

UMC Health System MAJOR VASCULAR POST-OP PLAN	Patient Label Here
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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

Patient Activity
 Bedrest, Bed Position: HOB 20-25 degrees
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees
 Dangle at Bedside, QID, on POD #1; progress to bedside chair TID
 Up Ad Lib/Activity as Tolerated

Vital Signs
 Per Unit Standards, every 15 min x 2 hrs, every 30 min x 4 hrs, then if stable every 1 hr

Perform Neurovascular Checks

<input type="checkbox"/> To: Right Lower Extremity (RLE), q1h, x 12 hrs, then q4h	<input type="checkbox"/> To: Left Lower Extremity (LLE), q1h, x 12 hrs, then q4h
<input type="checkbox"/> To: Bilateral Lower Extremities, q1h, x 12 hrs, then q4h	<input type="checkbox"/> To: Right Upper Extremity (RUE), q1h, x 12 hrs, then q4h
<input type="checkbox"/> To: Left Upper Extremity (LUE), q1h, x 12 hrs, then q4h	<input type="checkbox"/> To: Bilateral Upper Extremities, q1h, x 12 hrs, then q4h

Strict Intake and Output
 q1h Per Unit Standards

Insert Urinary Catheter
 Foley, To: Dependent Drainage Bag

Urinary Catheter Care
 Daily Cath Care; Catheter to dependent drainage bag

Document Below, When To Discontinue Urinary Catheter

Discontinue Urinary Catheter

Document Below, Reason To Maintain Urinary Catheter

Insert Gastric Tube
 Nasogastric - NG Orogastric - OG
 Other, #18 fr Salem Sump

Gastric Tube to Suction
 Method: Low Intermittent Suction

Flush Gastric Tube
 q6h with, 20 mL Free water

Notify Nurse (DO NOT USE FOR MEDS)
 Upon extubation, DO NOT remove NG tube

Wound Care by Bedside Nursing
 T;N, Change Daily, PRN, Change daily and PRN, starting in the AM

Convert IV to INT

Communication

Notify Provider of VS Parameters

Notify Provider (Misc)
 Reason: For sustained cardiac index less than 2 L/min/m2

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Physician Signature: _____ Date _____ Time _____

