UMC Health System		Pat	ient Label Here
ORTHO GENERAL POST-OP PLAN - Phase: PACU Phase			
	PHYSICIA	N ORDERS	
Diagnos	is		
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	<b>POC Hemoglobin and Hematocrit</b> Call physician with the results prior to discharge from PACU		
	POC Chem 8		
	POC Blood Sugar Check		
	Communication		
	Peripheral Nerve Block		
	Laboratory		
	Notify physician of results of CBC prior to PACU discharge.		
	<b>CBC</b> STAT, Comment: Pt in PACU;Nofity physician of results prior to DC		
	Basic Metabolic Panel		
	Diagnostic Tests		
	DX Ankle Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Left)         DX Elbow Complete 3+ (Right)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)		
	STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         STAT, Portable, Post-op. Patient in PACU		
	□ STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         □ STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Left)		
	□ STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         □ STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Right)		
	□ STAT, Portable, Post-op. Patient in PACU         DX Ankle Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Chest PA & Lateral         □ STAT, Portable, Post op, Patient in PACU         DX Elbow Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Elbow Complete 3+ (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 1 view (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Femur 2+ vws (Right)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Left)         □ STAT, Portable, Post-op. Patient in PACU         DX Foot Complete 3+ (Right)	Scanned Powerchart	Scanned PharmScan

Physician Signature:

Date



Time

## ORTHO GENERAL POST-OP PLAN - Phase: PACU Phase

Patient Label Here

		PHYSICIAN ORDERS	
	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
RDER	ORDER DETAILS	-	
	DX Forearm AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Forearm AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Hand Complete 3+ (Left)		
	DX Hand Complete 3+ (Right)		
	DX Heel-Os Calsis 2+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Heel-Os Calsis 2+ (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Hip 2-3 views Unilat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Hip 2-3 views Unilat (Right)		
	DX Hip 2-3 views w/ Pelvis (Left)		
	DX Hip 2-3 views w/ Pelvis (Right)		
	DX Knee 1or 2 vws (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Knee 1or 2 vws (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Pelvis AP 1 or 2 vw STAT, Portable, Post-op. Patient in PACU		
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) STAT, Portable, Post-op. Patient in PACU		
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) STAT, Portable, Post-op. Patient in PACU		
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,G STAT, Portable, Post-op. Patient in PACU	irashey,Ax (Left))	
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y, STAT, Portable, Post-op. Patient in PACU	Grashey,Ax (Right))	
	DX Tib/Fib AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Tib/Fib AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU		
	DX Wrist Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	DX Wrist Complete 3+ (Right)		
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	Signature:	Date	Time



	UMC Health System	Patient Label Here
0 - F	RTHO GENERAL POST-OP PLAN Phase: When Patient Arrives to Room	
	DUVOICIA	N OPPERS
		N ORDERS
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	
UNDER	Patient Care	
	Vital Signs ☐ Per Unit Standards ☐ q8h	☐ q4h □ q12h
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h
	Urinary Catheter Care (Foley Catheter Care)	
	Patient Activity Assist as Needed	Bedrest
	Wound Care by Bedside Nursing T;N, Located: Operative Site, ABD Pad, Hypafix Tape, PRN, Reinford T;N, Located: Operative site, ABD Pad, Hypafix Tape, PRN, Reinford	æ dressing e dressing. Monitor drain output every shift.
	Maintain Surgical Drain Maintain Hemovac Maintain Vac Pac	Maintain JP Drain
	Strict Drain/Tube Output Hemovac Vac Pac	JP Drain
	Elevate Extremity Left Lower Extremity (LLE) Left Upper Extremity (LUE)	Right Lower Extremity (RLE) Right Upper Extremity (RUE)
	Set Up for Overhead Trapeze and Frame	
	LLE Weight Bearing Activity           Non Weight Bearing           Partial Weight Bearing	<ul> <li>Weight Bearing as Tolerated</li> <li>Touch Down Weight Bearing</li> </ul>
	RLE Weight Bearing Activity           Non Weight Bearing           Partial Weight Bearing	☐ Weight Bearing as Tolerated ☐ Touch Down Weight Bearing
	LUE Weight Bearing Activity           Non Weight Bearing           Partial Weight Bearing	☐ Weight Bearing as Tolerated
	RUE Weight Bearing Activity           Non Weight Bearing           Partial Weight Bearing	☐ Weight Bearing as Tolerated
	Convert IV to INT	
	Communication	
	Peripheral Nerve Block Dietary	
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Physician	Signature:	Date Time



