Patient Label Here

# NEUROINTERVENTION PLAN - Phase: Neurointervention Plan

	PHYSICIAN ORDERS			
Diagnos	s			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific or	der detail box(es) where applicable.	
ORDER				
	Patient Care Vital Signs			
	Per Unit Standards			
	Notify Nurse (DO NOT USE FOR MEDS)         Hourly, record intracranial pressure, mean arterial pressure, cerebral perfusion pressure, and end tidal CO2.         Notify Nurse (DO NOT USE FOR MEDS)         Right Lower Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Left Lower Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Right Upper Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Left Upper Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Left Upper Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Left Upper Extremity-Check peripheral pulse distal to the cath site. If is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.         Perform Neurological Checks			
	Notify Nurse (DO NOT USE FOR MEDS)         If Brachial Approach: a. bed rest for 2 hrs, then up if BP stable with standing. b. leave forearm comfortable and mildly flexed. c. no circumferential dressing.         Patient Activity         Bedrest, HOB less than or equal to 30 degrees. Bedrest x 2 hrs with leg striaght. Patient may lie on side with leg straight. After bedrest period is over, initiate progressive mobility protocol         Bedrest, HOB less than or equal to 30 degrees. Bedrest x 6 hrs with leg striaght. Patient may lie on side with leg straight. After bedrest period is over, initiate progressive mobility protocol			
	Daily Weight			
	Arterial Pressure Monitoring Set up for arterial line monitoring			
	Central Venous Pressure Monitoring			
	ICP Monitoring Record hourly. Transduce intracranial pressure ICP off closed ver	tricular drain every hour.		
	Strict Intake and Output         Per Unit Standards         Maintain External Ventricular Drain         10 cm H2O (drainage setting), Zero At: opening of ear         20 cm H2O (drainage setting), Zero At: opening of ear			
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag, PRN urinary retention			
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Physician 8	Signature:	Date	Time	



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UMC Health System NEUROINTERVENTION PLAN - Phase: Neurointervention Plan		Patient Label Here		
	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice AN		ar detail hov(es) where applicable	
ORDER	ORDER DETAILS			
	Discontinue Urinary Catheter	DC Urinary Catheter, afte	r 6 hours	
	Nursing Swallowing Screen ☐ Perform prior to PO intake. If patient fails swallow screening, order Co Eval & Treat	nsult Speech Therapy For Ev	al & Treat. Reason: Swallow	
	Maintain Gastric Tube	Maintain Orogastric - OG,	Low Intermittent Suction	
	Discontinue Dressing Located: Neurointerventional puncture site dressing, discontinue 24 h	ours after the procedure. Kee	p site clean.	
	Communication			
	Notify Provider/Primary Team of Pt Admit Now In AM	Upon Arrival to Floor/Unit		
	Notify Provider (Misc) Reason: Deterioration of neurological status, problems swallowing, or signs of bleeding			
	Notify Provider (Misc) Reason: Urine output less than 0.5 mL/kg averaged over 2 hours Reason: Urine output greater than 300 mL/hr averaged over 2 hours			
	Notify Provider (Misc)			
	Notify Provider of VS Parameters            Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 120, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 140, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 140, SBP Less Than 90 cons ly, HR Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 160, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 160, SBP Less Than 140 consistently, HR Greater Than 120, HR Less Than 50         Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 160, SBP Less Than 140 consistently, HR Greater Than 120, HR Less Than 50         Temp Greater Than 101.3, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 90, SBP Greater Than 160, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         Temp Greater Than 120, HR Less Than 50         Temp Greater Than 120, HR Less Than 50         He Greater Than 120, HR Less Than 50         SpO2 Less Than 90, SBP Greater Than 180, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         SpO2 Less Than 90, SBP Greater Than 180, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         SpO2 Less Than 90, SBP Greater Than 180, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         SpO2 Less Than 90, SBP Greater Than 180, SBP Less Than 90 cons ly, HR Greater Than 120, HR Less Than 50         SpO3 Cons SpO4 Cons SpO4 Cons Than 120, HR Less Than 50         SpO4 C			
	Instruct Patient Instruct Patient On: Other Advise patient to avoid strenuous activity/ex	kercise, and to not lift more the	an 10 pounds for 2 weeks	
	Dietary         Oral Diet         Regular Diet, if patient passes swallow screen         Carbohydrate Controlled (1600 calories) Diet, if patient passes swallo         Carbohydrate Controlled (2000 calories) Diet, if patient passes swallo		ent passes swallow screen	
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Neurointervention Plan