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ORDER	ORDER DETAILS
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: For urine output less than 0.5 ml/kg/hr for 2 hours</p>
	<p>Notify Provider (Misc)</p> <p><input type="checkbox"/> Reason: Notify surgeon for cardiac arrhythmias</p>
Dietary	
	<p>NPO Diet</p> <p><input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds</p> <p><input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips</p>
	<p>Oral Diet</p> <p><input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Carbohydrate Controlled (1600 calories)</p> <p><input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Carbohydrate Controlled (2000 calories)</p>
IV Solutions	
	<p>D5 1/2 NS</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr</p>
	<p>D5 1/2 NS + 20 mEq KCl/L</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr</p>
	<p>D5 1/2 NS + 40 mEq KCl/L</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr</p>
	<p>1/2 NS + 20 mEq KCl/L</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr</p> <p><input type="checkbox"/> IV, 150 mL/hr</p>
Medications	
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>	
	<p>albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)</p> <p><input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, x 48 hr</p>
	<p>Select the following . Med Mangement order to start VTE Prophylaxis Meds 16 hours post-op</p> <p>.Medication Management</p> <p><input type="checkbox"/> Start date T;N Start VTE Prophylaxis Meds 16 hours Post-Op</p>
	<p>Select the following .Med Management order to start VTE Prophylaxis meds 24 hours post-op.</p> <p>.Medication Management</p> <p><input type="checkbox"/> Start date T;N Start VTE Prophylaxis Meds 24 hours post-op.</p>
Hemodynamics	
	<p>nitroPRUSSIDE 50 mg/250 mL D5W - Titrata (nitroPRUSSIDE 50 mg/250 mL D5W - Titratable)</p> <p><input type="checkbox"/> IV, Max dose: 10 mcg/kg/min <input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>niCARDipine 25 mg/250 mL - Titratable</p> <p><input type="checkbox"/> IV, Maximum titration: 2.5 Titration units: mg/hr every 5 minutes, Max dose: 15 mg/hr Final concentration = 0.1 mg/mL (100 mcg/mL)</p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p>
	<p>labetalol</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q10min, PRN hypertension Keep systolic BP less than 150 (hold if HR less than 60 beats/min)</p>
	<p>enalapril (enalaprilat)</p> <p><input type="checkbox"/> 1.25 mg, IVPush, inj, q6h, PRN hypertension Give for Systolic BP is greater than 150. Hold for heart rate LESS than 60. If labetalol contraindicated or ineffective, administered enalaprilat, if ordered.</p> <p><input type="checkbox"/> 2.5 mg, IVPush, inj, q6h, PRN hypertension Keep systolic BP less than 150</p>
	<p>cloNIDine</p> <p><input type="checkbox"/> 0.1 mg, PO, tab, Daily <input type="checkbox"/> 0.2 mg, PO, tab, Daily</p> <p><input type="checkbox"/> 0.3 mg, PO, tab, Daily</p>
	<p>albumin human (albumin human 5% intravenous solution)</p> <p><input type="checkbox"/> 12.5 g, IVPB, ivpb, ONE TIME, Infuse over 1 hr, Card Surg (post-op volume resuscitation)</p>
	<p>albumin human (albumin human 5% intravenous solution)</p> <p><input type="checkbox"/> 25 g, IVPB, ivpb, ONE TIME, PRN hypovolemia, Infuse over 1 hr, Card Surg (post-op volume resuscitation)</p>
	<p>LR (LR bolus)</p> <p><input type="checkbox"/> 500 mL, IVPB, ONE TIME, PRN hypovolemia <input type="checkbox"/> 1,000 mL, IVPB, ONE TIME, PRN hypovolemia</p> <p><input type="checkbox"/> 20 mL/kg, IVPB, ONE TIME, PRN hypovolemia</p>
Antibiotics	
	<p>cefuroxime (Zinacef)</p> <p><input type="checkbox"/> 1.5 g, IVPush, inj, q12h, x 2 dose, Pre-OP/Post-Op Prophylaxis To begin 12 hours after pre-op dose was given. Reconstitute with 16 mL of Sterile Water or NS Administer Slow IV Push over 3-5 minutes.</p>
	<p>ceFAZolin</p> <p><input type="checkbox"/> 1 g, IVPush, inj, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis</p>
	<p>***If Penicillin or B-Lactam allergy give Vancomycin***</p> <p>vancomycin</p> <p><input type="checkbox"/> 1,000 mg, IVPB, ivpb, q24h, x 1 dose, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis</p>
GI Prophylaxis	
	<p>famotidine</p> <p><input type="checkbox"/> 20 mg, PO, tab, BID <input type="checkbox"/> 20 mg, IVPush, inj, q12h</p>
Laboratory	
	<p>CBC</p> <p><input type="checkbox"/> STAT</p>

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ORDER	ORDER DETAILS
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days
	Comprehensive Metabolic Panel Next Day in AM, T+1;0300, Every AM for 3 days
	Magnesium Level <input type="checkbox"/> STAT <input checked="" type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days
	Magnesium Level <input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 3 days
Diagnostic Tests	
	DX Chest Portable <input type="checkbox"/> STAT, Post op
	DX Chest Portable <input type="checkbox"/> Post op, Every AM for 3 days <input type="checkbox"/> Post-Op, Every 0300, for 3, days
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> STAT
	Respiratory Care Plan Guidelines
Consults/Referrals	
	Consult Dietitian for Diet Education <input type="checkbox"/> ADA/Carbohydrate Controlled
...Additional Orders	

