

UMC Health System NEUROSURGERY PLAN EKM - Phase: Floor Phase/ICU Phase	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

Vital Signs
 Per Unit Standards
 Per Unit Standards, including cerebral perfusion pressure (CPP) and end tidal CO2.

Perform Neurological Checks
 q1h q2h
 q4h

Patient Activity
 Up Ad Lib/Activity as Tolerated | Assist as Needed Bedrest
 Bedrest | Bathroom Privileges Out of Bed | Up in Chair
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees
 Bedrest STRICT, Bed Position: HOB Flat, Can sit up for meals and restroom.
 Up Ad Lib/Activity as Tolerated | Assist as Needed, Cervical Collar: Patient to wear brace at all times including while sleeping. Can remove brace for showering only.
 Up Ad Lib/Activity as Tolerated | Assist as Needed, TLSO/LSO Brace: Patient to wear brace at all times except while laying flat in bed (i.e., sleeping). Can remove brace for showering and sleeping.
 Up Ad Lib/Activity as Tolerated | Assist as Needed, Cervicothoracic Brace (CTO): Patient to wear brace at all times except while laying flat in bed (i.e., sleeping). Can remove brace for showering and sleeping. While sleeping patient should wear cervica

Apply Extremity Brace/Immobilizer (Apply Brace)

Daily Weight

Activity Precautions (Spinal Precautions)

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h
 q12h

Urinary Catheter Care

Maintain Gastric Tube
 Maintain Nasogastric - NG, Low Intermittent Suction Maintain Orogastic - OG, Low Intermittent Suction

Maintain Surgical Drain
 Measure Output q2h, Recharge/Strip q2h and PRN Measure Output q4h, Recharge/Strip q2h and PRN

Wound Care by Bedside Nursing

POC Blood Sugar Check
 q6h, DC if glucose is less than 150 for 24hrs.

POC Urinalysis Automated w/o Microscopy
 q1h, for specific gravity q2h, for specific gravity
 q4h, for specific gravity

Intermittent Telemetry

Continuous Telemetry (Intermediate Care)

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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
	Transphenoidal Precautions <input type="checkbox"/> No Bending at the Waist <input type="checkbox"/> No NG Tube <input type="checkbox"/> No Straws <div style="float: right;"> <input type="checkbox"/> No CPAP/No BiPAP <input type="checkbox"/> No Nose Blowing </div>
	ICU Only
	Pupil Exam by Pupillometer
	Set Up for Arterial Line Placement
	Central Venous Pressure Monitoring (CVP Monitoring)
	Maintain External Ventricular Drain <input type="checkbox"/> 10 cm H2O, Zero At: Opening of Ear (EAC).
	ICP Monitoring <input type="checkbox"/> Record Hourly. <input type="checkbox"/> Transduce ICP off closed ventricular drain every hour.
	Initiate Normothermia Neuro ICU Plan <input type="checkbox"/> T;N, STAT, This plan will need to be placed. You must still place the plan after checking this order.

Communication

	Notify Provider/Primary Team of Pt Admit <input type="checkbox"/> Upon Arrival to Floor/Unit <input type="checkbox"/> In AM <input type="checkbox"/> Now
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 101.5, RR Greater Than 24, RR Less Than 10, SpO2 Less Than 92, HR Greater Than 120, HR Less Than 60, ICP Greater Than 20 cmH2O (sustained more than 5 min)
	Notify Provider (Misc) <input type="checkbox"/> Reason: Urine output less than 30 mL/hr averaged over 4 hours.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> For Temp greater than 101.4 obtain UA, UA C&S, Sputum C&S, and Blood Cultures X 2.