ORTHO GENERAL POST-OP PLAN         - Phase: When Patient Arrives to Room         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 TORDE DETAILS         Protect agent Detail	UMC Health System		Patient Label H	lere
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 DETALIS         Image: Dest intervention of the interventi				
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 DETALIS         Image: Dest intervention of the interventi		DUVCICI	N ODDEDS	
ORDER       ORDER DETAILS         Oral Diet       Oral Diet         Oral Diet       Advance as tolerated to Carbohydrate Controlled (1600 calories)         Advance as tolerated to Carbohydrate Controlled (1600 calories)       Advance as tolerated to Carbohydrate Controlled (2000 calories)         Advance as tolerated to Carbohydrate Controlled (2000 calories)       Advance as tolerated to Carbohydrate Controlled (2000 calories)         Advance as tolerated to Carbohydrate Controlled (2000 calories)       Next Day in AM, T+1;0300, Every AM for 3 days         Protinombin Time with INR       PTT         Basic Metabolic Panel       Next Day in AM, T+1;0300, Every AM for 3 days         Next Day in AM, T+1;0300, Every AM for 3 days       Next Day in AM, T+1;0300, Every AM for 1 days         Respiratory Care Plan Guidelines       Oxygen (02) Therapy         Vygen (02) Therapy       Ymystell Medicing and Rehab         Consult PT Mobility for Eval & Treat       Consult PT Mobility for Eval & Treat         Consult BC Consult BC Consult Scruices Planning       Oxiden Scruices)         TN, Discharge Planning				(
Order Liguid Diet Bear Die			ID an "x" in the specific order detail box	(es) where applicable.
Clear Liquid Diet       Advance as tolerated to Clear Liquid         Advance as tolerated to Cathohydrate Controlled (1600 calories)       Heart Healthy Diet         Advance as tolerated to Cathohydrate Controlled (1600 calories)       Heart Healthy Diet         Advance as tolerated to Cathohydrate Controlled (1600 calories)       Heart Healthy Diet         Advance as tolerated to Cathohydrate Controlled (1600 calories)       Heart Healthy Diet         Maximum Controller       CBC       Next Day in AM, T+1:0300, Every AM for 3 days         Prothombin Time with INR       PTT         Basic Metabolic Panel       Next Day in AM, T+1:0300, Every AM for 3 days       Next Day in AM, T+1:0300, Every AM for 1 days         Routine, T.N       Routine, T.N       Routine, T.N       Routine, T.N         Respiratory Care Plan Guidelines       Oxygen (02) Thorapy       Winstaal cannuls, Keep sats greater than: 92%         Physical Medicine and Rehab       Consult Reference       Consult Reference         Consult Reference       Consult Reference       Consult Reference         Consult Reference       Consult Reference       Social Services)         T.N, Discharge Planning       Consult Reference       Social Services)         Consult Reference       Scanned Powerchart       Scanned PharmScan         Order Takery Yigusture:       Dit       Take       Scanned PharmScan	ORDER			
CBC Next Day in AM, T+1;0300, Every AM for 3 days       Next Day in AM, T+1;0300, Every AM for 1 days         Prothrombin Time with INR       PT         Basic Metabolic Panel Next Day in AM, T+1;0300, Every AM for 3 days       Next Day in AM, T+1;0300, Every AM for 1 days         Respiratory       Respiratory Care Plan Guidelines       Next Day in AM, T+1;0300, Every AM for 1 days         Physical Medicine and Rehab       Every Care Plan Guidelines       Next Day in AM, T+1;0300, Every AM for 1 days         Consult PT Mobility for Eval & Treat       Consult SR/Genratis       Sconsult SR/Genratis         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Next Day in AM, T+1;0300, Every AM for 1 days         Consult SR/Genratis       Consult SR/Genratis       Sconsult SR/Genratis         Consult SR/Genratis       Sconsult SR/Genratis       Sconsult SR/Genratis         Consult SR/Genra		<ul> <li>Clear Liquid Diet</li> <li>Regular Diet</li> <li>Advance as tolerated to Carbohydrate Controlled (1600 calories)</li> </ul>		
Image: Second		Laboratory		
PTT         Basic Metabolic Panel         Next Day in AM, T+1;0300, Every AM for 3 days         Respiratory         Respiratory Care Plan Guidelines         Oxygen (02) Therapy         Uit: Nasad cannula, Keep sats greater than: 92%         Physical Medicine and Rohab         Consult PT Mobility for Eval & Treat         Consult PT Mobility for Eval & Treat         Consult Borices for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T:N. Discharge Planning         Consult MD        Additional Orders         In to Implement the service of the servi		Next Day in AM, T+1;0300, Every AM for 3 days	Next Day in AM, T+1;0300, Every AM	for 1 days
