

ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: PACU Ortho Phase

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Communication	
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> T;N, Notify Ortho Surgeon, Reason: Notify physician of results of CBC prior to PACU discharge.
Laboratory	
	CBC <input type="checkbox"/> STAT, Comment: Pt in PACU;Nofity physician of results prior to DC
	Basic Metabolic Panel <input type="checkbox"/> STAT, Comment: Pt in PACU
Diagnostic Tests	
	DX Ankle Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Ankle Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Chest PA & Lateral <input type="checkbox"/> STAT, Portable, Patient in PACU
	DX Elbow Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Elbow Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 1 view (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 1 view (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 2+ vws (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Femur 2+ vws (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Foot Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Foot Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Forearm AP/Lat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Forearm AP/Lat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hand Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hand Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

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ORDER	ORDER DETAILS
	DX Heel-Os Calsis 2+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Heel-Os Calsis 2+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hip 2-3 views Unilat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Hip 2-3 views Unilat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Knee 1or 2 vws (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Knee 1or 2 vws (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis AP 1 or 2 vw <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left)) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Right)) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Tib/Fib AP/Lat (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Tib/Fib AP/Lat (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Wrist Complete 3+ (Left) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Wrist Complete 3+ (Right) <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	DX Scoliosis 2-3 View
	DX Cervical Spine 2-3 views (DX Cervical Spine AP & Lat)
	DX Thoracic Spine AP/Lat
	DX Lumbosacral 2 or 3 Views (DX Lumbar Spine AP & Lat)

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<p>UMC Health System</p> <p>ORTHO SPINE AND OTHER POST-OP PLAN - Phase: When Pt. Arrives to Room</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	Patient Care
	Vital Signs <input type="checkbox"/> Per Unit Standards, Post-Op with SaO2 <input type="checkbox"/> Per Unit Standards
	Perform Neurovascular Checks <input type="checkbox"/> To: Operative Extremity, q30min, Check every 30 minutes x 2 then with Vital Signs
	Strict Intake and Output <input type="checkbox"/> Per Unit Standards <input type="checkbox"/> q1h <input type="checkbox"/> q2h <input type="checkbox"/> q4h <input type="checkbox"/> q12h
	Patient Activity <input type="checkbox"/> Assist as Needed, Daily Foot Pumping exercises x 10 every 30 minutes until night time <input type="checkbox"/> Assist as Needed <input type="checkbox"/> Bedrest
	Urinary Catheter Care
	Wound Care by Nursing <input type="checkbox"/> Reinforce dressing, Cover/Pack with ABD Pad, Secure with Hypafix Tape Operative Site, Change PRN <input type="checkbox"/> Reinforce dressing, Cover/Pack with ABD Pad, Secure with Hypafix Tape Operative Site, Change PRN, Monitor drain output Every Shift
	Maintain Surgical Drain <input type="checkbox"/> Maintain Hemovac <input type="checkbox"/> Maintain JP Drain <input type="checkbox"/> Maintain Vac Pac
	Strict Drain/Tube Output <input type="checkbox"/> Hemovac <input type="checkbox"/> JP Drain <input type="checkbox"/> Vac Pac
	Set Up for Overhead Trapeze and Frame
	LLE Weight Bearing Activity <input type="checkbox"/> Weight Bearing as Tolerated <input type="checkbox"/> Partial Weight Bearing <input type="checkbox"/> Touch Down Weight Bearing <input type="checkbox"/> Non Weight Bearing
	RLE Weight Bearing Activity <input type="checkbox"/> Weight Bearing as Tolerated <input type="checkbox"/> Partial Weight Bearing <input type="checkbox"/> Touch Down Weight Bearing <input type="checkbox"/> Non Weight Bearing
	LUE Weight Bearing Activity <input type="checkbox"/> Weight Bearing as Tolerated <input type="checkbox"/> Partial Weight Bearing <input type="checkbox"/> Non Weight Bearing
	RUE Weight Bearing Activity <input type="checkbox"/> Weight Bearing as Tolerated <input type="checkbox"/> Partial Weight Bearing <input type="checkbox"/> Non Weight Bearing