UMC Health System		Patient Label Here		
	EUROINTERVENTION PLAN Phase: Neurointervention Plan			
	PHYSIC			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	NPO Diet			
	□ NPO □ NPO, Except Meds, Except Ice Chips	NPO, Except Meds		
	IV Solutions			
	NS			
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
	NS + 20 mEq KCI/L			
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr		
	Medications			
	Medication sentences are per dose. You will need to calculate a	total daily dose if needed.		
	famotidine 20 mg, PO, tab, BID			
	<b>niMODipine</b> ☐ 60 mg, PO, cap, q4h, x 21 days	☐ 60 mg, per tube, liq, q4h, :	x 21 days	
	Analgesics for Moderate Pain			
	oxyCODONE 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)			
	Analgesics for Severe Pain			
	fentaNYL 25 mcg, IVPush, inj, q1h, PRN pain-severe (scale 7-10)	50 mcg, IVPush, inj, q1h,	PRN pain-severe (scale 7-10)	
	Initial Dose dexAMETHasone			
	10 mg, IVPush, inj, ONE TIME			
	levETIRAcetam 1,000 mg, IVPB, ivpb, ONE TIME, Infuse over 15 min			
	Maintenance Dose			
	dexAMETHasone 8 mg, PO, tab, q12h			
	To begin 12 hours after initial dexamethasone dose administered.			
	B mg, IVPush, inj, q12h To begin 12 hours after initial dexamethasone dose administered.			
	levETIRAcetam ☐ 500 mg, PO, tab, BID	500 mg, per tube, lig, BID		
	☐ 500 mg, IVPB, ivpb, q12h, Infuse over 15 min			
	To begin 12 hours after initial levetiracetam dose administered.			
	Antithrombotics			
	aspirin B1 mg, PO, tab, Daily	☐ 325 mg, PO, tab, Daily		
	<b>clopidogrel</b> 75 mg, PO, tab, Daily			
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## NEUROINTERVENTION PLAN - Phase: Neurointervention 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			
	ticagrelor 90 mg, PO, tab, BID			
	Blood Pressure Management			
	niCARdipine 25 mg/250 mL - Titratable IV, Maximum titration: 2.5 Titration units: mg/hr every 5 minutes, Max dose: 15 mg/hr Final concentration = 0.1 mg/mL (100 mcg/mL). Start at rate:mg/hr			
	DOPamine 400 mg/250 mL D5W - Titratable □ IV, Max dose: 50 mcg/kg/min Final concentration= 1.6 mg/mL (1,600 mcg/mL). □ Start at rate:mcg/kg/min			
	norepinephrine 4 mg/250 mL NS - Titratab (norepinephrine 4 mg/250 mL NS - Titratable) IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). Start at rate:mcg/min			
	phenylephrine 10 mg/250 mL NS - Titratab (phenylephrine 10 mg/250 mL NS - Titratable)         □ IV, Max dose: 180 mcg/min         Final concentration = 0.04 mg/mL (40 mcg/mL).         □ Start at rate:mcg/min			
	Intracranial Pressure Management			
	.Medication Management Start date T;N If ordered, do NOT administer mannitol or sodium chloride 3% if serum sodium is GREATER than 150 mmol/L or serum osmolality is GREATER than 320 mOsm/kg.			
	mannitol (mannitol 20% intravenous solution)         25 g, IVPB, iv soln, q4h, PRN other, Infuse over 30 min         Give for intracranial pressure greater than 20 mmHg.			
	<ul> <li>***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mMol/L OR</li> <li>Serum Osmolality is greater than 320 mOsm/kg***</li> <li>☐ 50 g, IVPB, iv soln, q4h, PRN other, Infuse over 30 min</li> <li>Give for intracranial pressure greater than 20 mmHg.</li> </ul>			
	***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mMol/L OR Serum Osmolality is greater than 320 mOsm/kg***			
	sodium chloride 3%         250 mL, IVPB, iv soln, q4h, PRN other, Infuse over 60 min         Give for intracranial pressure greater than 20 mmHg.         250 mL, IVPB, iv soln, q4h, Infuse over 60 min			
	Laboratory			
	CBC with Differential			
	CBC with Differential			
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NEUROINTERVENTION PLAN - Phase: Neurointervention Plan

