

<p>UMC Health System</p> <p>ISCHEMIC STROKE/TIA PLAN</p>	<p>Patient Label Here</p>
PHYSICIAN ORDERS	
Diagnosis _____	
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 <input type="checkbox"/> 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 <input type="checkbox"/> q4h <input type="checkbox"/> Special Instructions, Every 15 min x 2 hrs; then every 30 min x 6 hrs; then every 1 hr x 16 hours.
	Daily Weight
	Nursing Swallowing Screen <input type="checkbox"/> Perform prior to PO intake. If pt fails swallow screening keep NPO until swallow evaluation.
	Patient Activity <input type="checkbox"/> Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees <input type="checkbox"/> Assist as Needed, Bed Position: HOB Greater Than or Equal to 30 degrees <input type="checkbox"/> Up to Bedside Commode Only, Bed Position: HOB Greater Than or Equal to 30 degrees
	Seizure Precautions
	Strict Intake and Output <input type="checkbox"/> Per Unit Standards
	Continuous Telemetry (Intermediate Care)
	Intermittent Telemetry
Communication	
	Notify Provider/Primary Team of Pt Admit <input type="checkbox"/> In AM <input type="checkbox"/> Now <input type="checkbox"/> Upon Arrival to Floor/Unit
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Complete a Stroke Scale on admission or at onset of symptoms, at discharge, and with any change in neuro status.
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 101, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 94, SBP Greater Than 220, SBP Less Than 120, DBP Greater Than 120, DBP Less Than 60, HR Greater Than 120, HR Less Than 50
	Notify Provider (Misc) <input type="checkbox"/> Reason: Deterioration of neurological status, problems swallowing, or signs of bleeding.
Dietary	
	Please choose only ONE diet type below. NPO Diet <input type="checkbox"/> NPO, until AFTER swallow/dysphagia screening performed.

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UMC Health System ISCHEMIC STROKE/TIA PLAN	Patient Label Here
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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						
	<p>Oral Diet</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>NS</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>NS + 20 mEq KCl/L</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>NS + 40 mEq KCl/L</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							
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>							
Antithrombotics							
<p>Must be given within 48 hours of arrival per Core Measures. If not given, choose the Contraindications Order below and Complete</p> <p>Contraindications Antithrombotic</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Allergy</td> <td><input type="checkbox"/> Anticoagulant already prescribed</td> </tr> <tr> <td><input type="checkbox"/> History of GI bleed</td> <td><input type="checkbox"/> Positive Occult Blood in Stool</td> </tr> <tr> <td><input type="checkbox"/> Risk of bleeding</td> <td><input type="checkbox"/> Other (specify below in other reason)</td> </tr> </table>		<input type="checkbox"/> Allergy	<input type="checkbox"/> Anticoagulant already prescribed	<input type="checkbox"/> History of GI bleed	<input type="checkbox"/> Positive Occult Blood in Stool	<input type="checkbox"/> Risk of bleeding	<input type="checkbox"/> Other (specify below in other reason)
<input type="checkbox"/> Allergy	<input type="checkbox"/> Anticoagulant already prescribed						
<input type="checkbox"/> History of GI bleed	<input type="checkbox"/> Positive Occult Blood in Stool						
<input type="checkbox"/> Risk of bleeding	<input type="checkbox"/> Other (specify below in other reason)						
<p>Order aspirin suppository if patient is unable to swallow.</p> <p>aspirin</p> <p><input type="checkbox"/> FOR STROKE, 81 mg, chewed, tab chew, Daily This medication must be given immediately for STROKE if not given in ER. Contact the physician to order the suppository if patient is unable to swallow.</p> <p><input type="checkbox"/> FOR STROKE, 325 mg, PO, tab, Daily This medication must be given immediately for STROKE if not given in ER. Contact the physician to order the suppository if patient is unable to swallow.</p> <p><input type="checkbox"/> FOR STROKE, 300 mg, rectally, supp, Daily This medication must be given immediately for STROKE if not given in ER.</p>							
<p>aspirin-dipyridamole</p> <p><input type="checkbox"/> FOR STROKE, 1 cap, PO, cap, BID This medication must be given immediately for STROKE if not given in ER. Do Not crush or chew.</p> <p>Continued on next page....</p>							

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ISCHEMIC STROKE/TIA 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
	Lipid Panel <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: FASTING
	Comprehensive Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300
	Perform pregnancy test if patient is premenopausal female. Beta HCG Serum Qualitative <input type="checkbox"/> STAT
Diagnostic Tests	
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)
	EKG-12 Lead
	VL Carotid Duplex (Vascular Lab)
	DX Chest PA & Lateral
	CT Head w/o <input type="checkbox"/> Ischemic Stroke/TIA Evaluation
	CT Head w/
	CT Head, Neck Angiography
	Modified Barium Swallow
Respiratory	
	Respiratory Care Plan Guidelines
	Arterial Blood Gas
Physical Medicine and Rehab	
	Consult Speech Therapy for Eval & Treat <input type="checkbox"/> Other, Sp/lang/cog and swallow eval & treatment., Eval for Ischemic Stroke/TIA
	Consult PT Mobility for Eval & Treat <input type="checkbox"/> Eval for Ischemic Stroke/TIA
	Consult Occ Therapy for Eval & Treat <input type="checkbox"/> Eval for Ischemic Stroke/TIA
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Neurology, Reason: Ischemic Stroke/TIA Eval
	Consult MD <input type="checkbox"/> Service: Physical Medicine and Rehabilitation(MD), Reason: Ischemic Stroke/TIA Eval
	Consult Dietitian <input type="checkbox"/> for Other Nutrition Needs, Eval for Ischemic Stroke/TIA
...Additional Orders	

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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
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Patient Care

	Perform Bladder Scan <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.
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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) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
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	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
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	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
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Anti-pyretics

Select only ONE of the following for fever

	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
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	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.
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Analgesics for Mild Pain

Select only ONE of the following for mild pain

	acetaminophen <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*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. Continued on next page....
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DISCOMFORT MED 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
	<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.
	ibuprofen <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.