Basic Metabolic Panel       Next Day in AM, T+1:0300, Every AM for 3 days       Next Day in AM, T+1:0300, Every AM for 1 days         Respiratory       Respiratory Care Plan Guidelines       Next Day in AM, T+1:0300, Every AM for 1 days         Physical Medicine and Rehab       Consult PT Mobility for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult PT Mobility for Eval & Treat       Consult PT Mobility for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult PT Mobility for Eval & Treat       Consult Cc: Therapy for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult Cc: Therapy for Eval & Treat       Consult PT Mobility for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult Cc: Therapy for Eval & Treat       Consult PT Mobility for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult PT Mobility for Eval & Treat       Consult Cc: Therapy for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult Cc: Therapy for Eval & Treat       Consult Cc: Therapy for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Consult Cc: Therapy for Eval & Treat       Consult Cc: Therapy for Eval & Treat       Next Day in AM, T+1:0300, Every AM for 1 days         Mode: Therapy for Eval & Treat       Consult MD       Scanned Powerchart       Scanned PharmScan         Order Taken by Signator:       Dat       Ti		Prothrombin Time with INR		
Image: Next Day in AM, T+1:0300, Every AM for 3 days       Image: Next Day in AM, T+1:0300, Every AM for 1 days         Respiratory       Respiratory Care Plan Guidelines       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Physical Medicine and Rehab       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy for Eval & Treat       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy for Eval & Treat       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy for Eval & Treat       Image: Oxygen (02) Therapy       Image: Oxygen (02) Therapy         Image: Oxygen (02) Therapy for Eval & Treat       Image: Oxyg		РТТ		
Respiratory Care Plan Guidelines         Oxygen (02) Therapy         Via: Nasal cannula, Keep sats greater than: 92%         Physical Medition and Rehab         Consult PT Mobility for Eval & Treat         Consult Qcor Therapy for Eval & Treat         Consult SiReferrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T,N, Discharge Planning         Consult MD        Additional Orders		Next Day in AM, T+1;0300, Every AM for 3 days	Next Day in AM, T+1;0300, Every AM	for 1 days
Cxygen (02) Therapy         Via: Nasal cannula, Keep sats greater than: 92%         Physical Medicine and Rehab         Consult Occ Therapy for Eval & Treat         Consult Occ Therapy for Eval & Treat         Consults/Referrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         Ts, N. Discharge Planning         Consult MD        Additional Orders				
□ Via: Nasal cannulà, Keep sats greater than: 92%         Physical Medicine and Rehab         Consult PT Mobility for Eval & Treat         Consult Cor. Therapy for Eval & Treat         Consult S/Referrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         □ T.N. Discharge Planning         Consult MD				
Consult PT Mobility for Eval & Treat         Consult Occ Therapy for Eval & Treat         Consult S/Referrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T.N. Discharge Planning         Consult MD        Additional Orders         Image: Second Back         Image: Order Taken by Signature:         Date       Time		Via: Nasal cannula, Keep sats greater than: 92%		
Consult Occ Therapy for Eval & Treat         Consults/Referrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T;N, Discharge Planning         Consult MD        Additional Orders				
Consults/Referrals         Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T;N, Discharge Planning         Consult MD        Additional Orders         Image: Service of the service				
Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services)         T.N. Discharge Planning         Consult MD        Additional Orders        Additional Orders        Additional Orders        Additional Orders        Additional Orders        Additional Orders				
Image: Search of the search		Social Services for Assessment and Eval (Discharge Planning Eval	ation by Social Services)	
TO         Read Back         Scanned Powerchart         Scanned PharmScan           Order Taken by Signature:         Date         Time         Time		Consult MD		
Order Taken by Signature: Date Time		Additional Orders		
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	Physician	Signature:	Date Time	

