HIP FRACTURE PROTOCOL PLAN

Patient Label Here

	DUVOICIAN ORDERO				
<u></u>	PHYSICIAN ORDERS				
	Diagnosis				
Weight					
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER					
	Patient Care Goal to OR is < 24 hours from presentation to ED (timestamp is when patient is placed in a room in the ED)				
	The primary admitting team will place the following statement in the chart when the patient is medically optimized: "This surgery is urgent, and the patient is medically optimized for the proposed procedure and requires no further medical evaluation."				
	Vital Signs ☐ Per Unit Standards				
	Daily Weight				
	LLE Weight Bearing Activity ☐ T;N, Non Weight Bearing, Post-op per Ortho ☐ T;N, Partial Weight Bearing ☐ T;N, Weight Bearing as Tolerated				
	RLE Weight Bearing Activity T;N, Non Weight Bearing, Post-op per Ortho T;N, Partial Weight Bearing T;N, Weight Bearing as Tolerated				
	Strict Intake and Output Per Unit Standards q2h q12h				
	Insert Urinary Catheter (Insert Foley) T;N, Catheter Type: Foley, Reason for Insertion: Selected surgical procedures				
	Discontinue Urinary Catheter (Discontinue Foley) DC: POD 1, DC Foley				
	Urinary Catheter Care				
	Intermittent Telemetry				
	Communication				
	Notify Provider/Primary Team of Pt Admit In AM Upon Arrival to Unit				
	Dietary				
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Take	en by Signature: Date Time				
Physician S	Signature: Date Time				

HIP FRACTURE PROTOCOL PLAN

Patient Label Here

	PHYSICI	AN ORDERS			
	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	ORDER DETAILS				
	Oral Diet ☐ Regular Diet ☐ Renal (Dialysis) Diet ☐ Clear Liquid Diet ☐ Clear Liquid Diet, Advance as tolerated to Full Liquid ☐ Clear Liquid Diet, Advance as tolerated to Heart Healthy ☐ Clear Liquid Diet, Advance as tolerated to Renal (Non-Dialysis) ☐ Carbohydrate Controlled (1200 calories) Diet ☐ Carbohydrate Controlled (2000 calories) Diet	Heart Healthy Diet Renal (Non-Dialysis) Diet Full Liquid Diet Clear Liquid Diet, Advance as tolerated to Regular Clear Liquid Diet, Advance as tolerated to Renal (Dialysis) Carbohydrate Controlled (1600 calories) Diet			
	NPO Diet NPO T;2359, NPO After Midnight T;2359, NPO After Midnight, Except Ice Chips	☐ NPO, Except Meds ☐ T;2359, NPO After Midnight, Except Meds ☐ T;2359, NPO After Midnight, Except Meds, Except Ice Chips			
	IV Solutions				
	D5 1/2 NS ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr			
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr			
	D5W	☐ IV, 125 mL/hr ☐ IV, 200 mL/hr			
	1/2 NS + 20 mEq KCI/L ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr			
	NS (Normal Saline) □ IV, 25 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr			
	LR (Lactated Ringer's) ☐ IV, 25 mL/hr ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 75 mL/hr ☐ IV, 150 mL/hr			
	Medications				
	Medication sentences are per dose. You will need to calculate a to enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Pharmacy to Adjust Dose per Ren	•			
	heparin ☐ 5,000 units, subcut, inj, q12h, CrCl less than 30 mL/min	5,000 units, subcut, inj, q8h, CrCl less than 30 mL/min			
	Laboratory				
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Order Take	en by Signature:	Date Time			
Physician	Signature:	DateTime			

