HEMORRHAGIC STROKE PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	iagnosis			
Weight	Allergies			
	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			
	Vital Signs ☐ Per Unit Standards, Every 15 min x 2 hrs; then every 30 min x 6 hrs; then every 1 hr x 16 hrs			
	Perform Neurological Checks			
	☐ q4h ☐ Special Instructions, Every 15 min x 2 hrs; then every 30 min x 6 hrs; then every 1 hr x 16 hrs			
	Daily Weight			
	Nursing Swallowing Screen Perform prior to PO intake. If pt fails swallow screening keep NPO until swallow evaluation.			
	Patient Activity Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees Assist as Needed, Bed Position: HOB Greater Than or Equal to 30 degrees Up to Bedside Commode Only, Bed Position: HOB Greater Than or Equal to 30 degrees			
	Seizure Precautions			
	Strict Intake and Output Per Unit Standards			
	Continuous Telemetry (Intermediate Care)			
	Intermittent Telemetry			
	Communication			
	Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Floor/Unit			
	Notify Nurse (DO NOT USE FOR MEDS) Complete a Stroke Scale at onset of symptoms, at discharge, and with any change in neuro status.			
	Notify Provider of VS Parameters (Notify Provider if VS) Temp Greater Than 101, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 94, SBP Greater Than 150, SBP Less Than 90, DBP Greater Than 100, DBP Less Than 50, HR Greater Than 120, HR Less Than 50			
	Notify Provider (Misc) Reason: Change in neurological status, problems swallowing, or signs of bleeding.			
	Notify Provider (Misc) (Notify Provider of Results)			
	T;N, Reason: If sodium level is greater than 150 mmol/L or serum osmolality is greater than 320 mOsm/kg.			
	T;N, Reason: If sodium level is greater than 150 mmol/L or serum osmolality is greater than 320 mOsm/kg.			
	T;N, Reason: If sodium level is greater than 150 mmol/L or serum osmolality is greater than 320 mOsm/kg. Dietary			
□то	T;N, Reason: If sodium level is greater than 150 mmol/L or serum osmolality is greater than 320 mOsm/kg. Dietary Please choose only ONE diet type below. NPO Diet			
	T;N, Reason: If sodium level is greater than 150 mmol/L or serum osmolality is greater than 320 mOsm/kg. Dietary Please choose only ONE diet type below. NPO Diet T;N, NPO, until AFTER swallow/dysphagia screening performed.			

HEMORRHAGIC STROKE PLAN

Patient Label Here

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Oral Diet ☐ Clear Liquid Diet ☐ Heart Healthy Diet ☐ Carbohydrate Controlled (1600 calories) Diet	☐ Full Liquid Diet ☐ Regular Diet ☐ Carbohydrate Controlled (.	2000 calories) Diet
	IV Solutions NS		
	IV, 75 mL/hr IV, 150 mL/hr	☐ IV, 125 mL/hr	
	NS + 20 mEq KCI/L IV, 75 mL/hr IV, 150 mL/hr	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	
	NS + 40 mEq KCI/L IV, 75 mL/hr IV, 150 mL/hr	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a tol Intracranial Pressure Management	al daily dose if needed.	
	.Medication Management ☐ Start date T;N 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.		
	mannitol (mannitol 20% intravenous solution) □ 25 g, IVPB, iv soln, q4h, PRN other, Infuse over 15 min Give for intracranial pressure greater than 20 mmHg. ***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mOsm/kg*** □ 50 g, IVPB, iv soln, q4h, PRN other, Infuse over 30 min Give for intracranial pressure greater than 20 mmHg. ***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mOsm/kg***		
	sodium chloride 3% 250 mL, IVPB, iv soln, q4h, PRN other Give for intracranial pressure greater than 20 mmHg. 250 mL, IVPB, iv soln, q4h		
	Blood Pressure Management		
	To maintain MAP less than 130 mmHg in patients with history of hyperimmediate postoperative period. Reference: AHA/ASA labetalol	ertension OR MAP less than 11	0 mmHg in the
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan
Order Take	Order Taken by Signature: Date Time		
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HEMORRHAGIC STROKE 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			
	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.			
	niCARdipine 25 mg/250 mL - Titratable 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). Start at rate:mg/hr			
	Lipid Management			
	Contraindications Statins Hypersensitivity Liver disease or elevated transaminases	☐ Intolerance(myopathy, n☐ Other	nyalgia, myositis)	
	simvastatin 5 mg, PO, tab, Nightly 20 mg, PO, tab, Nightly 80 mg, PO, tab, Nightly	☐ 10 mg, PO, tab, Nightly☐ 40 mg, PO, tab, Nightly		
	atorvastatin 10 mg, PO, tab, Nightly 40 mg, PO, tab, Nightly	20 mg, PO, tab, Nightly 80 mg, PO, tab, Nightly		
	Anti-convulsants			
	Loading Dose: fosphenytoin 15 mg/kg, IVPB, ivpb, ONE TIME Infuse over 10 minutes 20 mg/kg, IVPB, ivpb, ONE TIME Infuse over 10 minutes			
	Maintenance Dose:			
	fosphenytoin ☐ 100 mg, IVPush, inj, q8h			
	levETIRAcetam ☐ 1,000 mg, IVPB, ivpb, q12h			
	Vasoactive Agents			
	norepinephrine 4 mg/250 mL NS - Titratab (norepinephrine 4 mg IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). Start at rate:mcg/min	g/250 mL NS - Titratable)		
	phenylephrine 10 mg/250 mL NS - Titratab (phenylephrine 10 mg IV, Max dose: 180 mcg/min Final concentration = 0.04 mg/mL (40 mcg/mL). Start at rate:mcg/min	g/250 mL NS - Titratable)		
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Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	