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UMC Health System CARDIAC MED INFUSION PLAN	Patient Label Here
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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Antiarrhythmics	
	amiodarone 900 mg/500 mL D5W <input type="checkbox"/> IV, See order comments Start at 1 mg/min IV x 6 hours (33 mL/hr) then decrease to 0.5 mg/min IV x 18 hours (17 mL/hr) <input type="checkbox"/> 900 mg, Every Bag
	Fixed Rate: diltiazem 125 mg/125 mL NS - Fixed Rate <input type="checkbox"/> IV, See order Comments Final concentration = 1 mg/mL. Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mg/hr
Antihypertensives	
	Titratable: nicardipine 25 mg/250 mL - Titratable <input type="checkbox"/> IV, Maximum titration: 2.5 Titration units: mg/hr every every 5 minutes, Max dose: 15 mg/hr <input type="checkbox"/> Start at rate: _____ mg/hr
	Fixed Rate: nicardipine 25 mg/250 mL NS - Fixed Rate <input type="checkbox"/> IV <input type="checkbox"/> Start at rate: _____ mg/hr
Vasodilators	
	Titratable: milrinone 20 mg/100 mL D5W - Titratable <input type="checkbox"/> IV, Max dose: 1 mcg/kg/min Final concentration = 0.2 mg/mL (200 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	nitroglycerin 50 mg/250 mL D5W - Titratable (nitroglycerin 50 mg/250 mL D5W - Titratable) <input type="checkbox"/> IV, Max dose: 200 mcg/min Final concentration = 0.2 mg/mL (200 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	nitropruside 50 mg/250 mL D5W - Titratable (nitropruside 50 mg/250 mL D5W - Titratable) <input type="checkbox"/> IV, Max dose: 10 mcg/kg/min <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Fixed Rate: milrinone 20 mg/100 mL D5W - Fixed Rate <input type="checkbox"/> IV, See order comments Final concentration = 0.2 mg/mL (200 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	nitroglycerin 50 mg/250 mL D5W - Fixed R (nitroglycerin 50 mg/250 mL D5W - Fixed Rate) <input type="checkbox"/> IV, See order comments Final concentration = 0.2 mg/mL (200 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/min

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ORDER	ORDER DETAILS
	nitroPRUSSIDE 50 mg/250 mL D5W - Fixed R (nitroPRUSSIDE 50 mg/250 mL D5W - Fixed Rate) <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IV, See order comments
Inotropes	
	Titratable: DOBUTamine 250 mg/250 mL D5W - Titratable (DOBUTamine 250 mg/250 mL D5W - Titratable) <input type="checkbox"/> IV, Max dose: 50 mcg/kg/min Final concentration = 1 mg/mL (1,000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	DOPamine 400 mg/250 mL D5W - Titratable <input type="checkbox"/> IV, Max dose: 50 mcg/kg/min Final concentration = 1.6 mg/mL (1,600 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	EPINEPHrine 4 mg/250 mL NS - Titratable <input type="checkbox"/> IV, Max dose: 20 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	norepinephrine 4 mg/250 mL NS - Titratable (norepinephrine 4 mg/250 mL NS - Titratable) <input type="checkbox"/> IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	phenylephrine 10 mg/250 mL NS - Titratable (phenylephrine 10 mg/250 mL NS - Titratable) <input type="checkbox"/> IV, Max dose: 180 mcg/min Final concentration = 0.04 mg/mL (40 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	Fixed Rate: DOBUTamine 250 mg/250 mL D5W - Fixed Rate (DOBUTamine 250 mg/250 mL D5W - Fixed Rate) <input type="checkbox"/> IV, See order comments Final concentration = 1 mg/mL (1,000 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	DOPamine 400 mg/250 mL D5W - Fixed Rate <input type="checkbox"/> IV, See order comments Final concentration = 1.6 mg/mL (1600 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	EPINEPHrine 4 mg/250 mL NS - Fixed Rate <input type="checkbox"/> IV, See order comments Final concentration = 0.016 mg/mL (16 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/min
	norepinephrine 4 mg/250 mL NS - Fixed Rate (norepinephrine 4 mg/250 mL NS - Fixed Rate) <input type="checkbox"/> IV, See order comments Final concentration = 0.016 mg/mL (16 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/min

