys Basic Metabolic Panel Io Next Day in AM, T+1:0300 Io adys Basic Metabolic Panel Io adys Io adys Basic Metabolic Panel Io adys Io adys Basic Metabolic Panel Io adys Io adys Basic Metab		-	D an x in the specific order detail box(es) where applicable.
Bring, PO, Lab, Nightly I Oring, PO, Lab, Nightly Bring, PO, Lab, Nightly I Oring, PO, Lab, Nightly Bring, PO, Lab, Nightly I Next Day in AM, T+1,0300 CBC with Differential I Next Day in AM, T+1,0300 Protombin Time with INR Next Day in AM, T+1,0300 Bring, PO, Lab, Nightly I Next Day in AM, T+1,0300 Protombin Time with INR Next Day in AM, T+1,0300 Bring, PO, Lab, Nightly Next Day in AM, T+1,0300 Bring, PO, Lab, Nightly Next Day in AM, T+1,0300 Browne, TN Next Day in AM, T+1,0300, for 1 days Browne, TN Next Day in AM, T+1,0300, for 1 days Browne, TN Next Day in AM, T+1,0300, for 1 days Browne, TN Next Day in AM, T+1,0300 Browne, TN Routine, TN Browne, TN Routine, TN Browne, TN Routine, TN Browne, TN Routine, TN Browne, TN Next Day in	ORDER		
B0 mg, PO, Itab, Nightly Exboration CBC with Differential Routine, T.N Routine, T.N Next Day in AM, T+1:0300 T Routine, T.N Next Day in AM, T+1:0300 Comprehensive Metabolic Panel Routine, T.N Next Day in AM, T+1:0300, for 3 days Basic Metabolic Panel Routine, T.N Next Day in AM, T+1:0300, for 1 days Maxt Day in AM, T+1:0300, for 3 days Basic Metabolic Panel Routine, T.N Next Day in AM, T+1:0300, for 3 days Basic Metabolic Panel Routine, T.N Routine, T		☐ 5 mg, PO, tab, Nightly	
Exboration CBC with Differential Routine, T.N Protrombin Time with INR Routine, T.N Next Day in AM, T+10300 PT Routine, T.N Next Day in AM, T+10300 PT Routine, T.N Next Day in AM, T+10300 Ptroprehensive Metabolic Panel Routine, T.N Next Day in AM, T+10300, for 1 days Basic Metabolic Panel Routine, T.N Digoxi			└ 40 mg, PO, tab, Nightly
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Routine, T:N Next Day in AM, T+1;0300, for 3 days Mext Day in AM, T+1;0300 May and AM, T+1;0300 Phosphorus Level Next Day in AM, T+1;0300 Routine, T:N Next Day in AM, T+1;0300 CfK Routine, T:N Routine, T:N Routine, T;N, q8h for 3 times Toponin T High Sensitivity Routine, T;N, q8h for 3 times Brain Natrivetic Peptide (proBNP) Next Day in AM, T+1:0300 Lipid with Cardiac Risk Next Day in AM, T+1:0300 Bigoxin Level Statume, T:N Urinalysis Consider Drawing the following lab on VAD patients. DH Routine, T:N Here How Signature: Scanned Powerchart Ion Read Back Scanned Powerchart Order Taken by Signature: Date Time			Inext Day in Am, 1+1,0500, for 1 days
Image: Next Day in AM, T+1;0300, for 3 days Image: Next Day in AM, T+1;0300 Image: Next Day in AM,			□ Next Day in AM_T+1:0300_for 1 days
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Routine, T;N Next Day in AM, T+1;0300 K Routine, T;N, q8h for 3 times Routine, T;N Routine, T;N, q8h for 3 times Brain Natriuretic Peptide (proBNP) Routine, T;N, q8h for 3 times Brain Natriuretic Peptide (proBNP) Routine, T;N Routine, T;N Routine, T;N Brain Natriuretic Peptide (proBNP) Routine, T;N Digoxin Level Routine, T;N Urinalysis Consider Drawing the following lab on VAD patients. DH Routine, T;N Brautine, T;N Routine, T;N DH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Routine, T;N Scanned PharmScan Order Taken by Signature: Date Time			Next Day in AM, T+1;0300