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	PHYSICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	IV Solutions		
	LR (Lactated Ringer's) □ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr	
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, 75 mL/hr	UV, 100 mL/hr	
	□ IV, 125 mL/hr □ IV, 200 mL/hr	☐ IV, 150 mL/hr	
	<b>1/2 NS</b> □ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	NS (Normal Saline) □ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	D5 1/2 NS □ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 200 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	Medications Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed	
	aspirin 81 mg, PO, tab ec, Daily 325 mg, PO, tab ec, Daily	81 mg, PO, tab ec, BID	
	rivaroxaban ☐ 10 mg, PO, tab, In PM		
	Antibiotics		
	ceFAZolin         □       1 g, IVPush, inj, q8h, x 3 dose         Begin 6 hours after preoperative dose given.         Reconstitute with 10 mL of Sterile Water or NS         Administer IV Push over 3 minutes         □       2 g, IVPush, inj, q8h, x 3 dose         Begin 6 hours after preoperative dose given.         Reconstitute each vial with 10 mL of Sterile Water or NS         Administer IV Push over 3-5 minutes         Continued on next page		
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Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



- F	UMC Health System RTHO GENERAL POST-OP PLAN Phase: ORTHO POST-OP MEDICATION PLAN FOR ATIENTS 40 KG OR GREATER	Pat	ient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS	•	
	<ul> <li>clindamycin</li> <li>☐ 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min</li> <li>Begin 6 hours after preoperative dose given.</li> <li>☐ 900 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min</li> <li>Begin 6 hours after preoperative dose given.</li> </ul>		
	<ul> <li>vancomycin</li> <li>☐ 15 mg/kg, IVPB, ivpb, q12h, x 1 dose, Infuse over 90 min</li> <li>Begin 12 hours after preoperative dose given.</li> </ul>		
	Scheduled Analgesics		
	ketorolac ☐ 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***		
	acetaminophen 1,000 mg, IVPB, iv soln, q6h, x 2 dose, Infuse over 15 min ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	PRN Analgesics		
	If ordering scheduled, intravenous acetaminophen for 24 hours, HYDROcodone-acetaminophen orders cannot begin until that order expires. This prevents exceeding the maximum 4000 mg/24 hours of acetaminophen.         Select only ONE of the following for Mild Pain         HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)         □ 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3)         If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 m 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDR expires. Do not exceed 4g/day of acetaminophen		ers cannot begin until that order
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg		ers cannot begin until that order
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician S	Signature:	Date	Time