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice A	AND an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Basic Metabolic Panel			
	Basic Metabolic Panel			
	Basic Metabolic Panel			
	Comprehensive Metabolic Panel			
	Comprehensive Metabolic Panel			
	Magnesium Level			
	Magnesium Level			
	Osmolality			
	Osmolality □ q6h			
	Osmolality □ Next Day in AM, T+1;0300			
	Prothrombin Time with INR			
	Prothrombin Time with INR INext Day in AM, T+1;0300			
	PTT			
	PTT Next Day in AM, T+1;0300			
	Urinalysis			
	***Perform pregnancy test if patient is premenopausal female***			
	Beta HCG Serum Qualitative			
	Urine Random Drug Screen			
	Diagnostic Tests			
	EKG-12 Lead DX Chest Portable			
	STAT, Assess endotracheal tube placement			
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTI	E) with contrast if needed)		
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	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		r dotail box(os) whore applicable
ORDER	ORDER DETAILS	D all X in the specific ofde	
ORDER			
	VL Transcranial Doppler (Vascular Lab) T;N, Cerebral Vasospasm, 14, days		
	Respiratory		
	Notify RT Keep PCO2 between 30 and 35. Use ETCO2 if ABG is not done.		
	Notify RT		
	Respiratory Care Plan Guidelines		
	Arterial Blood Gas		
	Arterial Blood Gas		
	<b>Oxygen (O2) Therapy</b> Uia: Nasal cannula, Keep sats greater than: 92		
Physical Medicine and Rehab			
	Consult Speech Therapy for Eval & Treat		
	Consult PT Mobility for Eval & Treat		
	Consult Occ Therapy for Eval & Treat		
	Consults/Referrals		
	Social Services for Assessment and Eval		
Consult Dietitian			
	Consult MD Service: SICU Team, Reason: ventilator management Service: Other	Service: MICU Team, Rea	son: ventilator management
	Consult Anesthesiology Comment: Consult Anesthesia ICU Team		
	Additional Orders		
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NEUROINTERVENTION PLAN - Phase: 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			
	Patient Care			
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.			
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat			
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough			
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake			
	Anti-pyretics			
	Select only ONE of the following for fever			
	acetaminophen □ 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. □ 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.			
	ibuprofen         □ 200 mg, PO, tab, q4h, PRN fever         □ Do not exceed 3,200 mg in 24 hours. Give with food.         □ 400 mg, PO, tab, q4h, PRN fever         □ Do not exceed 3,200 mg in 24 hours. Give with food.			
	Analgesics for Mild Pain			
	Select only ONE of the following for mild pain  acetaminophen  500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. Continued on next page			
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NEUROINTERVENTION PLAN - Phase: 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	R ORDER DETAILS				
	<ul> <li>1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)         <ul> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> <li>650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)             <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> </li></ul> </li> <li>ibuprofen if ordered.</li> <li>ibuprofen</li> <li>400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)         <ul> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.</li> </ul> </li> </ul>				
	Analgesics for Moderate Pain				
	Select only ONE of the following for moderate pain				
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-32	5 mg oral tablet)			
<ul> <li>1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated ineffective, use if ordered.</li> <li>2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated ineffective, use if ordered.</li> <li>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</li> <li>1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ir</li></ul>					
			ine contraindicated or ineffective		
	traMADol         50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)         If tramadol contraindicated or ineffective, use if ordered.         50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)         If tramadol contraindicated or ineffective, use if ordered.				
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective	, use if ordered.			
	Analgesics for Severe Pain				
	Select only ONE of the following for severe pain				
	<ul> <li>morphine</li> <li>2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>If morphine contraindicated or ineffective, use hydromorphone if ordered.</li> <li>4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>If morphine contraindicated or ineffective, use hydromorphone if ordered.</li> </ul>				
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	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	Antiemetics			
	Select only ONE of the following for nausea			
	promethazine 25 mg, PO, tab, q4h, PRN nausea			
	ondansetron ↓ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if order ↓ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if order			
	Gastrointestinal Agents			
	Select only ONE of the following for constipation			
	docusate         100 mg, PO, cap, Nightly, PRN constipation         If docusate contraindicated or ineffective, use bisacodyl if ordered.         100 mg, PO, cap, Daily         Do not crush or chew.			
	bisacodyl D 10 mg, rectally, supp, Daily, PRN constipation			
Antacids				
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral		
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, PRN gas		
	Anxiety			
	Select only ONE of the following for anxiety           ALPRAZolam           0.25 mg, PO, tab, TID, PRN anxiety			
	LORazepam □ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PRN anxiety		
	Insomnia			
	Select only ONE of the following for insomnia			
	ALPRAZolam 0.25 mg, PO, tab, Nightly, PRN insomnia			
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia			
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	UMC Health System	Patient Label Here
NE - F	EUROINTERVENTION PLAN Phase: DISCOMFORT MED PLAN	
		N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective	
	Antihistamines	
	diphenhydrAMINE □ 25 mg, PO, cap, q4h, PRN itching	🗌 25 mg, IVPush, inj, q4h, PRN itching
	Anorectal Preparations	
	Select only ONE of the following for hemorrhoid care	
	<ul> <li>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</li> <li>1 app, topical, pad, as needed, PRN hemorrhoid care</li> <li>Wipe affected area</li> </ul>	
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%- 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	0.25% rectal ointment)
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NEUROINTERVENTION PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY

