



<p><b>UMC Health System</b></p> <p>HEMORRHAGIC STROKE PLAN</p>	<p>Patient Label Here</p>
--	---------------------------

**PHYSICIAN ORDERS**

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

ORDER	ORDER DETAILS						
	<p><b>Oral Diet</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Clear Liquid Diet</td> <td><input type="checkbox"/> Full Liquid Diet</td> </tr> <tr> <td><input type="checkbox"/> Heart Healthy Diet</td> <td><input type="checkbox"/> Regular Diet</td> </tr> <tr> <td><input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet</td> <td><input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet</td> </tr> </table>	<input type="checkbox"/> Clear Liquid Diet	<input type="checkbox"/> Full Liquid Diet	<input type="checkbox"/> Heart Healthy Diet	<input type="checkbox"/> Regular Diet	<input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet	<input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet
<input type="checkbox"/> Clear Liquid Diet	<input type="checkbox"/> Full Liquid Diet						
<input type="checkbox"/> Heart Healthy Diet	<input type="checkbox"/> Regular Diet						
<input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet	<input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet						

**IV Solutions**

	<p><b>NS</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> IV, 75 mL/hr</td> <td><input type="checkbox"/> IV, 125 mL/hr</td> </tr> <tr> <td><input type="checkbox"/> IV, 150 mL/hr</td> <td></td> </tr> </table>	<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr	<input type="checkbox"/> IV, 150 mL/hr	
<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr				
<input type="checkbox"/> IV, 150 mL/hr					
	<p><b>NS + 20 mEq KCl/L</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> IV, 75 mL/hr</td> <td><input type="checkbox"/> IV, 125 mL/hr</td> </tr> <tr> <td><input type="checkbox"/> IV, 150 mL/hr</td> <td><input type="checkbox"/> IV, 200 mL/hr</td> </tr> </table>	<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr	<input type="checkbox"/> IV, 150 mL/hr	<input type="checkbox"/> IV, 200 mL/hr
<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr				
<input type="checkbox"/> IV, 150 mL/hr	<input type="checkbox"/> IV, 200 mL/hr				
	<p><b>NS + 40 mEq KCl/L</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> IV, 75 mL/hr</td> <td><input type="checkbox"/> IV, 125 mL/hr</td> </tr> <tr> <td><input type="checkbox"/> IV, 150 mL/hr</td> <td><input type="checkbox"/> IV, 200 mL/hr</td> </tr> </table>	<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr	<input type="checkbox"/> IV, 150 mL/hr	<input type="checkbox"/> IV, 200 mL/hr
<input type="checkbox"/> IV, 75 mL/hr	<input type="checkbox"/> IV, 125 mL/hr				
<input type="checkbox"/> IV, 150 mL/hr	<input type="checkbox"/> IV, 200 mL/hr				

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

**Intracranial Pressure Management**

	<p><b>Medication Management</b></p> <p><input type="checkbox"/> Start date T;N</p> <p>If ordered, do NOT administer mannitol or sodium chloride 3% if serum sodium is GREATER than 150 mmol/L or serum osmolality is GREATER than 320 mOsm/kg.</p>
	<p><b>mannitol (mannitol 20% intravenous solution)</b></p> <p><input type="checkbox"/> 25 g, IVPB, iv soln, q4h, PRN other, Infuse over 15 min Give for intracranial pressure greater than 20 mmHg.</p> <p>***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mOsm/kg***</p> <p><input type="checkbox"/> 50 g, IVPB, iv soln, q4h, PRN other, Infuse over 30 min Give for intracranial pressure greater than 20 mmHg.</p> <p>***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mOsm/kg***</p>
	<p><b>sodium chloride 3%</b></p> <p><input type="checkbox"/> 250 mL, IVPB, iv soln, q4h, PRN other Give for intracranial pressure greater than 20 mmHg.</p> <p><input type="checkbox"/> 250 mL, IVPB, iv soln, q4h</p>

**Blood Pressure Management**

	<p>***To maintain MAP less than 130 mmHg in patients with history of hypertension OR MAP less than 110 mmHg in the immediate postoperative period.***</p> <p>Reference: AHA/ASA</p> <p><b>labetalol</b></p>
--	---

TO     Read Back     Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<b>UMC Health System</b>  <b>HEMORRHAGIC STROKE PLAN</b>	<b>Patient Label Here</b>
--	---------------------------

**PHYSICIAN ORDERS**

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

ORDER	ORDER DETAILS
	<input type="checkbox"/> 10 mg, IVPush, inj, q10min, PRN hypertension To maintain MAP less than 130 mmHg in patients with history of hypertension OR MAP less than 110 mmHg in the immediate postoperative period.  Give for SBP greater than ____ and or DBP greater than ____ . Do not give if HR less than 60.
	<b>niCARDipine 25 mg/250 mL - Titratable</b> <input type="checkbox"/> IV, Maximum titration: 2.5 Titration units: mg/hr every 5 minutes, Max dose: 15 mg/hr Final concentration = 0.1 mg/mL (100 mcg/mL). <input type="checkbox"/> Start at rate: _____ mg/hr
<b>Lipid Management</b>	
	<b>Contraindications Statins</b> <input type="checkbox"/> Hypersensitivity <input type="checkbox"/> Liver disease or elevated transaminases <input type="checkbox"/> Intolerance(myopathy, myalgia, myositis) <input type="checkbox"/> Other
	<b>simvastatin</b> <input type="checkbox"/> 5 mg, PO, tab, Nightly <input type="checkbox"/> 20 mg, PO, tab, Nightly <input type="checkbox"/> 80 mg, PO, tab, Nightly <input type="checkbox"/> 10 mg, PO, tab, Nightly <input type="checkbox"/> 40 mg, PO, tab, Nightly
	<b>atorvastatin</b> <input type="checkbox"/> 10 mg, PO, tab, Nightly <input type="checkbox"/> 40 mg, PO, tab, Nightly <input type="checkbox"/> 20 mg, PO, tab, Nightly <input type="checkbox"/> 80 mg, PO, tab, Nightly
<b>Anti-convulsants</b>	
	Loading Dose: <b>fosphenytoin</b> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, ONE TIME Infuse over 10 minutes <input type="checkbox"/> 20 mg/kg, IVPB, ivpb, ONE TIME Infuse over 10 minutes
	Maintenance Dose: <b>fosphenytoin</b> <input type="checkbox"/> 100 mg, IVPush, inj, q8h
	<b>levETIRAcetam</b> <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h
<b>Vasoactive Agents</b>	
	<b>norepinephrine 4 mg/250 mL NS - Titatab (norepinephrine 4 mg/250 mL NS - Titratable)</b> <input type="checkbox"/> IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	<b>phenylephrine 10 mg/250 mL NS - Titatab (phenylephrine 10 mg/250 mL NS - Titratable)</b> <input type="checkbox"/> IV, Max dose: 180 mcg/min Final concentration = 0.04 mg/mL (40 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_