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ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: When Pt. Arrives 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
	Elevate Extremity <input type="checkbox"/> Left Lower Extremity (LLE) <input type="checkbox"/> Right Lower Extremity (RLE) <input type="checkbox"/> Left Upper Extremity (LUE) <input type="checkbox"/> Right Upper Extremity (RUE) <input type="checkbox"/> Left Foot <input type="checkbox"/> Right Foot <input type="checkbox"/> Operative Extremity
	Convert IV to INT <input type="checkbox"/> When tolerating PO
	Instruct Patient <input type="checkbox"/> Instruct Patient On: Incentive spirometry
	Urinary Catheter Care
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
Communication	
	Notify Provider/Primary Team of Pt Admit <input type="checkbox"/> Notify: PCP, Upon Arrival to Floor/Unit
	Notify Provider/Primary Team of Pt Admit <input type="checkbox"/> Notify: PCP
	Notify Provider (Misc)
	Notify Nurse (DO NOT USE FOR MEDS)
Dietary	
	NPO Diet <input type="checkbox"/> NPO, Except Meds, Except Ice Chips, NPO Reason: Procedure, Ice chips until bowel sounds. Advance to clear liquid diet until passing gas. Advance to full liquid diet until bowel movement. Regular diet after bowel movement. <input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> NPO
	Oral Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Clear Liquid <input type="checkbox"/> Regular Diet
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Laboratory	
	CBC <input type="checkbox"/> Next Day in AM, T+1;0300 <input type="checkbox"/> Next Day in AM, T+1;0300, for 3 days
	CBC with Differential <input type="checkbox"/> Next Day in AM, T+1;0300
	Basic Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300 <input type="checkbox"/> Next Day in AM, T;0300, Every AM for 3 days
	Hemoglobin and Hematocrit <input type="checkbox"/> Next Day in AM, T+1;0300 <input type="checkbox"/> STAT, T;N
	Prothrombin Time with INR <input type="checkbox"/> Next Day in AM, T+1;0300

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ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: When Pt. Arrives 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
	PTT <input type="checkbox"/> Next Day in AM, T+1;0300
	Comprehensive Metabolic Panel <input type="checkbox"/> Next Day in AM, T+1;0300
	Vitamin D 25 Hydroxy Total <input type="checkbox"/> Next Day in AM
Respiratory	
	Oxygen Therapy <input type="checkbox"/> 2-3 L/min, Via: Nasal cannula
	IS Instruct
	Continuous Pulse Oximetry
Physical Medicine and Rehab	
	Consult PT Mobility for Eval & Treat
	Consult Occ Therapy for Eval & Treat <input type="checkbox"/> T+1;N, ADL's
Consults/Referrals	
	Consult Dietitian
	Social Services for Assessment and Eval (Discharge Planning Evaluation by Social Services) <input type="checkbox"/> Discharge Planning
	Social Services for Assessment and Eval <input type="checkbox"/> For home bound school <input type="checkbox"/> For wound vac <input type="checkbox"/> For home health <input type="checkbox"/> For Inpatient Rehab
	Social Services for Home Health Care
	Social Services for Home Health Care <input type="checkbox"/> Wound Vac Changes- Sp. Instruc. Required
	Social Services for DME for Home <input type="checkbox"/> Walker for home use
	Social Services for DME for Home <input type="checkbox"/> Wheelchair for Home Use
	Social Services for DME for Home <input type="checkbox"/> Wheelchair with leg elevator for home use
	Social Services for DME for Home <input type="checkbox"/> Bedside Commode for Home Use, 3 in 1 bedside commode

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS LESS THAN 40 KG

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
IV Solutions	
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, mL/hr
	LR (Lactated Ringer's) <input type="checkbox"/> IV, mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 81 mg, PO, tab chew, BID
Antibiotics	
	ceFAZolin <input type="checkbox"/> 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
	clindamycin <input type="checkbox"/> 10 mg/kg, IVsyr, syringe, q8h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.
	gentamicin <input type="checkbox"/> 0.5 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 1 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis
	If MRSA suspected: vancomycin <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.
Scheduled Analgesics	
	ketorolac <input type="checkbox"/> 0.3 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 0.4 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 10 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***
	acetaminophen <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q6h, x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all sources.

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS LESS THAN 40 KG

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
	ibuprofen <input type="checkbox"/> 10 mg/kg, PO, liq, q6h
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) <input type="checkbox"/> 0.1 mL/kg, PO, soln, q6h, x 48 hr
PRN Analgesics	
	Severe Pain: morphine <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****
	HYDROmorphine <input type="checkbox"/> 0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10), For children less than 50 kg. <input type="checkbox"/> 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.4 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)
Muscle Relaxant	
	methocarbamol <input type="checkbox"/> 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. <input type="checkbox"/> 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 least 10-15 minutes following infusion.
Gastrointestinal Agents	
	docosate <input type="checkbox"/> 50 mg, PO, cap, BID Do not crush or chew.
	bisacodyl <input type="checkbox"/> 5 mg, PO, tab ec, BID Do not crush or chew.
	sodium biphosphate-sodium phosphate (Fleet Enema for Children) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	polyethylene glycol 3350 <input type="checkbox"/> 1 packet, PO, liq, BID Give scheduled until BM
Antihistamines	