	UMC Health System	Patient Label Here		
- F	RTHO GENERAL POST-OP PLAN Phase: ORTHO POST-OP MEDICATION PLAN FOR ATIENTS 40 KG OR GREATER			
	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			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 m 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDR expires. Do not exceed 4g/day of acetaminophen.			
	traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if			
	oxyCODONE 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)	10 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)		
	Select only ONE of the following for Severe Pain  morphine  2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10)  *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****  4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10)  *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****			
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) ☐ 1 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)	0.5 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)		
	Muscle Relaxant			
	Oral methocarbamol is not FDA approved in patients less than 16 years	of age.		
	<ul> <li>methocarbamol</li> <li>☐ 500 mg, PO, tab, q6h, PRN muscle spasms</li> <li>☐ 500 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.</li> </ul>	☐ 750 mg, PO, tab, q6h, PRN muscle spasms		
	Administer IV while in recumbent position. Maintain position for at leas 750 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.	at 10-15 minutes following infusion.		
	Administer IV while in recumbent position. Maintain position for at least	t 10-15 minutes following infusion.		
	Gastrointestinal Agents			
	docusate         100 mg, PO, cap, Nightly, PRN constipation         *****IF docusate is contraindicated or ineffective after 12 hours, USE I         100 mg, PO, cap, BID         *****IF docusate is contraindicated or ineffective after 12 hours, USE I			
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation			
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O	UMC Health System	Patient Label Here			
P/	Phase: ORTHO POST-OP MEDICATION PLAN FOR ATIENTS 40 KG OR GREATER				
	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicabl	e.		
ORDER	ORDER DETAILS				
	polyethylene glycol 3350         □       1 packet, PO, liq, Daily, PRN constipation, 1 packet = 17 grams         Mix in 4-8 oz of water, juice, soda, coffee, or tea.         □       1 packet, PO, liq, BID, PRN constipation, 1 packet = 17 grams         Mix in 4-8 oz of water, juice, soda, coffee, or tea.         □       1 packet, PO, liq, BID, PRN constipation, 1 packet = 17 grams         Mix in 4-8 oz of water, juice, soda, coffee, or tea.				
	sodium biphosphate-sodium phosphate (sodium biphosphate-sodiu	ım phosphate 7 g-19 g rectal enema)			
	Antihistamines				
	Select only one of the following for itching.				
	diphenhydrAMINE 25 mg, IVPush, inj, q6h, PRN itching *****IF diphenhydrAMINE is ineffective/contraindicated, USE hydrOXY	Yzine if ordered*****			
	<b>hydrOXYzine</b> 25 mg, PO, tab, q6h, PRN itching				
	Antiemetics				
	Select only ONE of the following for nausea/nomiting.				
	promethazine				
	25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****				
	□ 12.5 mg, Slow IVPush, inj, q6h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****				
		4 mg, IVPush, soln, q8h, PRN nausea/vomiting			
	GI Prophylaxis				
	famotidine 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.				
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UMC Health System ORTHO GENERAL POST-OP PLAN - Phase: ORTHO POST-OP MEDICATION PLAN FOF PATIENTS LESS THAN 40 KG	Patient Label Here
PHYSI	
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	
IV Solutions	
D5 1/2 NS + 20 mEq KCI/L	
LR (Lactated Ringer's)	
Medications	
Medication sentences are per dose. You will need to calculate a	total daily dose if needed.
aspirin 81 mg, PO, tab chew, Daily	B1 mg, PO, tab chew, BID
Antibiotics	
ceFAZolin         □       25 mg/kg, IVsyr, syringe, q8h, x 3 dose         Begin 6 hours after preoperative dose given.         Reconstitute with 10 mL of Sterile Water or NS         Administer IV Push over 3 minutes	
<ul> <li>clindamycin</li> <li>☐ 10 mg/kg, IVsyr, syringe, q8h, x 3 dose, Infuse over 30 min</li> <li>Begin 6 hours after preoperative dose given.</li> </ul>	
gentamicin □ 0.5 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITO Prophylaxis □ 1 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITOR Prophylaxis	
If MRSA suspected: vancomycin ☐ 15 mg/kg, IVsyr, syringe, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.	
Scheduled Analgesics	
ketorolac         □ 0.3 mg/kg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***         □ 0.4 mg/kg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***         □ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***         □ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***         □ 10 mg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***         □ 15 mg, IVPush, inj, q6h, x 48 hr         ***May give IM if no IV access***	
acetaminophen 15 mg/kg, IVsyr, syringe, q6h, x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all source	S.
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0	UMC Health System	Patient Label Here	
- H P/	Phase: ORTHO POST-OP MEDICATION PLAN FOR ATIENTS LESS THAN 40 KG		
	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		
	<b>ibuprofen</b> ☐ 10 mg/kg, PO, liq, q6h		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Nor 0.1 mL/kg, PO, soln, q6h, x 48 hr	co) 7.5 mg-325 mg/15 mL oral solution)	
	PRN Analgesics		
	Severe Pain:		
	<ul> <li>morphine</li> <li>0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>*****IF morphine is ineffective/contraindicated, USE HYDROmorphone</li> <li>0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>*****IF morphine is ineffective/contraindicated, USE HYDROmorphone</li> <li>1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>*****IF morphine is ineffective/contraindicated, USE HYDROmorphone</li> </ul>	if ordered*****	
	HYDROmorphone		
	0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10), For childi 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)	en less than 50 kg. ☐ 0.4 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)	
	Muscle Relaxant		
	methocarbamol 10 mg/kg, IVPush, syringe, q6h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes.		
	Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. 10 mg/kg, IVPush, syringe, q8h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes.		
	Administer IV while in recumbent position. Maintain position for at leas	t 10-15 minutes following infusion.	
	Gastrointestinal Agents		
	docusate ☐ 50 mg, PO, cap, BID Do not crush or chew.		
	bisacodyl ☐ 5 mg, PO, tab ec, BID Do not crush or chew.		
	sodium biphosphate-sodium phosphate (Fleet Enema for Children)		
	polyethylene glycol 3350 ☐ 1 packet, PO, liq, BID Give scheduled until BM		
	Antihistamines		
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	UMC Health System	
	OMC Health System	Patient Label Here
O O	RTHO GENERAL POST-OP PLAN	
- F	Phase: ORTHO POST-OP MEDICATION PLAN FOR ATIENTS LESS THAN 40 KG	
	PHYSICIA	N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	diphenhydrAMINE 1 mg/kg, PO, liq, q6h, PRN itching	1 mg/kg, IVPush, inj, q6h, PRN itching
	For Insomnia:	
	diphenhydrAMINE 1 mg/kg, PO, liq, Nightly, PRN insomnia	
	To be given at 2200. Recommended maximum dose = 25 mg	
	☐ 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg	
	Antiemetics ondansetron (ondansetron pediatric)	
	0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting
	ondansetron 2 mg, PO, liq, q8h, PRN nausea/vomiting	2 mg, IVPush, soln, q8h, PRN nausea/vomiting
	GI Prophylaxis	
	famotidine ☐ 1 mg/kg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.	
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ORTHO	GENERAL	POST-OP	PLAN
- Phase:	PCA MED	PLAN	