Dietary

	NPO Diet <input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips <input type="checkbox"/> T;2359, NPO After Midnight
	Oral Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Regular Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular

The following order are for ICU or EC patients only.
Continuous/Cyclic Tube Feeding

IV Solutions

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NEUROSURGERY PLAN EKM
- Phase: Floor Phase/ICU Phase

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
	NS <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	NS + 20 mEq KCl/L <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr

Medications

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

	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquid) <input type="checkbox"/> 15 mL, swish & spit, mouthwash, BID
	dexAMETHasone <input type="checkbox"/> 10 mg, IVPush, inj, q6h <input type="checkbox"/> 10 mg, PO, tab, q4h
	levETIRAcetam <input type="checkbox"/> 500 mg, IVPB, ivpb, q12h, Infuse over 15 min <input type="checkbox"/> 500 mg, per tube/PO, liq, BID <input type="checkbox"/> 500 mg, PO, tab, BID
	fosphenytoin <input type="checkbox"/> 100 mg, IVPush, inj, q8h
	methocarbamol <input type="checkbox"/> 500 mg, IVPush, inj, q8h, x 72 hr Administer IV Push over 3 minutes. Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. <input type="checkbox"/> 500 mg, PO, tab, TID
	tiZANidine <input type="checkbox"/> 2 mg, PO, tab, q8h, PRN muscle spasms
	diazePAM <input type="checkbox"/> 5 mg, PO, tab, q8h, PRN muscle spasms <input type="checkbox"/> 10 mg, PO, tab, q8h, PRN muscle spasms

Intracranial Pressure Management

BUILD NOTE: This is a Dynamic Plan. Intracranial Pressure Management, BP Management, and Sedatives will only be visible in the ICU.

mannitol (mannitol 20% intravenous solution)

25 g, IVPB, iv soln, q6h, PRN other, Infuse over 30 min
PRN Intracranial pressure greater than 20 mmHg.

Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mosm/kg

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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"/> 50 g, IVPB, iv soln, q6h, PRN other, Infuse over 30 min PRN Intracranial pressure greater than 20 mmHg. ***Hold Mannitol AND notify the Physician if: Sodium Level is greater than 150 mmol/L OR Serum Osmolality is greater than 320 mosm/kg***
	sodium chloride 3% <input type="checkbox"/> 250 mL, IVPB, iv soln, q4h, PRN other Give for intracranial pressure greater than 20 mmHg. HOLD if serum sodium is GREATER than 150 mMol/L or serum osmolality is GREATER than 320 mOsm/kg. Do not exceed 100 mL/hr.
Respiratory	
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN shortness of breath <input type="checkbox"/> 2.5 mg, inhalation, soln, q6h, PRN shortness of breath
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) <input type="checkbox"/> 2.5 mL, inhalation, soln, q6h, PRN shortness of breath or wheezing
Antibiotics	
	ceFAZolin <input type="checkbox"/> 1 g, IVPush, inj, q6h, x 48 hr, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h, x 48 hr, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Dose may be rounded if appropriate.
	gentamicin <input type="checkbox"/> 80 mg, IVPB, ivpb, q8h, x 24 hr, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, PO, tab, BID <input type="checkbox"/> 20 mg, IVPush, inj, BID
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly
Blood Pressure Management	
	hydrALAZINE <input type="checkbox"/> 10 mg, IVPush, inj, q30min, PRN hypertension Give if Systolic BP is greater than <u> 160 </u> or Diastolic greater than <u> 100 </u> . ***Do NOT give if heart rate is greater than 130*** If hydrALAZINE is ineffective or contraindicated use labetalol if ordered Continued on next page....