Version: 2 Effective on: 12/18/23

HIP FRACTURE PROTOCOL PLAN

Patient Label Here

	PHYSICIAN 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			
	Basic Metabolic Panel Next Day in AM, T+1;0300, Every AM for 2 days Routine, T;N	☐ Routine, T;N, Every AM fo	or 1 days	
	CBC ☐ Routine, T;N, Every AM for 2 days ☐ Routine, T;N	☐ Routine, T;N, Every AM fo	or 1 days	
	Comprehensive Metabolic Panel (CMP) Routine, T;N, Every AM for 2 days Routine, T;N	☐ Routine, T;N, Every AM fo	or 1 days	
	Prothrombin Time with INR			
	Prothrombin Time with INR ☐ Next Day in AM, T+1;0300			
	PTT			
	PTT ☐ Next Day in AM, T+1;0300			
	Urinalysis with Positive Culture Reflex			
	Culture Blood			
	Lactic Acid Level			
	Diagnostic Tests			
	EKG-12 Lead			
	DX Chest Portable			
	DX Chest PA & Lateral			
	DX Abdomen AP (KUB)			
	AT UMC- Only the following unstable conditions should delay going to the o Active Acute Coronary Syndrome (ischemic EKG changes or elevated o Unstable Arrhythmia (hypotension or significantly uncontrolled) o Decompensated CHF with new symptoms o Valvular Stenosis o Pulmonary compromise			
	Communicate to the Orthopedic & the Anesthesia Attendings with any a	nticipated reason for delay of	care beyond 24 hours	
	Contact the Anesthesiologist at 775-8300			
	Only patients with the following conditions require a new TTE: o CHF with new symptoms/signs of decompensation o Moderate/Severe aortic or mitral stenosis with new symptoms or if no Echo has been performed in the last 12 months o History of pulmonary hypertension with decompensation			
	Coordinate with cardiology to have Echo done within 12 hours of admiss	sion		
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE)	with contrast if needed)		
	Respiratory			
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Order Take	n by Signature:	Date	Time	

Version: 2 Effective on: 12/18/23

Time

Physician Signature:

HIP FRACTURE PROTOCOL PLAN

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory Care Plan Guidelines		
	Oxygen (O2) Therapy Via: Nasal cannula, Keep sats greater than: 90% Via: Venturi mask, Keep sats greater than: 90% Via: Trach collar, Keep sats greater than: 90%	☐ Via: Simple mask, Keep sa☐ Via: Nonrebreather mask,	ats greater than: 90% Keep sats greater than: 90%
	Physical Medicine and Rehab		
	Consult PT Mobility for Eval & Treat		
	Consult Occ Therapy for Eval & Treat		
	Consult Speech Therapy for Eval & Treat		
	Consults/Referrals		
	Consult MD		
	Consult MD		
	Service: Palliative Care		
	Social Services for Placement ☐ T;N		
	Additional Orders		
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Order Take	n by Signature:	Date	Time
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Version: 2 Effective on: 12/18/23

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 order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Perform Bladder Scan ☐ Scan PRN, If more than 250, Then: Call MD, Perform as needed for particular distention present OR 6 hrs post Foley removal and patient has not verification.		discomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a tot menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem ☐ 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	•	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 ☐ 10 mL, PO, liq, q4h, PRN cough	mg-200 mg/10 mL oral liquid	1)
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Anti-pyretics		
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 liburofen if ordered. 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 liburofen 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 libuprofen if ordered. Continued on next page	nours*** If acetaminophen contr	raindicated or ineffective, use
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	n by Signature:	Date	Time
Physician S	ignature:	Date	Time

Version: 2 Effective on: 12/18/23

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			
	 □ 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/acetaminophen 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 hydrocodone/acetaminophen contraindicated or 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 order 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		
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 Al		er detail box(es) where applicable.	
ORDER		A and opcome or a	ar actual activities application	
	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, F	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, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area			
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	s-0.25% rectal ointment)		
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Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	

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 d	laily dose if needed		
	The following scheduled orders will alternate every 4 hours.	any acce ii necaca.		
	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	f acetaminophen per day from all	sources.	
	For renally impared patients: The following scheduled orders will alternate e	very 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 acetaminophen per day from all sources.			
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Order Taken by Signature: Date			Time	
Physician 5	n 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			
Physician S	ician Signature: DateTime			