	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				
	Communication				
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte T;N, See Reference Sheet	e Replacement Guidelines)			
	Check below to select the Aggressive Potassium, phosphate, and magnesium. May then uncheck any replacement orders not wanted.				
	Communication Order				
	Medications				
	Medication sentences are per dose. You will need to calculate a tota	-			
	Replacement orders should only be used in patients with a serum creatin GREATER than 0.5 mL/kg/hr	ine LESS than 2 mg/dL, and	urinary output		
	IV POTASSIUM CHLORIDE REPLACEMENT:				
	Select only ONE of the following potassium chloride replacement orders -	Aggressive or Non-Aggress	ive		
	AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for	or 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 If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb	(+ level 3.6 - 3.9 mMol/L			
	Repeat serum potassium level 2 hours after total replacement is comp	leted.			
	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         If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb         Repeat serum potassium level 2 hours after total replacement is comp         Notify provider and check magnesium level if potassium deficiency doe	leted.	cement attempts.		
	potassium chloride         □       60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, k         If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CO         Repeat serum potassium level 2 hours after total replacement is comp         Notify provider and check magnesium level if potassium deficiency doe	NTACT PROVIDER. leted.			
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement do	oses for potassium levels LES	SS than or equal to 3.5 mMol/L:		
	<ul> <li>potassium chloride</li> <li>40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L</li> <li>If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCI ivpb</li> <li>Repeat serum potassium level 2 hours after total replacement is completed.</li> <li>Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.</li> <li>Continued on next page</li> </ul>				
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Physician Signature:		Date	Time		



NEUROINTERVENTION PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY Patient Label Here

PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	potassium chloride         □       60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 l         If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and         Repeat serum potassium level 2 hours after total replacement is c         Notify provider and check magnesium level if potassium deficiency	I CONTACT PROVIDER. ompleted.		
	IV SODIUM PHOSPHATE REPLACEMENT: Use only when phospho	prous needs replacement		
	Select only ONE of the following sodium phosphate replacement orde	ers - Aggressive or Non-Aggressi	ve	
	AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for s serum sodium level LESS than 145 mMol/L.	erum phosphorus levels equal to	or LESS than 3.0 mg/dL AND	
	<ul> <li>sodium phosphate</li> <li>30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L Repeat serum phosphorus level 6 hours after infusion completed.</li> </ul>			
	sodium phosphate ☐ 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse If Phos level less than 1 mg/dL AND sodium level less than 145 m			
	Repeat serum phosphate level 6 hours after infusion completed.			
	NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Se equal to 2.5 mg/dL	elect both sodium phosphate orde	ers to replace phos levels LESS than or	
	<ul> <li>sodium phosphate</li> <li>30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol// Repeat serum phosphorus level 6 hours after infusion completed.</li> </ul>			
	sodium phosphate 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. Repeat serum phosphate level 6 hours after infusion completed			
	Repeat serum phosphate level 6 hours after infusion completed.			
	IV MAGNESIUM REPLACEMENT:			
	<ul> <li>magnesium sulfate</li> <li>□ 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.</li> <li>Continued on next page</li> </ul>			
Пто	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	