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS LESS THAN 40 KG

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>diphenhydrAMINE <input type="checkbox"/> 1 mg/kg, PO, liq, q6h, PRN itching <input type="checkbox"/> 1 mg/kg, IVPush, inj, q6h, PRN itching</p>
	<p>For Insomnia: diphenhydrAMINE <input type="checkbox"/> 1 mg/kg, PO, liq, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg <input type="checkbox"/> 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p>
Antiemetics	
	<p>ondansetron (ondansetron pediatric) <input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting <input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting</p>
	<p>ondansetron <input type="checkbox"/> 2 mg, PO, liq, q8h, PRN nausea/vomiting <input type="checkbox"/> 2 mg, IVPush, soln, q8h, PRN nausea/vomiting</p>
GI Prophylaxis	
	<p>famotidine <input type="checkbox"/> 1 mg/kg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.</p>

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS 40 KG OR GREATER

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
IV Solutions	
	LR (Lactated Ringer's) <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	1/2 NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	NS (Normal Saline) <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	D5 1/2 NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 200 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	aspirin <input type="checkbox"/> 81 mg, PO, tab ec, Daily <input type="checkbox"/> 325 mg, PO, tab ec, Daily <input type="checkbox"/> 81 mg, PO, tab ec, BID
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM
Antibiotics	
	ceFAZolin <input type="checkbox"/> 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 <input type="checkbox"/> 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....

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS 40 KG OR GREATER

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>clindamycin</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.</p>
Scheduled Analgesics	
	<p>ketorolac</p> <p><input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***</p>
	<p>acetaminophen</p> <p><input type="checkbox"/> 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***</p>
PRN Analgesics	
	<p>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.</p> <p>Select only ONE of the following for Mild Pain</p> <p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 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</p>
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 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</p>
	<p>Select only ONE of the following for Moderate Pain</p> <p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</p> <p><input type="checkbox"/> 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.</p> <p>Continued on next page....</p>

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 PATIENTS 40 KG OR GREATER

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet) <input type="checkbox"/> 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.</p>
	<p>traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if ordered**** <input type="checkbox"/> 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if ordered****</p>
	<p>oxyCODONE <input type="checkbox"/> 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7) <input type="checkbox"/> 10 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)</p>
	<p>Select only ONE of the following for Severe Pain</p> <p>morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10) ****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered**** <input type="checkbox"/> 4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10) ****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered****</p>
	<p>HYDROmorphine <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.5 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 1 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)</p>
Muscle Relaxant	
	<p>Oral methocarbamol is not FDA approved in patients less than 16 years of age.</p> <p>methocarbamol <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN muscle spasms <input type="checkbox"/> 750 mg, PO, tab, q6h, PRN muscle spasms <input type="checkbox"/> 500 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. <input type="checkbox"/> 750 mg, IVPush, inj, q6h, PRN muscle spasms, x 72 hr Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.</p>
Gastrointestinal Agents	
	<p>docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation ****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered**** <input type="checkbox"/> 100 mg, PO, cap, BID ****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered****</p>
	<p>bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: ORTHO POST-OP MEDICATION PLAN FOR
 PATIENTS 40 KG OR GREATER

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 <input type="checkbox"/> 1 packet, PO, liq, Daily, PRN constipation, 1 packet = 17 grams Mix in 4-8 oz of water, juice, soda, coffee, or tea. <input type="checkbox"/> 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) <input type="checkbox"/> 1 ea, rectally, enema, ONE TIME
Antihistamines	
	Select only one of the following for itching. diphenhydrAMINE <input type="checkbox"/> 25 mg, IVPush, inj, q6h, PRN itching *****IF diphenhydrAMINE is ineffective/contraindicated, USE hydrOXYzine if ordered*****
	hydrOXYzine <input type="checkbox"/> 25 mg, PO, tab, q6h, PRN itching
Antiemetics	
	Select only ONE of the following for nausea/nomiting. promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered***** <input type="checkbox"/> 12.5 mg, Slow IVPush, inj, q6h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****
	ondansetron <input type="checkbox"/> 4 mg, PO, liq, q8h, PRN nausea/vomiting <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: PCA MED PLAN

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Communication	
Notify Provider of VS Parameters (Notify Provider if VS) <input type="checkbox"/> RR Less Than 10, Patient becomes unresponsive	
Medication Management (Notify Nurse and Pharmacy) <input type="checkbox"/> Start date T;N If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.	
IV Solutions	
<p>***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.</p> <p>***DOSING NOTES***: 1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses. 2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.</p> <p>morphine (morphine 30 mg/30 mL PCA) <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, Start date/time T;N <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N <input type="checkbox"/> Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N</p>	
<p>HYDROMORPHONE (HYDROMORPHONE 6 mg/30 mL PCA) <input type="checkbox"/> Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N <input type="checkbox"/> Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N <input type="checkbox"/> Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N</p>	
<p>fentaNYL (fentaNYL 300 mcg/30 mL PCA) <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N</p>	
<p>If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA</p> <p>NS (Normal Saline) <input type="checkbox"/> 1,000 mL final vol, IV, 20 mL/hr</p>	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
<p>ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive</p> <ol style="list-style-type: none"> 1. Stop PCA Pump 2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min. 3. Notify Physician <p>naloxone <input type="checkbox"/> 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....</p>	