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ORDER	ORDER DETAILS
	phenylephrine 10 mg/250 mL NS - Fixed Ra (phenylephrine 10 mg/250 mL NS - Fixed Rate) <input type="checkbox"/> IV, See order comments Final concentration = 0.04 mg/mL (40 mcg/mL). Provider order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mcg/min

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UMC Health System DISCOMFORT 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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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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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

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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

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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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UMC Health System ELECTROLYTE MED PLAN - ICU ONLY	Patient Label Here
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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
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Communication

ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte Replacement Guidelines)
 T;N, See Reference Sheet

Check below to select the Aggressive Potassium, phosphate, and magnesium.
 May then uncheck any replacement orders not wanted.

Communication Order
 T;N

Medications

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

Replacement orders should only be used in patients with a serum creatinine LESS than 2 mg/dL, and urinary output GREATER than 0.5 mL/kg/hr

IV POTASSIUM CHLORIDE REPLACEMENT:
 Select only ONE of the following potassium chloride replacement orders - Aggressive or Non-Aggressive

AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels 3.6 mMol/L to 3.9 mMol/L:

potassium chloride
 20 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 2 hr, K+ level 3.6 - 3.9 mMol/L
 If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb
 Repeat serum potassium level 2 hours after total replacement is completed.
 Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.

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.
 Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.

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.
 Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.

NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels LESS than or equal to 3.5 mMol/L:

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.
 Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.

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<p>UMC Health System</p> <p>ELECTROLYTE MED PLAN - ICU ONLY</p>	<p>Patient Label Here</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
	<p>potassium chloride</p> <p><input type="checkbox"/> 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. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.</p>
	<p>IV SODIUM PHOSPHATE REPLACEMENT: Use only when phosphorous needs replacement Select only ONE of the following sodium phosphate replacement orders - Aggressive or Non-Aggressive</p> <p>AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for serum phosphorus levels equal to or LESS than 3.0 mg/dL AND serum sodium level LESS than 145 mMol/L.</p> <p>sodium phosphate</p> <p><input type="checkbox"/> 30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr, For serum phosphorus level 1.0 - 3.0 mg/dL. If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L - Administer 30 mMol sodium phosphate. Repeat serum phosphorus level 6 hours after infusion completed.</p>
	<p>sodium phosphate</p> <p><input type="checkbox"/> 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr, For serum phosphorus level LESS than 1 mg/dL. If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/L - Administer 45 mMol sodium phosphate and notify provider.</p> <p>Repeat serum phosphate level 6 hours after infusion completed.</p>
	<p>NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Select both sodium phosphate orders to replace phos levels LESS than or equal to 2.5 mg/dL</p> <p>sodium phosphate</p> <p><input type="checkbox"/> 30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr, For serum phosphorus level 1-2.5 mg/dL. If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol/L - Administer 30 mMol sodium phosphate. Repeat serum phosphorus level 6 hours after infusion completed.</p>
	<p>sodium phosphate</p> <p><input type="checkbox"/> 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr, For serum phosphorus level LESS than 1 mg/dL. If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/L - Administer 45 mMol sodium phosphate and notify provider.</p> <p>Repeat serum phosphate level 6 hours after infusion completed.</p>
	<p>IV MAGNESIUM REPLACEMENT:</p> <p>magnesium sulfate</p> <p><input type="checkbox"/> 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr, For serum magnesium levels 1.6 - 1.9 mg/dL. If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Repeat serum magnesium level 2 hours after the infusion is completed.</p> <p>Continued on next page....</p>