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Routine, T;N Routine, T;N, q8h for 3 times Brain Natriuretic Peptide (proBNP) Next Day in AM, T+1;0300 Lipid with Cardiac Risk Next Day in AM, T+1;0300 Digoxin Level TSH Urinalysis Consider Drawing the following lab on VAD patients. LDH Routine, T;N Routine, T;N Phead Back Order Taken by Signature: Date Time Date			Routine, T;N, q8h for 3 times
Routine, T;N Next Day in AM, T+1;0300 Lipid with Cardiac Risk Next Day in AM, T+1;0300 Digoxin Level Next Day in AM, T+1;0300 TSH Consider Drawing the following lab on VAD patients. LDH Routine, T;N Routine, T;N Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Routine, T;N Scanned Powerchart Order Taken by Signature: Date		Troponin T High Sensitivity Routine, T;N	Routine, T;N, q8h for 3 times
Routine, T;N Next Day in AM, T+1;0300 Digoxin Level TSH Urinalysis Consider Drawing the following lab on VAD patients. LDH Routine, T;N DH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Routine, T;N Dro Read Back Order Taken by Signature:			Next Day in AM, T+1;0300
TSH Urinalysis Consider Drawing the following lab on VAD patients. LDH Routine, T;N LDH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Routine, T;N Date TO Read Back Order Taken by Signature: Date Time			Next Day in AM, T+1;0300
Urinalysis Consider Drawing the following lab on VAD patients. LDH Routine, T;N LDH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Image: Construct of the structure o		Digoxin Level	
Consider Drawing the following lab on VAD patients. LDH Routine, T;N LDH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Image: Total Read Back Order Taken by Signature: Date Time		тѕн	
LDH Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Into Read Back Order Taken by Signature: Date Time		Urinalysis	
Routine, T;N H Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N Routine, T;N Image: Content of the signature: Date Table Time		Consider Drawing the following lab on VAD patients.	
Next Day in AM, T+1;0300 Free Hemoglobin, Plasma Routine, T;N To Read Back Order Taken by Signature: Date Time			
Routine, T;N TO Read Back Order Taken by Signature: Date Time			
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UMC Health System		Pa	atient Label Here			
H	EART FAILURE PLAN					
	PHYSICIAN ORDERS					
	Place an "X" in the Orders column to designate orders of choice AN		er detail hox(es) where annlicable			
ORDER						
	Free Hemoglobin, Plasma					
	Platelet Mapping (TEG)					
	Platelet Mapping (TEG) Next Day in AM, T+1;0300					
	Diagnostic Tests					
	DX Chest Portable Routine					
	DX Chest PA & Lateral					
	EKG-12 Lead					
	Routine, Every AM for 2 days, Perform EKG PRN for Chest Pain	Chest MUST be marked a	ppropriately			
	Respiratory					
	Respiratory Care Plan Guidelines					
	IS Instruct					
	Oxygen (O2) Therapy Via: Nasal cannula, Keep sats greater than: 92%					
	Consults/Referrals					
	Consult Cardiac Rehab Cardiac Rehab for Inpatient Phase I evaluation and treatment. Arrange Outpatient Cardiac Rehab Phase II evaluation and treatment.					
	Consult MD Service: Cardiology					
	Consult MD Service: Palliative Care, Reason: Hospice Services					
	Consult MD Service: Physical Medicine and Rehabilitation(MD)					
	Consult Dietitian for Diet Education					
	Social Services for Home Health Care	tions, diet and symptom man	agment			
	Social Services for Hospice to Evaluate (Social Services for Hospice	to Evaluate and Admit)				
	Additional Orders					
		_				
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Order Take	Drder Taken by Signature: Date Time					
Physician	Physician Signature: Time					