<b>UMC Health System</b>  DISCOMFORT MED PLAN	<b>Patient Label Here</b>
---	---------------------------

**PHYSICIAN ORDERS**

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

ORDER	ORDER DETAILS
	<input type="checkbox"/> 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. <input type="checkbox"/> 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.
	<b>ibuprofen</b> <input type="checkbox"/> 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.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for moderate pain <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 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 or ineffective, use ____ if ordered. <input type="checkbox"/> 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 or ineffective, use ____ if ordered.
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 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 ineffective, use ____ if ordered.
	<b>traMADol</b> <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered.
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use ____ if ordered.
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for severe pain <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  DISCOMFORT 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
	<b>HYDRomorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
<b>Antiemetics</b>	
	Select only ONE of the following for nausea <b>promethazine</b> <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
<b>Gastrointestinal Agents</b>	
	Select only ONE of the following for constipation <b>docusate</b> <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	<b>bisacodyl</b> <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
<b>Antacids</b>	
	<b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b> <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	<b>simethicone</b> <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
<b>Anxiety</b>	
	Select only ONE of the following for anxiety <b>ALPRAZolam</b> <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	<b>LORazepam</b> <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
<b>Insomnia</b>	
	Select only ONE of the following for insomnia <b>ALPRAZolam</b> <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	<b>LORazepam</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

TO     Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





<p><b>UMC Health System</b></p> <p>DISCOMFORT MED PLAN</p>	<p>Patient Label Here</p>
--	---------------------------

**PHYSICIAN ORDERS**

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

ORDER	ORDER DETAILS
	<p><b>zolpidem</b></p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective</p>
<b>Antihistamines</b>	
	<p><b>diphenhydrAMINE</b></p> <p><input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching                      <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
<b>Anorectal Preparations</b>	
	<p>Select only ONE of the following for hemorrhoid care</p> <p><b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b></p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p><b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b></p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

TO     Read Back     Scanned Powerchart                       Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<b>UMC Health System</b>  GERIATRIC DISCOMFORT 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
<b>Patient Care</b>	
	<b>Perform Bladder Scan</b> <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	<b>melatonin</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
<b>Analgesics for Mild Pain</b>	
	Select only ONE of the following for Mild Pain  <b>acetaminophen</b> <input type="checkbox"/> 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*** <input type="checkbox"/> 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*** <input type="checkbox"/> 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***
	<b>ibuprofen</b> <input type="checkbox"/> 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.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for Moderate Pain  <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 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 ****
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 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*****
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for Severe Pain  <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	<b>HYDROmorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
<b>Antiemetics</b>	

 TO     Read Back

 Scanned Powerchart

 Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<p><b>UMC Health System</b></p> <p>GERIATRIC DISCOMFORT MED PLAN</p>	<p>Patient Label Here</p>
--	---------------------------

**PHYSICIAN ORDERS**

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

ORDER	ORDER DETAILS
	<p><b>ondansetron</b></p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea</p>
<b>Gastrointestinal Agents</b>	
	<p>Select only ONE of the following for constipation</p> <p><b>docusate</b></p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation</p>
	<p><b>bisacodyl</b></p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
<b>Antacids</b>	
	<p><b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b></p> <p><input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.</p>
	<p><b>simethicone</b></p> <p><input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <span style="margin-left: 200px;"><input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</span></p>
<b>Anti-pyretics</b>	
	<p>Select only ONE of the following for fever</p> <p><b>acetaminophen</b></p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>
	<p><b>ibuprofen</b></p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.</p>
<b>Anorectal Preparations</b>	
	<p>Select only ONE of the following for hemorrhoid care</p> <p><b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b></p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p><b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b></p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

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

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p><b>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</b></p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p>
	<p><b>insulin regular (High Dose Insulin Regular Sliding Scale)</b></p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      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</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      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</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      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</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      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</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p>
	<p><b>insulin regular (Blank Insulin Sliding Scale)</b></p> <p><input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters                      If blood glucose is less than ____mg/dL , initiate hypoglycemia guidelines and notify provider.</p> <p>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</p> <p>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.</p>
<b>HYPOglycemia Guidelines</b>	
	<p><b>HYPOglycemia Guidelines</b></p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p><b>glucose</b></p> <p><input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters                      If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines.                      Continued on next page....</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  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
	<b>glucose (D50)</b> <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.
	<b>glucagon</b> <input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.

TO  Read Back

Scanned Powerchart  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