HEMORRHAGIC STROKE PLAN

Patient Label Here

	BUNGIA	LAN ODDEDS	
	PHYSICIAN ORDERS		
ODDED	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 DOPamine 400 mg/250 mL D5W - Titratable IV, Max dose: 50 mcg/kg/min Final concentration= 1.6 mg/mL (1,600 mcg/mL). Start at rate: mcg/kg/min		
	Laboratory		
	CBC with Differential Next Day in AM, T+1;0300		
	Sed Rate Next Day in AM, T+1;0300		
	Prothrombin Time with INR ☐ Next Day in AM, T+1;0300		
	PTT ☐ Next Day in AM, T+1;0300		
	Lipid Panel ☐ Next Day in AM, T+1;0300, Comment: FASTING		
	Comprehensive Metabolic Panel Next Day in AM, T+1;0300		
	Magnesium Level ☐ Next Day in AM, T+1;0300		
	Phosphorus Level Next Day in AM, T+1;0300		
	Phenytoin Level Total (Dilantin Level) Next Day in AM, T+1;0300		
	Syphilis Screen ☐ Next Day in AM, T+1;0300		
	Perform pregnancy test if patient is premenopausal female.		
	Beta HCG Serum Qualitative ☐ STAT		
	Diagnostic Tests		
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE	E) with contrast if needed)	
	EKG-12 Lead		
	VL Carotid Duplex (Vascular Lab)		
	DX Chest PA & Lateral		
	CT Head w/o Hemorrhagic Stroke Evaluation		
	CT Head w/		
	CT Head, Neck Angiography		
	MRI Brain w/o		
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Order Take	en by Signature:	Date	Time
Physician S	Signature:	Date	Time

HEMORRHAGIC STROKE PLAN

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	MRI Brain w/			
	MRA Brain w/o			
	Modified Barium Swallow			
	Respiratory			
	Respiratory Care Plan Guidelines			
	Arterial Blood Gas			
	Physical Medicine and Rehab			
	Consult Speech Therapy for Eval & Treat Other, Sp/lang/cog and swallow eval & treatment., Hemorrhagic St	roke Evaluation		
	Consult PT Mobility for Eval & Treat Hemorrhagic Stroke Evaluation			
	Consult Occ Therapy for Eval & Treat Hemorrhagic Stroke Evaluation			
	Consults/Referrals			
	Consult MD Service: Neurology, Reason: Hemorrhagic Stroke Evaluation			
	Consult MD ☐ Service: Neurosurgery, Reason: Hemorrhagic Stroke Evaluation			
	Consult Dietitian for Other Nutrition Ne (Consult Dietitian for Other Nutrition Needs) Hemorrhagic Stroke Evaluation			
	Additional Orders			
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Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