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UMC Health System ELECTROLYTE MED PLAN - ICU ONLY	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
	magnesium sulfate <input type="checkbox"/> 4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr, For serum magnesium levels equal to or LESS than 1.6 mg/dL. If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and NOTIFY PROVIDER if mag level is less than 1 mg/dL. Repeat serum magnesium level 2 hours after the infusion is completed.
	IV POTASSIUM PHOSPHATE REPLACEMENT: Select only ONE of the following potassium phosphate replacement orders - Aggressive or Non-Aggressive. Nurse will contact provider for additional order IF potassium phosphate needed AGGRESSIVE IV POTASSIUM PHOSPHATE - Use when only phosphorus needs replacement with hypernatremia. Replacement doses for serum phosphorus levels LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L. Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.
	NON-AGGRESSIVE IV POTASSIUM PHOSPHATE REPLACEMENT - To replace phosphorus levels LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L. Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.

Laboratory	
	Potassium Level
	Phosphorus Level
	Magnesium Level
	Sodium Level

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UMC Health System GERIATRIC DISCOMFORT 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
	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.
	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
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	melatonin <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
	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***
	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 ****
	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*****
	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)
	HYDROmorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	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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UMC Health System ICU SEDATION AND PAIN 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	
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale) <input type="checkbox"/> ***See Reference Text***
	Perform Awakening Trial <input type="checkbox"/> Daily ***See Reference Text***
	ICU Pain/Agitation/Delirium Reference <input type="checkbox"/> ***See Reference Text***
	Brain Function Monitoring <input type="checkbox"/> 2 to 4 Channel EEG.
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Assess patient's sedation and pain level every 4 hours.
Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. ***SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED*** If delirium noted give: haloperidol <input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.
Initial Dose	
	Pain Meds morphine <input type="checkbox"/> 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	fentaNYL <input type="checkbox"/> 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	HYDROmorphine <input type="checkbox"/> 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	Sedation Meds propofol <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME
	midazolam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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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>ketamine</p> <p><input type="checkbox"/> 4 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p> <p><input type="checkbox"/> 5 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p> <p><input type="checkbox"/> 6 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p>
Intermittent Dose	
	<p>Pain Meds</p> <p>morphine</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.</p>
	<p>fentaNYL</p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Administer to maintain pain level less than 4/10.</p>
	<p>HYDROmorphine</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.</p>
	<p>Sedation Meds</p> <p>midazolam</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***</p>
	<p>LORazepam</p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***</p>
Continuous Infusion	
	<p>Pain Meds</p> <p>morphine 100 mg/100 mL NS - Titratable</p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***</p> <p>Continued on next page....</p>

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UMC Health System ICU SEDATION AND PAIN 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
	fentaNYL 1000 mcg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr Final concentration = 10 mcg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***
	HYDRomorphine 20 mg/100 mL NS - Titratab (HYDRomorphine 20 mg/100 mL NS - Titratable) <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed***
	Sedation Meds propofol 1,000 mg/100 mL - Titratable <input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Bolus Dose: 25 mg, Bolus Freq: q2h, Bolus 4-hour Limit: 100 mg, Bolus Indication: for sedation Final concentration = 10 mg/mL (10,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled*** <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours midazolam 100 mg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam 40 mg/250 mL D5W - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable) <input type="checkbox"/> IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled*** Continued on next page...

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UMC Health System ICU SEDATION AND PAIN 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
	<input type="checkbox"/> Start at rate: _____ mcg/kg/hr
	ketamine 500 mg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IV, Max titration: 2 mcg/kg/min every every 10 minutes, Max dose: 20 mcg/kg/min Infuse slowly with inotropes amiodarone or milrinone or in patients that are hypertensive.
Laboratory	
	If patient remains on a propofol infusion after 48 hours monitor Triglycerides now and every 3 days until propofol discontinued. Triglycerides
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Reason: Triglyceride Level greater than 400 mg/dL

