ORTHO REPLANTATION/FLAP POST-OP PLAN - Phase: PACU Phase

	PHYSICIAN	ORDERS		
Diagnosi	Diagnosis			
Weight				
. 3	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific order deta	ail box(es) where applicable.	
ORDER	ORDER DETAILS	p	· () all humanie.	
	Communication			
	Peripheral Nerve Block			
	Laboratory			
	CBC with Differential STAT Outpatient/PACU, T;N			
	PTT ☐ STAT Outpatient/PACU, T;N			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S		Date	Time	
-				

ORTHO REPLANTATION/FLAP POST-OP PLAN - Phase: Upon Arrival to Room

	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Patient Care		
	Patient Activity Bedrest		
	Vital Signs ☐ Per Unit Standards		
	Perform Neurovascular Checks To: Operative Extremity, q1h, Check pulses with doppler q1hour. Check to include color, capillary refill and temperature of extremity.		
	Strict Intake and Output T;N, q8h, for 48 hours		
	Elevate Extremity Operative Extremity, Recipient site elevated higher than next promimal	joint	
	Elevate Extremity Operative Extremity, Elevated carefully in well padded sling with elbow	at bed level and hand comfortably	/ elevated
	Urinary Catheter Care		
	Communication		
	Notify Provider (Misc) (Notify Provider of Results) T;N, Reason: Any changes in neurovascular checks of the affected lim temperature shows a prolonged downward decline.	b or flap, if the doppler signals cha	inges, or if the
	Notify Provider (Misc) (Notify Provider of Results) T;N, Reason: Any changes in neurovascular checks of the affected limb or flap, if the doppler signals changes, or if the temperature shows a prolonged downward decline.		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Room temperature to be kept greater than 80 degrees at all times		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Patient to be kept calm with attempt to avoid all painful stimuli, lou	nd noises etc.	
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Sign to be posted: NO COFFEE, TEA, CAFFEINE, CHOCOLATE	E, OR SMOKING.	
	Instruct Patient ☐ T;N, Instruct Patient On: Incentive spirometry		
	Dietary		
	NPO Diet ☐ on POD 0. Advance diet on POD 1 at physician's direction.		
	IV Solutions		
Ţ			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	sician Signature: Date Time		

ORTHO REPLANTATION/FLAP POST-OP PLAN - Phase: Upon Arrival to Room

	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		
	D5LR ☐ IV, 75 mL/hr ☐ IV, 125 mL/hr ☐ IV, 25 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	LR □ IV, 75 mL/hr □ IV, 125 mL/hr □ IV, 25 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	NS	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	Calculate the heparin rate so the Total Hourly Dose equals 400 units	per hour	
	heparin 25,000 units/250 mL D5W IV **Total hourly dose should equal 400 units/hr** Final Concentration: 100 units/mL Start at rate:units/hr For Ortho Replantation/Flap Procedure		
	Medications		
	Medication sentences are per dose. You will need to calculate a to aspirin	otal daily dose if needed.	
	│		
	Antacids		
		nesium hydroxide-simethicone 2	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension)	nesium hydroxide-simethicone 2	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion	nesium hydroxide-simethicone 2	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics	nesium hydroxide-simethicone 2	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation	25 mg oral tablet)	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3)	25 mg oral tablet)	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3) 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho	25 mg oral tablet) purs. 25 mg oral tablet)	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho ***Moderate Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7)	25 mg oral tablet) purs. 25 mg oral tablet)	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3; 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho ***Moderate Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3; 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho	25 mg oral tablet) purs. 25 mg oral tablet)	200 mg-200 mg-20 mg/5 mL oral
□ то	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3; 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho ***Moderate Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3; 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho	25 mg oral tablet) purs. 25 mg oral tablet) purs.	200 mg-200 mg-20 mg/5 mL oral
	Antacids Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-mag suspension) 30 mL, PO, susp, Daily, PRN indigestion Anxiety chlorproMAZINE 25 mg, PO, tab, TID, PRN agitation Analgesics ***Mild Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: 1 tab, PO, tab, q4h, PRN pain-mild (scale 1-3) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho ***Moderate Pain*** oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-3: 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 ho Laboratory	25 mg oral tablet) purs. 25 mg oral tablet) purs.	Scanned PharmScan

ORTHO REPLANTATION/FLAP POST-OP PLAN - Phase: Upon Arrival to Room

	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		
	Prothrombin Time with INR (PT with INR) ☐ Next Day in AM, Every AM 3 days		
	PTT Next Day in AM, Every AM 3 days		
	Respiratory		
	Respiratory Care Plan Guidelines		
	Oxygen Therapy 2-3 Liters L/min, Via: Nasal cannula		
	Consults/Referrals Consult MD		
	Additional Orders		
	Additional Orders		
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:		Time