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 d	etail box(es) where applicable.
ORDER	ER ORDER DETAILS		
	Patient Care		
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complain distention present OR 6 hrs post Foley removal and patient has not voided.	ing of urinary disc	comfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	needed.	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 ☐ 10 mL, PO, liq, q4h, PRN cough	mL oral liquid)	
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Anti-pyretics		
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetar 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 acetar 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 acetar ibuprofen if ordered. Continued on next page	ninophen contrair	ndicated or ineffective, use
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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	DER ORDER DETAILS			
	 ☐ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 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 hours***. Give with food.			
	Analgesics for Moderate Pain			
	Select only ONE of the following for moderate pain			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetan 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/acetan 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 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 acetaminophen/codeine contraindicated or ineffective , 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.			
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use if ordered.			
	Analgesics for Severe Pain			
	Select only ONE of the following for severe pain morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.			
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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 orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj,	q4h, PRN pain-severe (scale 7-10)	
	Antiemetics			
	Select only ONE of the following for nausea			
	promethazine ☐ 25 mg, PO, tab, q4h, PRN nausea			
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if o			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation			
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. ☐ 100 mg, PO, cap, Daily Do not crush or chew.			
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation			
	Antacids			
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-ma suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethico	ne 200 mg-200 mg-20 mg/5 mL oral	
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4	h, PRN gas	
	Anxiety			
	Select only ONE of the following for anxiety			
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety			
	LORazepam ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PF	RN anxiety	
	Insomnia			
	Select only ONE of the following for insomnia			
	ALPRAZolam ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia			
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia			
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Order Take	n by Signature:	Date	Time	
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DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A		er 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, I	PRN 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% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	6-0.25% rectal ointment)	
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Physician	Signature:	Date	Time

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		
	Patient Care		
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.		
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough		
	melatonin ☐ 2 mg, PO, tab, Nightly, PRN insomnia		
	Analgesics for Mild Pain		
	Select only ONE of the following for Mild Pain		
	acetaminophen □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***********************************		
	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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Order Take	n by Signature: Date Time		
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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 det	ail 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-magnes suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	sium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas] 160 mg, PO, tab chew, q4h, PF	RN 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 hor 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hor		
	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. 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	25% rectal ointment)	
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Version: 13 Effective on: 08/11/23

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Patient Label Here

PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable			
ORDER				
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	The following scheduled orders will alternate every 4 hours.			
	ibuprofen ☐ 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg	of acetaminophen per day from all	sources.	
	For renally impared patients: The following scheduled orders will alternate	every 4 hours.		
	traMADol ☐ 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.			
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of	of acetaminophen per day from all	sources.	
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
JKDEK	
	Patient Care POC Blood Sugar Check
	Per Sliding Scale Insulin Frequency
	AC & HS 3 days
	·
	Sliding Scale Insulin Regular Guidelines Follow SSI Regular Reference Text
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	insulin regular (Low Dose Insulin Regular Sliding Scale)
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	in blood glucose is less than 70 mg/de and patient is symptomatic, initiate mypoglycernia guidelines and notify provider.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 1 units subcut
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut
	301-350 mg/dL - 4 units subcut
	351-400 mg/dL - 6 units subcut
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale. O-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 351-400 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale. Continued on next page
□ TO Order Take	Read Back Scanned Powerchart Scanned PharmScan by Signature:
Physician 9	Signature: Date Time