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UMC Health System

Patient Label Here

ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: PCA MED PLAN

PHYSICIAN ORDERS

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

ORDER ORDER DETAILS

Respiratory

Continuous Pulse Oximetry

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ORTHO SPINE AND OTHER 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	
<input type="checkbox"/> Per Sliding Scale Insulin Frequency <input type="checkbox"/> AC & HS 3 days <input type="checkbox"/> BID <input type="checkbox"/> q6h <input type="checkbox"/> q4h	<input type="checkbox"/> AC & HS <input type="checkbox"/> TID <input type="checkbox"/> q12h <input type="checkbox"/> q6h 24 hr <input type="checkbox"/> q2h
Sliding Scale Insulin Regular Guidelines	
<input type="checkbox"/> Follow SSI Regular Reference Text	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
insulin regular (Low Dose Insulin Regular Sliding Scale)	
<input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters	
Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.	
<input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters	
Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.	
70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut	
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Continued on next page....	

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Order Taken by Signature: _____ Date _____ Time _____

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ORTHO SPINE AND OTHER 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
	<p><input type="checkbox"/> 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORTHO SPINE AND OTHER 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
	<p><input type="checkbox"/> 0-10 units, subcut, inj, q2h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 2 units subcut 181-240 mg/dL - 3 units subcut 241-300 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 351-400 mg/dL - 8 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p>
	<p>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORTHO SPINE AND OTHER POST-OP PLAN
 - Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORTHO SPINE AND OTHER 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
	<p><input type="checkbox"/> 0-12 units, subcut, inj, q2h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p>
	<p>insulin regular (High Dose Insulin Regular Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORTHO SPINE AND OTHER 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
	<p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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ORTHO SPINE AND OTHER 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
	<input type="checkbox"/> 0-14 units, subcut, inj, q2h, 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. 70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 8 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 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.
	<p>insulin regular (Blank Insulin Sliding Scale)</p> <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ____mg/dL , initiate hypoglycemia guidelines and notify provider. 70-139 mg/dL - ____ units 140-180 mg/dL - ____ units subcut 181-240 mg/dL - ____ units subcut 241-300 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 1 hour. Continue to repeat ____ units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.
HYPOglycemia Guidelines	
	<p>HYPOglycemia Guidelines</p> <input type="checkbox"/> ***See Reference Text***
	<p>glucose</p> <input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and able to swallow. See hypoglycemia guidelines.
	<p>glucose (D50)</p> <input type="checkbox"/> 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.
	<p>glucagon</p> <input type="checkbox"/> 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.

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Order Taken by Signature: _____ Date _____ Time _____

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ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: PEDIATRIC 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	
Contraindications VTE	
<input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Other anticoagulant ordered <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
Apply Elastic Stockings	
Apply Sequential Compression Device	
Apply Pedal Pump	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
enoxaparin (enoxaparin for weight LESS than 40 kg) <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h	
enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Pharmacy to Adjust Dose per Renal Function	
Laboratory	
Anti Xa Level <input type="checkbox"/> Routine, T;N	
Empty space for additional orders	

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

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ORTHO SPINE AND OTHER 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
	<p>Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p> <p>fondaparinux</p> <p><input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: Ortho Post-Op Day 1

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

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

ORDER ORDER DETAILS

Patient Care

Patient Activity

Dangle at Bedside, Bed Position: HOB Greater Than or Equal to 30 degrees

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: Ortho Post-Op Day 2

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

Up in Chair, TID, for 1 hour each time.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>ORTHO SPINE AND OTHER POST-OP PLAN - Phase: Ortho Post-Op Day 3</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
	Patient Care
	Patient Activity <input type="checkbox"/> Up in Chair, TID, for 1 hour
	Ambulate Patient <input type="checkbox"/> Ambulate in Hallway, TID
	Discontinue Urinary Catheter <input type="checkbox"/> On post-op day 3

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

ORTHO SPINE AND OTHER POST-OP PLAN
- Phase: Ortho Post-Op Day 4

PHYSICIAN ORDERS

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

ORDER	ORDER DETAILS
Patient Care	
	Patient Activity <input type="checkbox"/> Up in Chair, TID, for 1 hour
	Ambulate Patient <input type="checkbox"/> Ambulate in Hallway, QID

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