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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>labetalol</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q15min, PRN hypertension Give if Systolic BP is greater than ___160___ or Diastolic greater than ___100___.</p> <p>***Do NOT give if heart rate is less than 60***</p>
	<p>metoprolol</p> <p><input type="checkbox"/> 5 mg, IVPush, inj, q10min, PRN hypertension Give if Systolic BP is greater than _____ or Diastolic greater than _____.</p> <p>***Do NOT give if heart rate is less than 60***</p>
	<p>DOPamine 400 mg/250 mL D5W - Titratable</p> <p><input type="checkbox"/> IV, Max dose: 50 mcg/kg/min Final concentration= 1.6 mg/mL (1,600 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<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>norepinephrine 4 mg/250 mL NS - Titratab (norepinephrine 4 mg/250 mL NS - Titratable)</p> <p><input type="checkbox"/> IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/min</p>
	<p>vasopressin 20 units/50 mL NS - Titratab (vasopressin 20 units/50 mL NS - Titratable)</p> <p><input type="checkbox"/> IV, units/min Final Concentration is 0.4 units/mL.</p> <p><input type="checkbox"/> Start at rate: _____ units/min</p>
	<p>phenylephrine 10 mg/250 mL NS - Titratab (phenylephrine 10 mg/250 mL NS - Titratable)</p> <p><input type="checkbox"/> IV, Max dose: 180 mcg/min Final concentration = 0.04 mg/mL (40 mcg/mL).</p> <p><input type="checkbox"/> Start at rate: _____ mcg/min</p>
	<p>Nimodipine oral solution is only approved in patients unable to swallow capsules. Patient must be switched to capsules as soon as possible.</p> <p>niMODipine</p> <p><input type="checkbox"/> 60 mg, PO, cap, q4h, x 21 days <input type="checkbox"/> 60 mg, per tube, liq, q4h, x 21 days</p>
Analgesics	
	<p>fentaNYL</p> <p><input type="checkbox"/> 25 mcg, IVPush, q1h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 50 mcg, IVPush, q1h, PRN pain-severe (scale 7-10)</p> <p><input type="checkbox"/> 25 mcg, IVPush, q2h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 50 mcg, IVPush, q2h, PRN pain-severe (scale 7-10)</p>
Laboratory	
	CBC with Differential
	Basic Metabolic Panel

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ORDER	ORDER DETAILS
	Comprehensive Metabolic Panel
	Prothrombin Time with INR
	PTT
	Phosphorus Level
	Magnesium Level
	Alcohol Level
	Sed Rate
	C Reactive protein
	Phenytoin Level Total
	Sodium Level
	Osmolality
	Culture Blood
	Lactic Acid Level
	Culture Sputum with Gram Stain
	Urinalysis
	Culture Urine
	Urine Random Drug Screen
	The following orders is for ICU or EC patients only.
	Arterial Blood Gas
Diagnostic Tests	
Radiography	
	DX Chest Portable
	DX Cervical Spine 2-3 views
	DX Cervical Spine 6+ views Flex/Ext
	DX Thoracic Spine AP/Lat/Swim
	DX Lumbosacral 2 or 3 Views
	DX Lumbosacral 5 Views & Bend/Flex
	DX ThoracoLumbar Junction
	DX Scoliosis 2-3 View
CT	
	CT Head w/o
	CT Head Angiography w/wo

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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
	CT Neck Angiography w/wo
	CT C-spine w/o +Reconstruction
	CT T-spine w/o +Reconstruction
	CT Lumbar Spine w/wo
	The following order is for ICU or EC patients only. CT Head Portable w/o (Neuro ICU only)
MRI	
	MRI Brain w/o
	MRI Brain w/wo
	MRI C-Spine w/o
	MRI C-Spine w/wo
	MRI T-spine w/o + MRI L-spine w/o
	MRI T-spine w/wo + MRI L-spine w/wo
Cerebral Imaging	
	SP Carotid,Internal Intracranial Bilat
	The following order is for ICU or EC patients only. VL Transcranial Doppler (Vascular Lab)
Respiratory	
	Respiratory Care Plan Guidelines
	Chest Physiotherapy <input type="checkbox"/> as needed for pulmonary congestion.
	IS Instruct <input type="checkbox"/> IS Instructions: Instruct patient to use 10 times each hour while awake.
	Notify RT (Keep PCO2 less than 35) <input type="checkbox"/> Keep PCO2 less than 35
	Notify RT (NO ARDSnet Protocol) <input type="checkbox"/> NO ARDSnet Protocol
Physical Medicine and Rehab	
	Consult PT Mobility for Eval & Treat
	Consult Occ Therapy for Eval & Treat
	Consult Speech Therapy for Eval & Treat
Consults/Referrals	
	Social Services for Assessment and Eval
	The following orders are for ICU or EC patients only. Consult Dietitian (Nutrition Consult by Dietitian)

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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
	Clergy Consult (Pastoral Care)
	Consult MD <input type="checkbox"/> Service: Anesthesia ICU, Reason: Ventilator Management