Version: 2 Effective on: 12/18/23

GERIATRIC DISCOMFORT MED PLAN

Patient Label Here

	PHYSIC	IAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation			
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation			
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation			
	Antacids			
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-masuspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethic	one 200 mg-200 mg-20 mg/5 mL oral	
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, PRN gas	
	Anti-pyretics			
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 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 hour Give with food. □ 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour Give with food.			
	Anorectal Preparations			
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area			
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	%-0.25% rectal ointment)		
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Version: 2 Effective on: 12/18/23

SLIDING SCALE INSLILIN ASPART PLAN

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SL	LIDING SCALE INSULIN ASPART PLAN		
	PHYSIC	IAN ORDERS	
			etail bay(aa) whara applicable
	Place an "X" in the Orders column to designate orders of choice A	an x in the specific order de	etali box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency	☐ AC & HS	
	AC & HS 3 days	TID	
	BID	🔲 q12h	
	□ q6h	☐ q6h 24 hr	
	□ q4h		
	Sliding Scale Insulin Aspart Guidelines		
	☐ Follow SSI Aspart Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a t	otal daily dose if needed.	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale) 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parar	meters	
	Low Dose Insulin Aspart Sliding Scale	netero	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, in	nitiate hypoglycemia guidelines and	notify provider.
	70.450/		
	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 subcominutes. Continue to repeat 10 units subcut and POC blood sugar of dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin aspart sliding scale. O-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale	checks every 90 minutes until blood	glucose is less than 300 mg/
	If blood glucose is less than 70 mg/dL and patient is symptomatic, i	nitiate hypoglycemia guidelines and	notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut		
	If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale. Continued on next page		
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Order Take	en by Signature:	Date	Time
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SLIDING SCALE INSULIN ASPART PLAN

Patient Label Here

	PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of	f choice AND an "x" in the specific ord	ler detail box(es) where applicable
DER ORDER DETAILS		
0-10 units, subcut, inj, TID, PRN glucose levels - see para	ameters	
Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symp	otomatic initiate hypoglycemia guidelines	and notify provider
ii blood glacose is less than 70 mg/de and patient is symp	nomatic, ilitiate hypogrycernia 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 u		
minutes. Continue to repeat 10 units subcut and POC bloc		
dL. Once blood sugar is less than 300 mg/dL, repeat PO0 insulin aspart sliding scale.	C blood sugar in 4 hours and then resum	e normal POC blood sugar check and
0-10 units, subcut, inj, q6h, PRN glucose levels - see para	ameters	
Low Dose Insulin Aspart Sliding Scale		
If blood glucose is less than 70 mg/dL and patient is symp	otomatic, 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 u		
minutes. Continue to repeat 10 units subcut and POC block. dL. Once blood sugar is less than 300 mg/dL, repeat POC		
insulin aspart sliding scale.	o blood ougar iii i flouro and allon rocam	o norman oo shoot bagan bhook an
☐ 0-10 units, subcut, inj, q4h, PRN glucose levels - see para	ameters	
Low Dose Insulin Aspart Sliding Scale	stamatia initiata bunankaamia guidalinaa	and natific provider
If blood glucose is less than 70 mg/dL and patient is symp	otomatic, initiate nypoglycemia guidelines	s and notily 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 u	units subcut, notify provider, and repeat F	POC blood sugar check in 90
minutes. Continue to repeat 10 units subcut and POC bloc		
dL. Once blood sugar is less than 300 mg/dL, repeat PO	C blood sugar in 4 hours and then resum	e normal POC blood sugar check an
insulin aspart sliding scale. Continued on next page		
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SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDER	es .			
	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	R ORDER DETAILS				
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale) ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters				
	Moderate Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypogl	ycemia 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 400 mg/dL To drine subsect				
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify pro	•			
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every				
	dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 ho insulin aspart sliding scale.	ours and then resume normal POC blood sugar check and			
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypogl	ycemia 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 pro				
	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, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check				
	insulin aspart sliding scale.	idis and men resume norman oc blood sugar check and			
	0-12 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypogl	ycemia 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 pro				
	minutes. Continue to repeat 10 units subcut and POC blood sugar checks every				
dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar che insulin aspart sliding scale.					
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SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	DER ORDER DETAILS				
	0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, 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 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, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check insulin aspart sliding scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, 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 cheminutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less the dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood insulin aspart sliding scale.	an 300 mg/			
	insulin aspart (High Dose Insulin Aspart Sliding Scale) 0-14 units, subcut, inj, AC & nightly, 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 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less the dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sinsulin aspart sliding scale. Continued on next page	an 300 mg/			
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Version: 2 Effective on: 12/18/23