NEUROINTERVENTION PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY

	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
	<ul> <li>magnesium sulfate</li> <li>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.</li> <li>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.</li> <li>Repeat serum magnesium level 2 hours after the infusion is completed.</li> </ul>
	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) 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) 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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Order Take	n by Signature: Date Time
Physician S	Signature: Date Time

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NEUROINTERVENTION PLAN - Phase: GERIATRIC 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		
	Patient Care		
	Perform Bladder Scan Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.		
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed. menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)		
	□ 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) 10 mL, PO, liq, q4h, PRN cough melatonin		
	melatonin 2 mg, PO, tab, Nightly, PRN insomnia		
	Analgesics for Mild Pain		
	Select only ONE of the following for Mild Pain		
	acetaminophen ☐ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ☐ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ☐ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	ibuprofen 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ****** 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 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	HYDROmorphone 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	Antiemetics		
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NEUROINTERVENTION PLAN - Phase: GERIATRIC DISCOMFORT MED PLAN

	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	ondansetron 4 mg, IVPush, soln, q8h, PRN nausea		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation  docusate  100 mg, PO, cap, Nightly, PRN constipation		
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnes suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	sium hydroxide-simethicon	e 200 mg-200 mg-20 mg/5 mL oral
	simethicone 80 mg, PO, tab chew, q4h, PRN gas	] 160 mg, PO, tab chew, q4ł	n, PRN gas
	Anti-pyretics		
	Select only ONE of the following for fever acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho		
	<ul> <li>ibuprofen         <ul> <li>200 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***</li> <li>Give with food.</li> <li>400 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***</li> <li>Give with food.</li> </ul> </li> </ul>		
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0. 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	.25% rectal ointment)	
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### NEUROINTERVENTION PLAN - Phase: PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

Patient Label Here

SU	HEDULED MEDS		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al 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 m	g of acetaminophen per day f	rom all sources.
	For renally impared patients: The following scheduled orders will alternate	te 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	g of acetaminophen per day fr	om all sources.
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	UMC Health System	Р	atient Label Here
NE - F	EUROINTERVENTION PLAN Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check         Per Sliding Scale Insulin Frequency         AC & HS 3 days         BID         q6h         q4h    Sliding Scale Insulin Regular Guidelines	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Follow SSI Regular Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily doop if peeded	
	insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. 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, init 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 301 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, init 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 30	eters iate hypoglycemia guidelines t, notify provider, and repeat ks every 2 hours until blood g ir in 4 hours and then resume	POC blood sugar check in 2 glucose is less than 300 mg/dL. e normal POC blood sugar check and
то	hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood suga insutlin regular sliding scale. Continued on next page		
	n by Signature:	Date	
Physician S	Signature:	Date	Time



	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order o	detail box(es) where applicable.
ORDER	ORDER DETAILS		
ORDER		t, notify provider, and repeat POC ks every 2 hours until blood glucd ar in 4 hours and then resume no tiate hypoglycemia guidelines and ks every 2 hours until blood glucd ar in 4 hours and then resume no tiate hypoglycemia guidelines and then resume no	d notify provider. C blood sugar check in 2 ose is less than 300 mg/dL. rmal POC blood sugar check and d notify provider. C blood sugar check in 2 ose is less than 300 mg/dL. rmal POC blood sugar check and d notify provider. C blood sugar check in 2
(	Once the blood sugar is less than 300 mg/dL, repeat POC blood suga insutlin regular sliding scale. Continued on next page		
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Physician S	Signature:	Date	Time