DISCOMFORT MED PLAN PHYSICIAN ORDERS PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order of ORDER ORDER DETAILS Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis distention present OR 6 hrs post Foley removal and patient has not voided. Medications 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order d ORDER ORDER DETAILS Patient Care Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order d ORDER ORDER DETAILS Patient Care Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order d ORDER ORDER DETAILS Patient Care Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
ORDER ORDER DETAILS Patient Care Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
Patient Care Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary dis 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake	etali box(es) where applicable.	
Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary distination 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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake	comfort and/or bladder	
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) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
□ 10 mL, PO, liq, q4h, PRN cough dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) □ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
☐ 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*** If acetaminophen contraindicated or ineffective, use 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*** If acetaminophen contraindicated or ineffective, use 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*** If acetaminophen contrai ibuprofen if ordered. Continued on next page	ndicated or ineffective, use	
TO Read Back Scanned Powerchart [Order Taken by Signature: Date		

	UMC Health System DISCOMFORT MED PLAN		Patient Label Here
	PHYSI		
	Place an "X" in the Orders column to designate orders of choice		rder detail box(es) where applicable
	ORDER ORDER DETAILS		
	 I 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*** If acetaminophen contraindicated or ineffective, use 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 24 hours*** If acetaminophen contraindicated or ineffective, use 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 hou	rs***. 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*** If hydrocodone/acetaminophen contraindicated 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 24 hours*** If hydrocodone/acetaminophen contraindicated ineffective, use if ordered. 		
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 ineff , 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 24 hours*** If acetaminophen/codeine contraindicated or ineff , 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 24 hours*** If acetaminophen/codeine contraindicated or ineff , use if ordered. 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. If tramadol contraindicated or ineffective, use			codeine contraindicated or ineffective
	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.	
	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 or 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if or If morphine contraindicated or ineffective, use hydromorphone if or		
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	SCOMFORT MED PLAN				
	PHYSICIAN ORDERS				
			datail hav(aa) whara applicable		
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an X in the specific order	detall box(es) where applicable.		
ORDER	HYDROmorphone				
	Implementation 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) Implementation 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) Implementation 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	ered.			
	4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if orde	arad			
	· · · · · · · · · · · · · · · · · · ·	fied.			
	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.					
	Do not crush or chew.				
	bisacodyl I 10 mg, rectally, supp, Daily, PRN constipation				
	Antacids				
Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg/5 mL or suspension)			e 200 mg-200 mg-20 mg/5 mL oral		
	30 mL, PO, susp, q4h, PRN indigestion				
	Administer 1 hour before meals and nightly.				
	simethicone	☐ 160 mg, PO, tab chew, q4h,			
	Anxiety		, PRN gas		
	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	I anxiety		
	Insomnia				
	Select only ONE of the following for insomnia				
	ALPRAZolam 0.25 mg, PO, tab, Nightly, PRN insomnia				
	2 mg, PO, tab, Nightly, PRN insomnia				
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	UMC Health System	Pa	tient Label Here	
DI	SCOMFORT MED PLAN			
	PHYSICI	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	ND an "x" in the specific orde	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, P	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, as needed, PRN hemorrhoid care Wipe affected area			
mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area				
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Physician	Physician Signature: Time Date Time			



	UMC Health System		
GI	ERIATRIC DISCOMFORT MED PLAN	Patie	ent Label Here
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order of	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 p distention present OR 6 hrs post Foley removal and patient has not vo		scomfort and/or bladder
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily doso if poodod	
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem	-	
	1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	U /	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20	mg-200 mg/10 mL oral liquid)	
	melatonin		
	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 m	g-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 h	ours *	
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Code	eine) 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	1 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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UMC Health System GERIATRIC DISCOMFORT MED 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 ord	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 docusate 100 mg, PO, cap, Nightly, PRN constipation				
	bisacodyl 10 mg, rectally, supp, Daily, PRN constipation				
	Antacids				
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-20 mg/5 mL o suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.				
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4	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 24 hours*** 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***				
	 ibuprofen 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** 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, as needed, PRN hemorrhoid care Wipe affected area 				
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area				
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Physician	Signature:	Date	Time		

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PAIN MANAGEMENT - ALTERNATING SCHEDULE		IEDS	
	PHYSICI		
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable
ORDER	ORDER DETAILS		
ORDER	Medications		
	Medication sentences are per dose. You will need to calculate a to	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 m	ng of acetaminophen per day	from all sources.
	For renally impared patients: The following scheduled orders will alterna	te 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 m	g of acetaminophen per day f	rom all sources.
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Order Taken by Signature:		Date	
Physician	Signature:	Date	Time