SLIDING SCALE INSULIN ASPART PLAN

Patient Label Here

	PHYSICIAN ORDERS	
Place an "X" in the Orders column to o	esignate orders of choice AND an "x" in the specific or	der detail box(es) where applicable.
DER ORDER DETAILS		
0-14 units, subcut, inj, BID, PRN gluce	se levels - see parameters	
High Dose Insulin Aspart Sliding Scale	and patient is symptomatic, initiate hypoglycemia guideline	s and notify provider
ii blood gldcose is less than 70 mg/dc	and patient is symptomatic, initiate hypogrycemia guideline.	s 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		
	dL, administer 14 units subcut, notify provider, and repeat	
	ubcut and POC blood sugar checks every 90 minutes until b	
insulin aspart sliding scale.	mg/dL, repeat POC blood sugar in 4 hours and then resur	ne normal POC blood sugar check an
0-14 units, subcut, inj, TID, PRN gluco	se levels - see parameters	
High Dose Insulin Aspart Sliding Scale		
If blood glucose is less than 70 mg/dL	and patient is symptomatic, initiate hypoglycemia guideline	s 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		
	dL, administer 14 units subcut, notify provider, and repeat	
	ubcut and POC blood sugar checks every 90 minutes until t	
insulin aspart sliding scale.	mg/dL, repeat POC blood sugar in 4 hours and then resur	ne normal POC blood sugar check an
0-14 units, subcut, inj, q6h, PRN gluco	se levels - see parameters	
High Dose Insulin Aspart Sliding Scale		
If blood glucose is less than 70 mg/dL	and patient is symptomatic, initiate hypoglycemia guideline	s 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		
	dL, administer 14 units subcut, notify provider, and repeat	
	ubcut and POC blood sugar checks every 90 minutes until b	
insulin aspart sliding scale.	mg/dL, repeat POC blood sugar in 4 hours and then resur	ne normai POC blood sugar check an
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SLIDING SCALE INSULIN ASPART PLAN

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PHYSICIAN ORDERS				
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicab				
ORDER	R 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, initi	ate 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, minutes. Continue to repeat 10 units subcut and POC blood sugar che	notify provider, and repeat F	POC blood sugar check in 90	
	dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood suginsulin 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 guidelin	es 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, minutes. Continue to repeat units subcut and POC blood sugar cldL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin aspart sliding scale.	necks every 90 minutes until	blood glucose is less than 300 mg/	
	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 gluco able to swallow. See hypoglycemia Guidelines. Continued on next page	ose is less than 70 mg/dL an	d patient is symptomatic and	
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SLIDING SCALE INSULIN ASPART PLAN

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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symtpomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.				
!	glucagon ☐ 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.				
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Version: 2 Effective on: 12/18/23

POTASSIUM CHLORIDE REPLACEMENT 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				
	Potassium Replacement Guidelines ☐ T;N, See Reference Text				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ORAL POTASSIUM REPLACEMENT				
	potassium chloride ☐ 40 mEq, PO, tab sa, as needed, PRN hypokalemia Use oral replacement if patient is asymptomatic and able to take ORAL supplementation. If contraindicated, give IV potassium replacement if ordered.				
	If K+ level less than 3.1 mMol/L -Contact provider immediately as I' If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give if needed.				
	Repeat potassium level with next day labs.				
	IV POTASSIUM REPLACEMENT				
	potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed.				
	potassium chloride 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider Repeat serum potassium level 2 hours after total replacement is completed.				
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		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order d	etail box(es) where applicable.
ORDER	ORDER DETAILS		
	Laboratory BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
	•		
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Version: 2 Effective on: 12/18/23