...Additional Orders

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PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Patient Care	
	Maintain Surgical Drain (PACU Maintain Surgical Drain)
	Perform Neurovitals <input type="checkbox"/> T;N, Perform GCS and extremity strength checks q15 minutes x 1 hour, then q30 minutes x 1 hour, then hourly.
Communication	
	Notify Provider (Misc) <input type="checkbox"/> T;N, Reason: Notify provider for any decrease in alertness or a decrease in movement/strength in extremities.
	Please use the Notify Nurse order below to instruct nurse on moving or positioning patient. Notify Nurse (DO NOT USE FOR MEDS)

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UMC Health System NEUROSURGERY PLAN EKM - Phase: 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
	Communication
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte Replacement Guidelines) <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <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.
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels LESS than or equal to 3.5 mMol/L: potassium chloride <input type="checkbox"/> 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. Continued on next page....

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PHYSICIAN ORDERS

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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 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. 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. 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. Continued on next page....</p>

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ORDER	ORDER DETAILS
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	<p>magnesium sulfate</p> <p><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.</p>
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	<p>IV POTASSIUM PHOSPHATE REPLACEMENT:</p> <p>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</p> <p>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.</p> <p>Notify Provider (Misc) (Notify Provider of Results)</p> <p><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.</p>
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	<p>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.</p> <p>Notify Provider (Misc) (Notify Provider of Results)</p> <p><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.</p>
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Laboratory	
	Potassium Level
	Phosphorus Level
	Magnesium Level
	Sodium Level

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NEUROSURGERY PLAN EKM
- Phase: ICU SEDATION AND PAIN 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	
	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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NEUROSURGERY PLAN EKM
- Phase: ICU SEDATION AND PAIN 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
	<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>HYDROmorphone</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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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



NEUROSURGERY PLAN EKM
- Phase: ICU SEDATION AND PAIN 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
	<p>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***</p>
	<p>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***</p>
	<p>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</p>
	<p>***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***</p>
	<p>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***</p>
	<p>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...</p>

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NEUROSURGERY PLAN EKM
- Phase: ICU SEDATION AND PAIN MED PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<input type="checkbox"/> 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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Order Taken by Signature: _____ Date _____ Time _____

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<p>UMC Health System</p> <p>NEUROSURGERY PLAN EKM - Phase: PCA MED PLAN</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
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Communication

	<p>Notify Provider of VS Parameters (Notify Provider if VS)</p> <p><input type="checkbox"/> RR Less Than 10, Patient becomes unresponsive</p>
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	<p>Medication Management (Notify Nurse and Pharmacy)</p> <p><input type="checkbox"/> Start date T;N</p> <p>If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.</p>
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IV Solutions

	<p>***CAUTION***</p> <p>Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.</p> <p>***DOSING NOTES***:</p> <ol style="list-style-type: none"> Initial doses are for opioid naive patients. Chronic pain patients may require higher doses. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine. <p>morphine (morphine 30 mg/30 mL PCA)</p> <p><input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N</p> <p><input type="checkbox"/> Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N</p>
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	<p>HYDROMorphone (HYDROMorphone 6 mg/30 mL PCA)</p> <p><input type="checkbox"/> Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N</p> <p><input type="checkbox"/> Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N</p> <p><input type="checkbox"/> Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N</p>
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	<p>fentaNYL (fentaNYL 300 mcg/30 mL PCA)</p> <p><input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N</p> <p><input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N</p> <p><input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N</p>
--	--

	<p>If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA</p> <p>NS (Normal Saline)</p> <p><input type="checkbox"/> 1,000 mL final vol, IV, 20 mL/hr</p>
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Medications

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

	<p>ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION</p> <p>If respiratory rate is less than 10 breaths/min or patient is unresponsive</p> <ol style="list-style-type: none"> Stop PCA Pump Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min. Notify Physician <p>naloxone</p> <p><input type="checkbox"/> 0.1 mg, IVPush, inj, q2min, PRN bradypnea</p> <p>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).</p> <p>Continued on next page....</p>
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UMC Health System

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NEUROSURGERY PLAN EKM
- Phase: PCA 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