SLIDING SCALE INSULIN ASPART PLAN 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 Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. ORDER DETAILS Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. ORDER DETAILS Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. ORDER DETAILS Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. ORDER DETAILS Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. Order DETAILS Place an "X" in the Orders column to designate orders of choice AND an "X" in the specific order detail box(es) where applicable. It blood sugar Check Place an "X" in the Specific Order AND an "X" in the specific order detail box(es) where applicable. If blood glucose is less than 70 mg/L and patient is symptomatic, initiale typoglycemia guidelines and notify provider. T0-150 mg/L 4 - Units subcol 300 mg/L, epeat POC blood sugar thecks wery 90 minut	UMC Health System		Pa	tient Label Here	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Circle POC Blood Sugar Check C A HS 3 days C A HS 3 days PID Blood Sugar Check Port Blood Sugar Check Medication sentences are per dose. You will need to calculate a total daily dose if needed. Insulin aspart (Low Dose Insulin Aspart Silding Scale) Chev Deen Issuin 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 - 2 units subout 201-228 mg/dL - 2 units subout 202-238 mg/dL - 2 units subout<	SLIDING SCALE INSULIN ASPART PLAN				
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Circle POC Blood Sugar Check. C A HS 3 days D Hourds School Sugar Check 4 D Hourds School Sugar Check 4 D Hourds School Sugar Check 4 D Hourds sugar Ch					
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER DETAILS Patient Circle POC Blood Sugar Check. C A HS 3 days D Hourds School Sugar Check 4 D Hourds School Sugar Check 4 D Hourds School Sugar Check 4 D Hourds sugar Ch					
ORDER ORDER DETAILS Pation Cara Proc Blood Sugar Check Proc Blood Sugar Check Proc Siding Scale Insulin Frequency Act & HS 3 days 10 Blo 90:0 C & A HS 10 Grad 10 Holdcation Stating Scale Insulin Aspart Siding Scale It blood glucose is least than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 1 units subcut 10:200 mg/dL - 1 units subcut 10:200 mg/dL - 1 units subcut 10:200 mg/dL - 1 units subcut 10:31:300 mg/dL - 1 units subcut 10:31:400 mg/dL - 4 units subcut 10:31:300 mg/dL - 1 units subcut 10:3200 mg/dL - 1 units subcut 10:31:300 mg/dL - 1 units subcut 10:31:400 mg/dL - 4 units subcut 10:31:3		PHYSICIA	N ORDERS		
Pot Biod Syar Check AC & HS Pot Biod Syar Check AC & HS AC & HS 3 anys D1 Biol D2 Biod Syar Check AC & HS 3 anys D2 Biod Syar Check Biol D2 Biod Syar Check Biol (Stations Medications Medications Medications Medications Medications Medications Medications Insulin aspart Siding Scale Insulin Aspart Siding Scale I'blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units Statout 201-250 mg/dL - 2 units subcut Statout 201-250 mg/dL - 2 units subcut Biod Sign (Scale Biod Biod Biod Biod Biod Biod Biod Biod		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.	
OC Blood Sugar Check	ORDER				
Image: Status Scale Insulin Prequency Image: Construction of the status of the sta					
Bito ghi 24 hr ghi 24 hr ghi 24 hr ghi 24 hr ghi 24 hr Medications Medications Medications Medications Medications Medications Medications Incomes are per dose. You will need to calculate a total daily dose if needed. Insulin aspart (Low Dose Insulin Aspart Silding Scale) Incomes and per dose. You will need to calculate a total daily dose if needed. Insulin aspart (Low Dose Insulin Aspart Silding Scale) Incomes and per dose. You will need to calculate a total daily dose if needed. Insulin aspart (Low Dose Insulin Aspart Silding Scale) Incomes and per dose. You will need to calculate a total daily dose if needed. Insulin aspart (Low Dose Insulin Aspart Silding Scale) In this subcut if 25:00 mgid 0 units 15:200 mgid 1 units subcut 25:300 mgid 0 units 25:300 mgid 2 units subcut 10:300 mgid 1 units subcut 30:350 mgid 4 units subcut 10:000 augar is less than 300 mgid. down gid. repeat POC blood sugar check in 90 mgid. mgid. and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 1 H blood gluccese is less than 300 mgid. repeat POC blood sugar check and main secter. 1 H blood gluccese is less than 300 mgid. and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. <			🔲 AC & HS		
grip grip grip grip Bilding Scale Insulin Aspart Guidelines		AC & HS 3 days			
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UMC Health System

SLIDING SCALE INSULIN ASPART PLAN

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SLIDING SCALE INSULIN ASPART PLAN

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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				
	 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 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 insulin aspart sliding scale. 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 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				
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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				
	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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Order Taken by Signature: Date Time					
Physician	Signature: Time				



UMC Health System

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				
	 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. 				
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 i minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar 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 30 dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar or insulin aspart sliding scale.					
					HYPOglycemia Guidelines
	HYPOglycemia Guidelines				
	 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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Physician Signature: Date					



UMC Health System				
SLIDING SCALE INSULIN ASPART PLAN		Pat	ient Label Here	
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r 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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UMC Health System		Patient Label Here		
VTE PROPHYLAXIS PLAN				
	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	ar datail bay(aa) whara applicable	
ORDER	ORDER DETAILS		er detail box(es) where applicable.	
ORDER	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	 Treatment not indicated Other anticoagulant order Intolerance to all VTE che 		
	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	mity (LLE), Length: Knee High Extremities, Length: Thigh High remity (RLE), Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extrem	mity (LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	 VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight 			
	heparin ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8	3h	
	 VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function 			
	rivaroxaban			
	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		
	fondaparinux ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cru	CI LESS than 30 mL/min		
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Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	

Heart Failure Plan

Version: 11 Effective on: 03/29/23