Patient Label Here

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific order d	etail 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 ☐ IV, 125 mL/hr ☐ IV, 200 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr	
	1/2 NS ☐ 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	atal daily dage if manded	
	Medication sentences are per dose. You will need to calculate a taspirin 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		
1	Antibiotics		
	ceFAZolin ☐ 1 g, IVPush, inj, q6h, 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, q6h, 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		
□ то	☐ Read Back	☐ Scanned Powerchart ☐	Scanned PharmScan
Order Taker	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	clindamycin 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given. 900 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.			
	vancomycin ☐ 15 mg/kg, IVPB, ivpb, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.			
	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 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			
	Select only ONE of the following for Moderate Pain			
Ç	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order expires. Do not exceed 4g/day of acetaminophen. Continued on next page			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet) ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) If scheduled, intravenous acetaminophen for 24 hours ordered, HYDROcodone-acetaminophen orders cannot begin until that order 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 ordered***** 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if ordered*****			
	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 4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone			
	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, F	PRN pain-severe (scale 8-10)	
	Muscle Relaxant			
	Oral methocarbamol is not FDA approved in patients less than 16 years of methocarbamol 500 mg, PO, tab, q6h, PRN muscle spasms 500 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.	of age. ☑ 750 mg, PO, tab, q6h, PRN mus	scle spasms	
	Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. 750 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.			
	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 b 100 mg, PO, cap, BID ******IF docusate is contraindicated or ineffective after 12 hours, USE b	•		
	bisacodyl 10 mg, rectally, supp, Daily, PRN constipation			
□ то	☐ Read Back ☐	Scanned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician Signature: Date Time		Time		

Patient Label Here

	PHYSICIAN ORDERS
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
	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.
	sodium biphosphate-sodium phosphate (sodium biphosphate-sodium phosphate 7 g-19 g rectal enema) 1 ea, rectally, enema, ONE TIME
	Antihistamines
	Select only one of the following for itching. diphenhydrAMINE 25 mg, IVPush, inj, q6h, PRN itching ******IF diphenhydrAMINE is ineffective/contraindicated, USE hydrOXYzine if ordered*****
	hydrOXYzine ☐ 25 mg, PO, tab, q6h, PRN itching
	Antiemetics
	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*****
	ondansetron ☐ 4 mg, PO, liq, q8h, PRN nausea/vomiting ☐ 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.
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan
Order Take	n by Signature: Date Time
Physician S	Signature: Date Time

ORTHO REPLANTATION/FLAP POST-OP PLAN - 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 Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h Sliding Scale Insulin Regular Guidelines	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr		
Follow SSI Regular Reference Text			
Medications			
insulin regular (Low Dose Insulin Regular Sliding S □ 0-10 units, subcut, inj, AC & nightly, PRN glucose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient in 70-150 mg/dL - 0 units 151-200 mg/dL - 2 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 351-400 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut 351-400 mg/dL, repeainsuttin regular sliding scale. □ 0-10 units, subcut, inj, BID, PRN glucose levels - sea Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient in 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut 351-400 mg/dL - 9 units subcut 351-400 mg/dL - 8 units subcut 351-400 mg/dL - 9 units subcut 351-400 mg/dL - 8 units subcut 351-400 mg/dL - 9 units su	evels - see parameters s symptomatic, initiate hypoglycemia guideline ster 10 units subcut, notify provider, and repea c blood sugar checks every 2 hours until blood at POC blood sugar in 4 hours and then resun ee parameters s symptomatic, initiate hypoglycemia guideline c blood sugar checks every 2 hours until blood	t POC blood sugar check in 2 glucose is less than 300 mg/dL. ne normal POC blood sugar check and es and notify provider. t POC blood sugar check in 2 glucose is less than 300 mg/dL.	
☐ TO ☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Time	
Physician Signature:	Date	Time	

Patient Label Here

	PHY	SICIAN 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			
ORDER	□ 0-10 units, subcut, inj, TID, PRN glucose levels - see parameter Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomat 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 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units hours. Continue to repeat 10 units subcut and POC blood sugar Once the blood sugar is less than 300 mg/dL, repeat POC blood insutlin regular sliding scale. □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameter Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomated.	subcut, notify provider, and reper checks every 2 hours until blood sugar in 4 hours and then resures	at POC blood sugar check in 2 d glucose is less than 300 mg/dL. me normal POC blood sugar check and	
	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 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut, 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 at insutlin regular sliding scale. O-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.			
	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 hours. Continue to repeat 10 units subcut and POC blood sugar Once the blood sugar is less than 300 mg/dL, repeat POC blood insutlin regular sliding scale. Continued on next page	checks every 2 hours until bloo	d glucose is less than 300 mg/dL.	
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	hysician Signature: DateTime			