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UMC Health System MECHANICAL VENTILATION 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
	Patient Activity <input type="checkbox"/> Bedrest, HOB elevation 30 - 45 degrees
	Perform Oral Care <input type="checkbox"/> Per Unit Standards, Use SAGE oral cleansing & suctioning system
	ICU Progressive Mobility Guidelines
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	ocular lubricant <input type="checkbox"/> 1 app, both eyes, as needed, PRN dry eyes
	Respiratory
	Ventilator Settings
	Ventilator Settings APRV
	Ventilator Settings HFOV
	Arterial Blood Gas <input type="checkbox"/> Every AM, continue while patient is on ventilator
	MICU Ventilator Weaning Protocol

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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 <input type="checkbox"/> 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.
	acetaminophen <input type="checkbox"/> 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 <input type="checkbox"/> 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.
	acetaminophen <input type="checkbox"/> 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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UMC Health System PCA 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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Communication

Notify Provider of VS Parameters (Notify Provider if VS)
 RR Less Than 10, Patient becomes unresponsive

Medication Management (Notify Nurse and Pharmacy)
 Start date T;N
 If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.

IV Solutions

CAUTION
 Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.

DOSING NOTES:
 1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses.
 2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment.
 3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.

morphine (morphine 30 mg/30 mL PCA)
 Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N
 Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N

HYDROMorphone (HYDROMorphone 6 mg/30 mL PCA)
 Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N
 Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N
 Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N

fentaNYL (fentaNYL 300 mcg/30 mL PCA)
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N
 Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N

If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA

NS (Normal Saline)
 1,000 mL final vol, IV, 20 mL/hr

Medications

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

ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION
 If respiratory rate is less than 10 breaths/min or patient is unresponsive

- Stop PCA Pump
- Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.
- Notify Physician

naloxone
 0.1 mg, IVPush, inj, q2min, PRN bradypnea
 May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).
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UMC Health System

PCA 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

Respiratory

Continuous Pulse Oximetry

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UMC Health System POST OP OPEN HEART VENTILATOR PROTOCOL 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
Respiratory	
	Post Op Open Heart Ventilator Protocol (Post Op Open Heart Ventilator Care & Weaning Protocol) <input type="checkbox"/> ***See Reference Text***
	Notify RT (May decrease Tidal Volume less than 6mL/kg) <input type="checkbox"/> May decrease Tidal Volume less than 6mL/kg
	Notify RT (DO NOT decrease Tidal Volume less than 6mL/kg) <input type="checkbox"/> DO NOT decrease Tidal Volume less than 6mL/kg
	Notify RT (ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca) <input type="checkbox"/> ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca
	Notify RT (Wean Vent per Standing Delegation Orders Begin @) <input type="checkbox"/> Wean Vent per Standing Delegation Orders Begin @
	Notify RT (Call Anesthesia with NIF, VC, CPAP and ABG) <input type="checkbox"/> Call Anesthesia with NIF, VC, CPAP and ABG
	Notify RT (Overnight with a goal of CPAP) <input type="checkbox"/> Overnight with a goal of CPAP
	Notify RT (Overnight with a goal of extubate at 0630) <input type="checkbox"/> Overnight with a goal of extubate at 0630
	Notify RT (Respiratory Therapy evaluation upon extubation) <input type="checkbox"/> Respiratory Therapy evaluation upon extubation
	Respiratory Care Plan Guidelines

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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.	
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Continued on next page....	

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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

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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

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	<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

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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	Patient Label Here
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
-------	---------------

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 chemoprophylaxis

Apply Elastic Stockings
 Apply to: Bilateral Lower Extremities, Length: Knee High
 Apply to: Right Lower Extremity (RLE), Length: Knee High
 Apply to: Left Lower Extremity (LLE), Length: Thigh High
 Apply to: Left Lower Extremity (LLE), Length: Knee High
 Apply to: Bilateral Lower Extremities, Length: Thigh High
 Apply to: Right Lower Extremity (RLE), 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, q8h, Prophylaxis - Trauma Dosing

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

heparin
 5,000 units, subcut, inj, q12h
 5,000 units, subcut, inj, q8h

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

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VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

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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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