Analgesics for Moderate Pain

	Select only ONE of the following for moderate pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <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.
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <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.
	traMADol <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.
	ketorolac <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.

Analgesics for Severe Pain

	Select only ONE of the following for severe pain morphine <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.

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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
	HYDRomorphone <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)
Antiemetics	
	Select only ONE of the following for nausea promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	ondansetron <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.
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <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.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

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

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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
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Patient Care

	Perform Bladder Scan <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.
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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) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
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	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
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	melatonin <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
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Analgesics for Mild Pain

	Select only ONE of the following for Mild Pain acetaminophen <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***
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	ibuprofen <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.
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Analgesics for Moderate Pain

	Select only ONE of the following for Moderate Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <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 ****
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	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <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*****
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Analgesics for Severe Pain

	Select only ONE of the following for Severe Pain morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
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	HYDROmorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
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Antiemetics

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

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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

ORDER DETAILS

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 impaired 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 acetaminophen per day from all sources.

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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
Patient Care	
POC Blood Sugar Check	
<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
Sliding Scale Insulin Regular Guidelines	
<input type="checkbox"/> 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)	
<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.	
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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>

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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>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 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.</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>

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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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>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>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</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>

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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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 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</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 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</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 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</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>

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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
	<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. 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 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>insulin regular (Blank Insulin Sliding Scale)</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. 70-150 mg/dL - ____ units 151-200 mg/dL - ____ units subcut 201-250 mg/dL - ____ units subcut 251-300 mg/dL - ____ units subcut 301-350 mg/dL - ____ units subcut 351-400 mg/dL - ____ units subcut If blood glucose is greater than 400 mg/dL, administer ____ units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat ____ units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
HYPOglycemia Guidelines	
	<p>HYPOglycemia Guidelines</p> <input type="checkbox"/> ***See Reference Text***
	<p>glucose</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....

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UMC Health System SLIDING SCALE INSULIN REGULAR PLAN	Patient Label Here
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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
<input type="checkbox"/>	glucose (D50) <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.
<input type="checkbox"/>	glucagon <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.

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UMC Health System VTE PROPHYLAXIS PLAN	Patient Label Here
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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 <input type="checkbox"/> See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> 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) <input type="checkbox"/> 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 <input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 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
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 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

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VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	fondaparinux <input type="checkbox"/> 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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UMC Health System HEPARIN INFUSION MED PLAN	Patient Label Here
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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	
	Heparin Infusion Nomogram <input type="checkbox"/> ***See Reference Text***
	Check the .Medication Management order below if the patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments. .Medication Management (Notify Nurse and Pharmacy) <input type="checkbox"/> BID, Start date T;N DO NOT USE NOMOGRAM - Patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments.
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Obtain Xa Heparin (Anti-Xa) Level 6 hours after starting infusion and 6 hours after every rate change.
	Notify Provider (Misc) <input type="checkbox"/> Reason: 2 consecutive Xa Heparin (Anti-Xa) levels are greater than 0.9 or less than 0.2
	Notify Provider (Misc) <input type="checkbox"/> Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)
	Notify Provider (Misc) <input type="checkbox"/> Reason: If Hemoglobin decreases by 2 g/dL or more.
	Notify Provider (Misc) <input type="checkbox"/> Reason: If signs of bleeding occur.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	.Medication Management <input type="checkbox"/> Start date T;N Discontinue all other orders for heparin products (i.e. heparin subcutaneous, enoxaparin).
Venous Thromboembolic Disorder	
	Deep Vein Thrombosis, Pulmonary Embolism heparin <input type="checkbox"/> 80 units/kg, IVPush, inj, ONE TIME For Load Dose: Indication: DVT/PE Recommended maximum dose is 10,000 units.
	heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 mL D5W (Venous Thromboembolic)) <input type="checkbox"/> IV Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exceed a total hourly dose of 1,800 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. Continued on next page....

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UMC Health System HEPARIN INFUSION MED PLAN	Patient Label Here
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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
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	<input type="checkbox"/> Start at rate: _____ units/kg/hr
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Cardiac

	Unstable angina, ST elevation MI, non-ST elevation MI heparin <input type="checkbox"/> 60 units/kg, IVPush, inj, ONE TIME Load Dose: Indication: unstable angina, STEMI or non-STEMI. Recommended maximum dose is 4,000 units.
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	heparin 25,000 units/250 mL D5W (Cardiac (heparin 25,000 units/250 mL D5W (Cardiac)) <input type="checkbox"/> Start at rate: _____ units/kg/hr <input type="checkbox"/> IV
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Neurological

	Ischemic strokes with a suspected embolic source in which thrombolytics have NOT been given and a CT has confirmed NO cerebral hemorrhage No initial heparin load dose recommended. heparin 25,000 units/250 mL D5W (Neurolo (heparin 25,000 units/250 mL D5W (Neurological)) <input type="checkbox"/> IV Indication: Ischemic Stroke. Initial maximum rate is 12 units/kg/hr not to exceed a total hourly dose of 1,200 units. Final concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. <input type="checkbox"/> Start at rate: _____ units/kg/hr
--	--

Laboratory

Baseline Labs

	CBC <input type="checkbox"/> STAT
--	---

	Anti Xa Level <input type="checkbox"/> STAT
--	---

	Prothrombin Time with INR (Prottime with INR) <input type="checkbox"/> STAT
--	---

Daily Labs

	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM 3 days
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