Patient Label Here

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	RDER ORDER DETAILS			
	insulin regular (Moderate Dose Insulin Regular Sliding Scale) ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see para Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic,		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 subcuts. Continue to repeat 10 units subcut and POC blood sugar continue to repeat 10 units subcut	hecks 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 insutlin regular scale. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale	in 4 hours and then resume nor	mal POC blood sugar checks and	
	If blood glucose is less than 70 mg/dL and patient is symptomatic,	nitiate 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 sub hours. Continue to repeat 10 units subcut and POC blood sugar of Once blood sugar is less than 300 mg/dl, repeat POC blood sugar 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, in the subcut is symptomatic, in the property of the property o	hecks every 2 hours until blood in 4 hours and then resume nor	glucose is less than 300 mg/dL. mal POC blood sugar checks and	
	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 sub hours. Continue to repeat 10 units subcut and POC blood sugar conce blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale. Continued on next page	hecks every 2 hours until blood	glucose is less than 300 mg/dL.	
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature: Date Time		Time		

Patient Label Here

	PHYSICI	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut	nitiate hypoglycemia guidelines	and notify provider.
	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 subchours. Continue to repeat 10 units subcut and POC blood sugar chonce blood sugar is less than 300 mg/dl, repeat POC blood sugar ir insutlin regular scale.	ecks every 2 hours until blood	glucose is less than 300 mg/dL.
	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, ir	nitiate 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 subchours. Continue to repeat 10 units subcut and POC blood sugar chonce blood sugar is less than 300 mg/dl, repeat POC blood sugar ir insutlin regular scale.	ecks every 2 hours until blood of	glucose is less than 300 mg/dL.
	insulin regular (High Dose Insulin Regular Sliding Scale) ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paran High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in		and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut		
•	If blood glucose is greater than 400 mg/dL, administer 14 units subc hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dL, repeat POC blood sugar i insulin regular sliding scale. Continued on next page	cks every 2 hours until blood gl	ucose is less than 300 mg/dL.
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time
DL		D /	Tr.

ORTHO REPLANTATION/FLAP POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

□ 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 351-300 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 10 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. □ 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 10 units subcut 200-250 mg/dL - 15 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 12 units subcut 301-350 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 checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check and insulin regular sliding scale. □ 0-14 units, subcut, inj, (sh, 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 an
RDER ORDER DETAILS □ 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-300 mg/dL - 10 units subcut 351-300 mg/dL - 10 units subcut 351-300 mg/dL - 10 units subcut 10 units subcut 351-300 mg/dL - 300
□ 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-259 mg/dL - 5 units subcut 251-300 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 12 units subcut 351-400 mg/dL - 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. □ 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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 301-350 mg/dL - 10 units subcut 15 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 15 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 If blood glucose is less than 300 mg/dL, and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 15 blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guideli
High Dose Insulin Regular Silding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 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. 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Silding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 351-300 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 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 351-400 mg/dL - 10 units subcut High Dose Insulin Regular Silding scale 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Silding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. Continued on next page

____Time__

Date _

Physician Signature: ____

Patient Label Here

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	☐ 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 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.				
	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/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				
	HYPOglycemia Guidelines ☐ ***See Reference Text***				
C	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				
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Taker	by Signature: Date Time				
Physician S	ignature: Date Time				

ORTHO REPLANTATION/FLAP POST-OP PLAN - 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					
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and cannot swallow OR if patient has altered mental status.					
	glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and cannot swallow/NPO WITHOUT IV access OR if patient has altered mental status.					
□то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan					
Order Take	en by Signature: Date Time					
Physician S	Signature: Date Time					

ORTHO REPLANTATION/FLAP POST-OP PLAN - 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 ☐ See Reference Text for Guidelines					
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated*					
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	☐ Treatment not indicated ☐ Other anticoagulant ordered ☐ Intolerance to all VTE chem				
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extrem Apply to: Bilateral Lower Ex Apply to: Right Lower Extre				
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	☐ Apply to Left Lower Extremi	ity (LLE)			
	Apply Pedal Pump Apply to Bilateral Feet Apply to Right Foot	☐ Apply to Left Foot				
	Medications					
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight. enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight					
	heparin 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h				
	VTE Prophylaxis: Non-Trauma Dosing					
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function					
	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				
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan			
Order Take	n by Signature:	Date	Time			
Physician Signature:		Date	Time			

ORTHO REPLANTATION/FLAP POST-OP PLAN - 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 applicab					
ORDER	ORDER DETAILS					
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl L fondaparinux 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl					
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan			
Order Take	en by Signature:	Date	Time			
Physician Signature:		Date	Time			