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	PHYSICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific or	der detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Insulin regular (Moderate Dose Insulin Regular Sliding Scale)         □       0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see paran Moderate Dose Insulin Regular Sliding Scale         If blood glucose is less than 70 mg/dL and patient is symptomatic, in         70-150 mg/dL - 0 units         151-200 mg/dL - 2 units subcut         201-250 mg/dL - 3 units subcut         201-250 mg/dL - 7 units subcut         301-350 mg/dL - 7 units subcut         31-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         If blood glucose is greater than 400 mg/dL, administer 12 units subcut         noce blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale.         □       0-12 units, subcut, inj, BID, PRN glucose levels - see parameters         Moderate Dose Insulin Regular Sliding Scale         If blood glucose is less than 70 mg/dL and patient is symptomatic, ir         70-150 mg/dL - 0 units         151-200 mg/dL - 2 units subcut         201-250 mg/dL - 3 units subcut         201-250 mg/dL - 10 units         151-200 mg/dL - 10 units         151-400 mg/dL - 10 units subcut         251-300 mg/dL - 10 units subcut <td< th=""><th>hitiate hypoglycemia guideline eut, notify provider, and repeat lecks every 2 hours until blood n 4 hours and then resume no hitiate hypoglycemia guideline wit, notify provider, and repeat lecks every 2 hours until blood</th><th>POC blood sugar check in 2 d glucose is less than 300 mg/dL. rmal POC blood sugar checks and s and notify provider. POC blood sugar check in 2 d glucose is less than 300 mg/dL.</th></td<>	hitiate hypoglycemia guideline eut, notify provider, and repeat lecks every 2 hours until blood n 4 hours and then resume no hitiate hypoglycemia guideline wit, notify provider, and repeat lecks every 2 hours until blood	POC blood sugar check in 2 d glucose is less than 300 mg/dL. rmal POC blood sugar checks and s and notify provider. POC blood sugar check in 2 d glucose is less than 300 mg/dL.
	<ul> <li>insuttin regular scale.</li> <li>□ 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, in 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar ch Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in insufting repeated.</li> </ul>	eut, notify provider, and repeat necks every 2 hours until blood	POC blood sugar check in 2 I glucose is less than 300 mg/dL.
<b>TO</b> Order Take	n by Signature:	Scanned Powerchart Date Date	
Physician S	Signature:	Date	Time



	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
	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.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut
	201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut
	301-350 mg/dL - 7 units subcut
	351-400 mg/dL - 10 units subcut
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insuttin regular scale.
	0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters
	Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut
	201-250 mg/dL - 3 units subcut
	251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut
	351-400 mg/dL - 10 units subcut
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 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.
	70-150 mg/dL - 0 units
	151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut
	251-300 mg/dL - 7 units subcut
	301-350 mg/dL - 10 units subcut
	351-400 mg/dL - 12 units subcut
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	Continued on next page
Пто	Read Back     Scanned Powerchart     Scanned PharmScan
Order Take	n by Signature: Date Time
Physician S	Signature: Date Time

PHYSICIAN ORDERS         PHYSICIAN ORDERS         Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicab         ORDER       ORDER DETAILS         Image: Im
ORDER       ORDER DETAILS         Image: Dot 14 units, subcut, inj, BID, PRN glucose levels - see parameters         High Dose Insulin Regular Sliding Scale
☐ 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale
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 201-250 mg/dL - 3 units subcut 201-300 mg/dL - 10 units subcut 31-400 mg/dL - 10 units subcut 31-400 mg/dL - 12 units subcut 32-50 mg/dL - 10 units subcut 33-400 mg/dL - 12 units subcut 33-400 mg/dL - 10 mg/dL, repeat 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 iminitin regular siling scale. 33-400 mg/dL - 0 units 33-400 mg/dL - 0 units 33-400 mg/dL - 0 units 33-400 mg/dL - 10 units subcut 33-1400 m
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	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND a	an "x" in the specific order o	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<ul> <li>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 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, n hours. Continue to repeat 10 units subcut and POC blood sugar checks of Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 h</li> </ul>	otify provider, and repeat PO0 every 2 hours until blood gluce	C blood sugar check in 2 ose is less than 300 mg/dL.
	insulin regular sliding scale.		
	insulin regular (Blank Insulin Sliding Scale)         □       See Comments, subcut, inj, PRN glucose levels - see parameters         Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guideline         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	es and notify provider.	
	If blood glucose is greater than 400 mg/dL, administer units subcur hours. Continue to repeat units subcut and POC blood sugar chec Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 h insulin regular sliding scale.	ks every 2 hours until blood g	lucose is less than 300 mg/dL.
	HYPOglycemia Guidelines		
	HYPOglycemia Guidelines HYPOglycemia Factoria		
	glucose ☐ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose able to swallow. See hypoglycemia Guidelines. Continued on next page	e is less than 70 mg/dL and pa	atient is symptomatic and
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NEUROINTERVENTION PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN Patient Label Here