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Communication		
	Notify Provider of VS Parameters (Notify Provider if VS) RR Less Than 10, Patient becomes unresponsive		
	.Medication Management (Notify Nurse and Pharmacy) ☐ Start date T;N If respirations fall below 10 breaths per minute or patient becomes un	responsive, stop PCA pump.	
	IV Solutions		
	<ul> <li>***CAUTION***</li> <li>Ordering a continuous rate (Basal Dose), should be reserved for opioid t</li> <li>***DOSING NOTES***:</li> <li>1. Initial doses are for opioid naive patients. Chronic pain patients may reserved for opioid naive patients.</li> </ul>	equire higher doses.	
	<ol> <li>Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment.</li> <li>Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate</li> </ol>		
	morphine.  morphine (morphine 30 mg/30 mL PCA)  Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N  Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N		
	HYDROmorphone (HYDROmorphone 6 mg/30 mL PCA)         Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N         Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N         Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N		
	fentaNYL (fentaNYL 300 mcg/30 mL PCA)         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 11         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 12         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 22	50, Start date/time T;N	
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vei NS (Normal Saline)	n open for duration of PCA	
	1,000 mL final vol, IV, 20 mL/hr		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed	
	ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive 1. Stop PCA Pump 2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min. 3. Notify Physician		
	naloxone         □ 0.1 mg, IVPush, inj, q2min, PRN bradypnea         May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).         Continued on next page		
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		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific order	r detail box(es) where applicable.
ORDER			
	Respiratory Continuous Pulse Oximetry		
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OI - F	RTHO GENERAL POST-OP PLAN Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIA	N ORDERS	
	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	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines Follow SSI Regular Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	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 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut	iate hypoglycemia guidelines	
	<ul> <li>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 insutin regular sliding scale.</li> <li>0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> <li>70-150 mg/dL - 0 units</li> <li>151-200 mg/dL - 1 units subcut</li> <li>201-250 mg/dL - 2 units subcut</li> <li>251-300 mg/dL - 3 units subcut</li> </ul>		
	<ul> <li>301-350 mg/dL - 4 units subcut</li> <li>351-400 mg/dL - 6 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 10 units subcur hours. Continue to repeat 10 units subcut and POC blood sugar chect Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale.</li> <li>Continued on next page</li> </ul>	ks every 2 hours until blood g	lucose is less than 300 mg/dL.
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ORTHO GENERAL POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order de	etail box(es) where applicable.
ORDER	ORDER DETAILS		
ORDER		t, notify provider, and repeat POC ks every 2 hours until blood glucos ar in 4 hours and then resume norr tiate hypoglycemia guidelines and t, notify provider, and repeat POC ks every 2 hours until blood glucos ar in 4 hours and then resume norr tiate hypoglycemia guidelines and tiate hypoglycemia guidelines and	notify provider. blood sugar check in 2 se is less than 300 mg/dL. nal POC blood sugar check and notify provider. blood sugar check in 2 se is less than 300 mg/dL. nal POC blood sugar check and notify provider.
	Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar insutlin regular sliding scale. Continued on next page		
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ORTHO GENERAL POST-OP PLAN