Respiratory

Continuous Pulse Oximetry

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NEUROSURGERY PLAN EKM
 - Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Patient Care	
POC Blood Sugar Check	
<input type="checkbox"/> Per Sliding Scale Insulin Frequency <input type="checkbox"/> AC & HS 3 days <input type="checkbox"/> BID <input type="checkbox"/> q6h <input type="checkbox"/> q4h	<input type="checkbox"/> AC & HS <input type="checkbox"/> TID <input type="checkbox"/> q12h <input type="checkbox"/> q6h 24 hr
Sliding Scale Insulin Regular Guidelines	
<input type="checkbox"/> Follow SSI Regular Reference Text	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
insulin regular (Low Dose Insulin Regular Sliding Scale)	
<input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters	
Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.	
<input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters	
Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.	
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NEUROSURGERY PLAN EKM
- Phase: 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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NEUROSURGERY PLAN EKM
 - Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Continued on next page....</p>

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NEUROSURGERY PLAN EKM
- Phase: 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"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p>
	<p>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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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"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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NEUROSURGERY PLAN EKM
- Phase: 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

Patient Label Here

NEUROSURGERY PLAN EKM
- Phase: 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>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.</p>
	<p>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.</p>

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NEUROSURGERY PLAN EKM
- Phase: 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 <input type="checkbox"/> See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated Contraindications VTE <input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Right Lower Extremity (RLE) <input type="checkbox"/> Apply to Left Lower Extremity (LLE)
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing
	VTE Prophylaxis: Non-Trauma Dosing enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
	warfarin <input type="checkbox"/> 5 mg, PO, tab, In PM
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 325 mg, PO, tab, Daily
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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UMC Health System

Patient Label Here

NEUROSURGERY PLAN EKM
- Phase: VTE PROPHYLAXIS PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	fondaparinux <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



NEUROSURGERY PLAN EKM
- Phase: ICU LAB 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
Laboratory	
Hematology	
	CBC <input type="checkbox"/> Routine, T;N
	CBC <input type="checkbox"/> Next Day in AM, Every AM
	CBC with Differential <input type="checkbox"/> Next Day in AM
Coagulation	
	Anti Xa Level <input type="checkbox"/> Timed, T;1300, Every M and Th
	Anti Xa Level <input type="checkbox"/> Timed, T;1300, Every T and F
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N
	Prothrombin Time with INR <input type="checkbox"/> Next Day in AM, Every AM
	PTT <input type="checkbox"/> Routine, T;N
	PTT <input type="checkbox"/> Next Day in AM, Every AM
Chemistry	
	Renal Function Panel <input type="checkbox"/> Routine, T;N
	Renal Function Panel <input type="checkbox"/> Next Day in AM, Every AM
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N
	Magnesium Level <input type="checkbox"/> Routine, T;N
	Magnesium Level <input type="checkbox"/> Next Day in AM, Every AM
	Phosphorus Level <input type="checkbox"/> Routine, T;N
	Phosphorus Level <input type="checkbox"/> Next Day in AM, Every AM
	CK <input type="checkbox"/> Routine, T;N, q8h 48 hr

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



NEUROSURGERY PLAN EKM
- Phase: ICU LAB 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
	Myoglobin <input type="checkbox"/> Routine, T;N, q8h 48 hr
Nutrition Labs	
	Prealbumin <input type="checkbox"/> Routine, T;N
	Prealbumin <input type="checkbox"/> Next Day in AM, Every M and Th
	C Reactive protein (CRP) <input type="checkbox"/> Routine, T;N
	C Reactive protein (CRP) <input type="checkbox"/> Next Day in AM, Every M and Th
	Urine 24hr Urea Nitrogen <input type="checkbox"/> Next Day in AM, Every Monday
Respiratory	
	Arterial Blood Gas (ABG with Lactate) <input type="checkbox"/> STAT, Additional Tests: Lactate, PRN:
	Arterial Blood Gas (ABG with Lactate) <input type="checkbox"/> Routine, Additional Tests: Lactate, Every AM, PRN, Continue while patient is on ventilator. D/C once patient is no longer on vent, bipap, or hiflow oxygen.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