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN glucose levels - see parameted Use if blood glucose is less than 70 mg/dL and patient is symptomatic AND has IV access. See hypoglycemia guidelines.</li> </ul>	ers c and cannot swallow OR if patie	ent has altered mental status
	<ul> <li>glucagon</li> <li>1 mg, IM, inj, as needed, PRN glucose levels - see parameters</li> <li>Use if blood glucose is less than 70 mg/dL and patient is symptomatic</li> <li>AND has NO IV access. See hypoglycemia guidelines.</li> </ul>	c and cannot swallow OR if patie	ent has altered mental status
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NEUROINTERVENTION PLAN - Phase: VTE PROPHYLAXIS PLAN

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	PHYS	
	Place an "X" in the Orders column to designate orders of choic	e 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 Contrai cated***	ndications for VTE below and complete reason contraindi
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	<ul> <li>Treatment not indicated</li> <li>Other anticoagulant ordered</li> <li>Intolerance to all VTE chemoprophylaxis</li> </ul>
	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 VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min.	•
	0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to use adjusted body weight if actual weight is greate	
	heparin	
	5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h
	5,000 units, subcut, inj, q12h         VTE Prophylaxis: Non-Trauma Dosing         enoxaparin (enoxaparin for weight 40 kg or GREATER)         40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function
	5,000 units, subcut, inj, q12h         VTE Prophylaxis: Non-Trauma Dosing         enoxaparin (enoxaparin for weight 40 kg or GREATER)         40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function
	<ul> <li>5,000 units, subcut, inj, q12h</li> <li>VTE Prophylaxis: Non-Trauma Dosing</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>mutication</li> </ul>	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function
	<ul> <li>5,000 units, subcut, inj, q12h</li> <li>VTE Prophylaxis: Non-Trauma Dosing</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>mathematical and the state of the state of</li></ul>	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function
	<ul> <li>5,000 units, subcut, inj, q12h</li> <li>VTE Prophylaxis: Non-Trauma Dosing</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)         <ul> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>10 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>per Renal Function</li> </ul> </li> <li>rivaroxaban         <ul> <li>10 mg, PO, tab, In PM</li> <li>warfarin</li> <li>5 mg, PO, tab, In PM</li> </ul> </li> </ul>	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose
	<ul> <li>5,000 units, subcut, inj, q12h</li> <li>VTE Prophylaxis: Non-Trauma Dosing</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>90 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>10 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing</li> <li>per Renal Function</li> </ul> rivaroxaban <ul> <li>10 mg, PO, tab, In PM</li> </ul> warfarin <ul> <li>5 mg, PO, tab, In PM</li> </ul> aspirin <ul> <li>81 mg, PO, tab chew, Daily</li> </ul> Fondaparinux may only be used in adults 50 kg or GREATER.	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose
	☐ 5,000 units, subcut, inj, q12h         VTE Prophylaxis: Non-Trauma Dosing         enoxaparin (enoxaparin for weight 40 kg or GREATER)         ☐ 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         ☐ 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         ☐ 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         ☐ 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         ☐ 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         ☐ 90 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         □ 10 mg, PO, tab, In PM         warfarin         ☐ 5 mg, PO, tab, In PM         aspirin         ☐ 81 mg, PO, tab chew, Daily         Fondaparinux may only be used in adults 50 kg or GREATER.         Prophylactic use is contraindicated in patients LESS than 50 kg or         fondaparinux         ☐ 2.5 mg, subcut, syringe, q24h	Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function Pharmacy to Adjust Dose per Renal Function for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose
	5,000 units, subcut, inj, q12h         VTE Prophylaxis: Non-Trauma Dosing         enoxaparin (enoxaparin for weight 40 kg or GREATER)         40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing         40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         9         10 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing         10 mg, PO, tab, In PM         warfarin         5 mg, PO, tab, In PM         aspirin         81 mg, PO, tab chew, Daily         Fondaparinux may only be used in adults 50 kg or GREATER.         Prophylactic use is contraindicated in patients LESS than 50 kg or         fondaparinux         2.5 mg, subcut, syringe, q24h         Prophylactic use is contraindicated in patients LESS than 50 kg	Pharmacy to Adjust Dose per Renal Function         Pharmacy to Adjust Dose per Renal Function         Pharmacy to Adjust Dose per Renal Function         for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose         a         325 mg, PO, tab, Daily         CrCI LESS than 30 mL/min         br CrCI LESS than 30 mL/min         Scanned Powerchart