- F	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
ORBER	
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)
	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.
	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
	insutiin 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, 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. □ 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.
	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.
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ORTHO GENERAL POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

		PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders	s of choice AND an "x" in the specific or	der detail box(es) where applicable
DER	ORDER DETAILS		
	0-12 units, subcut, inj, q6h, PRN glucose levels - see p Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sy		s 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 hours. Continue to repeat 10 units subcut and POC b Once blood sugar is less than 300 mg/dl, repeat POC b insutlin regular scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see p Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sy	lood sugar checks every 2 hours until blood blood sugar in 4 hours and then resume nor parameters	glucose is less than 300 mg/dL. mal POC blood sugar checks and
	<ul> <li>70-150 mg/dL - 0 units</li> <li>151-200 mg/dL - 2 units subcut</li> <li>201-250 mg/dL - 3 units subcut</li> <li>251-300 mg/dL - 5 units subcut</li> <li>301-350 mg/dL - 7 units subcut</li> <li>351-400 mg/dL - 10 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer hours. Continue to repeat 10 units subcut and POC b</li> <li>Once blood sugar is less than 300 mg/dl, repeat POC b</li> <li>insutlin regular scale.</li> </ul>	lood sugar checks every 2 hours until blood	glucose is less than 300 mg/dL.
	insulin regular (High Dose Insulin Regular Sliding Scal ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose level High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sy	ls - see parameters	s and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
c	If blood glucose is greater than 400 mg/dL, administer hours. Continue to repeat 10 units subcut and POC blo Once blood sugar is less than 300 mg/dL, repeat POC insulin regular sliding scale. Continued on next page	ood sugar checks every 2 hours until blood g	glucose is less than 300 mg/dL.
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ORTHO GENERAL POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PI	HYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of ch	oice AND an "x" in the specific	order detail box(es) where applicable.
ORDER	ORDER DETAILS		
	0-14 units, subcut, inj, BID, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sympton		nes 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 uni hours. Continue to repeat 10 units subcut and POC blood sug Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale. □ 0-14 units, subcut, inj, TID, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale	gar checks every 2 hours until bloo sugar in 4 hours and then resume	d glucose is less than 300 mg/dL.
	If blood glucose is less than 70 mg/dL and patient is sympton 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	natic, initiate hypoglycemia guidelir	nes and notify provider.
	<ul> <li>If blood glucose is greater than 400 mg/dL, administer 14 uni hours. Continue to repeat 10 units subcut and POC blood sug Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale.</li> <li>□ 0-14 units, subcut, inj, q6h, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptom</li> </ul>	gar checks every 2 hours until bloc sugar in 4 hours and then resume sters	d glucose is less than 300 mg/dL. normal POC blood sugar check and
	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 uni hours. Continue to repeat 10 units subcut and POC blood sug Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale. Continued on next page	gar checks every 2 hours until bloc	d glucose is less than 300 mg/dL.
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## ORTHO GENERAL POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