SLIDING SCALE INSULIN REGULAR PLAN

Patient	Lahal	Hara
Panem	ı anei	nere

	PHYSICIAN		
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific orde	r detail box(es) where applicable.
RDER			
	☐ 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, initia	te hypoglycemia guidelines a	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, 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.	every 2 hours until blood glo	ucose is less than 300 mg/dL.
	insutlin regular sliding scale.	iii 4 ilouis aliu tileli lesuille	normal FOC blood sugar check and
	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, initia	te hypoglycemia guidelines a	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, 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.	every 2 hours until blood glo	ucose is less than 300 mg/dL.
	insutlin regular sliding scale.		
	☐ 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initial	te hypoglycemia guidelines a	and notify provider.
	70-150 mg/dL - 0 units		
	151-200 mg/dL - 1 units subcut		
	201-250 mg/dL - 2 units subcut		
	251-300 mg/dL - 3 units subcut		
	301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut		
	331-400 Hig/dE - 0 dilits subcat		
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, 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 insutlin regular sliding scale.	every 2 hours until blood glo	ucose is less than 300 mg/dL.
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
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
	oor rooming de to drinto outbout
	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. Continued on next page
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	 U 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, init 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 	iate hypoglycemia guidelines an	d notify provider.
	301-350 mg/dL - 7 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 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, init 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar che	cks every 2 hours until blood glu 4 hours and then resume normal iate hypoglycemia guidelines an t, notify provider, and repeat PO	cose is less than 300 mg/dL. I POC blood sugar checks and d notify provider. C blood sugar check in 2
	Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale. insulin regular (High Dose Insulin Regular Sliding Scale)	4 hours and then resume norma	
	□ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parame High 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 - 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 hours. Continue to repeat 10 units subcut and POC blood sugar chec Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale. Continued on next page	t, notify provider, and repeat POks every 2 hours until blood gluc 4 hours and then resume normal	C blood sugar check in 2 ose is less than 300 mg/dL. al POC blood sugar check and
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SLIDING SCALE INSULIN REGULAR PLAN

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PHYSICIAN ORDERS e an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ER DETAILS -14 units, subcut, inj, BID, PRN glucose levels - see parameters igh Dose Insulin Regular Sliding Scale blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut 00-250 mg/dL - 5 units subcut
ER DETAILS 14 units, subcut, inj, BID, PRN glucose levels - see parameters igh Dose Insulin Regular Sliding Scale blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut
-14 units, subcut, inj, BID, PRN glucose levels - see parameters igh Dose Insulin Regular Sliding Scale blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut
igh Dose Insulin Regular Sliding Scale blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut
blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut
0-150 mg/dL - 0 units 51-200 mg/dL - 3 units subcut
51-200 mg/dL - 3 units subcut
JU-230 MU/UL - 3 UNIS SUDCUL
51-300 mg/dL - 7 units subcut
01-350 mg/dL - 10 units subcut
51-400 mg/dL - 12 units subcut
blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2
ours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.
nce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and
sulin regular sliding scale.
·14 units, subcut, inj, TID, PRN glucose levels - see parameters igh Dose Insulin Regular Sliding Scale
blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
0-150 mg/dL - 0 units
51-200 mg/dL - 3 units subcut
00-250 mg/dL - 5 units subcut
51-300 mg/dL - 7 units subcut 01-350 mg/dL - 10 units subcut
51-350 mg/dL - 10 units subcut
blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 burs. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. nce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and sulin regular sliding scale. 14 units, subcut, inj, q6h, PRN glucose levels - see parameters igh Dose Insulin Regular Sliding Scale
blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
0-150 mg/dL - 0 units
51-200 mg/dL - 3 units subcut
00-250 mg/dL - 5 units subcut 51-300 mg/dL - 7 units subcut
01-350 mg/dL - 10 units subcut
51-400 mg/dL - 12 units subcut
blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 burs. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. nce blood sugar in 4 hours and then resume normal POC blood sugar check and
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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicate
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 301-350 mg/dL units subcut 351-400 mg/dL units subcut If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.
	Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	HYPOglycemia Guidelines HYPOglycemia Guidelines ***See Reference Text***
¢	glucose ☐ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page
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Physician S	a Signature: Date Time

SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific order	detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.				
	glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.				
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Physician Signature:		Date	Time		

VTE PROPHYLAXIS PLAN

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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care				
	VTE Guidelines ☐ See Reference Text for Guidelines				
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated				
	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	orophylaxis		
		Apply to: Left Lower Extremity Apply to: Bilateral Lower Extre Apply to: Right Lower Extremi	emities, 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 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, q8h			
	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, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function				
	rivaroxaban 10 mg, PO, tab, In PM				
	warfarin 5 mg, PO, tab, In PM				
	aspirin ☐ 81 mg, PO, tab chew, Daily ☐	☐ 325 mg, PO, tab, Daily			
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min fondaparinux 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min				
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Physician Signature:		Date	Time		