- F	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					
	RDER       ORDER DETAILS         Image: Construction of the state of				
	insulin regular (Blank Insulin Sliding Scale)         □ See Comments, subcut, inj, PRN glucose levels - see parameters         Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.         70-150 mg/dLunits         151-200 mg/dLunits subcut         201-250 mg/dLunits subcut         251-300 mg/dLunits subcut         301-350 mg/dLunits subcut         351-400 mg/dLunits subcut         351-400 mg/dLunits subcut         If blood glucose is greater than 400 mg/dL, administerunits subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeatunits 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				
	HYPOglycemia Guidelines				
	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 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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	PHYSICIA					
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.			
ORDER	ORDER DETAILS					
	glucose (D50)         25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters         Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status         AND has IV access.       See hypoglycemia guidelines.					
	glucagon         1 mg, IM, inj, as needed, PRN glucose levels - see parameters         Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status         AND has NO IV access.       See hypoglycemia guidelines.					
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ORTHO GENERAL POST-OP PLAN - Phase: VTE PROPHYLAXIS PLAN

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice	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 Contraindications for VTE below and complete reason contraindicated***           Contraindications VTE				
	Active/high risk for bleeding Patient or caregiver refused	Treatment not indicated Other anticoagulant ordered			
	Anticipated procedure within 24 hours	Intolerance to all VTE chemoprophylaxis			
	Apply Elastic Stockings				
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extremity (LLE), Length: Knee High			
	Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh 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 Left Lower Extremity (LLE)			
	Apply to Right Lower Extremity (RLE)				
	Medications				
	Medication sentences are per dose. You will need to calculate	•			
	<ul> <li>VTE Prophylaxis: Trauma Dosing. For CrCI LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)         <ul> <li>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</li> </ul> </li> </ul>				
	heparin □ 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing				
	VTE Prophylaxis: Non-Trauma Dosing				
	<ul> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>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</li> </ul>				
	heparin □ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h			
	rivaroxaban ☐ 10 mg, PO, tab, In PM				
	warfarin 5 mg, PO, tab, In PM				
	aspirin ☐ 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily			
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min				
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Physician Signature: Date Time					
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ORTHO GENERAL POST OF PLAN         Phases: VTE PROPHYLAXIS PLAN             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 DETAILS         Tordipatrinux       2.5 mg, subod. spings, q2/h         Prophylacite use is contrandicated in patients LESS than 50 kg or CrC1 LESS than 30 mL/min             Prophylacite use is contrandicated in patients LESS than 50 kg or CrC1 LESS than 30 mL/min             Image: Comparison of the comparison of t		UMC Health System	Patient Label Here					
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       Fordayarinux         II 2.5 mg, subcut, syringe, q24h         Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min	OI - F	RTHO GENERAL POST-OP PLAN Phase: VTE PROPHYLAXIS PLAN						
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       Fordayarinux         Image: String is ubout, syringe, g24h         Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min								
ORDER DETAILS								
Image aritux       Image aritus         Image aritus       Image aritus         Prophylectic use is constanticated in patients LESS than 50 kg or CrCI LESS than 30 mL/min         Image arity       Image arity         Image arity       Image arity <tr< td=""><td></td><td></td><td>D an "x" in the specific ord</td><td>er detail box(es) where applicable.</td></tr<>			D an "x" in the specific ord	er detail box(es) where applicable.				
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	Physician Signature:        Date							

