

ORTHO TRAUMA POST-OP PLAN
- Phase: PACU Ortho Phase

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

POC Hemoglobin and Hematocrit

Call physician with the results prior to discharge from PACU

POC Chem 8

POC Blood Sugar Check

Communication

Peripheral Nerve Block

Laboratory

Notify physician of results of CBC prior to PACU discharge.

CBC

STAT, Comment: Pt in PACU; Notify physician of results prior to DC

Basic Metabolic Panel

STAT, Comment: Pt in PACU

Diagnostic Tests

DX Ankle Complete 3+ (Left)

STAT, Portable, Post-op. Patient in PACU

DX Ankle Complete 3+ (Right)

STAT, Portable, Post-op. Patient in PACU

DX Chest PA & Lateral

STAT, Portable, Post op, Patient in PACU

DX Elbow Complete 3+ (Left)

STAT, Portable, Post-op. Patient in PACU

DX Elbow Complete 3+ (Right)

STAT, Portable, Post-op. Patient in PACU

DX Femur 1 view (Left)

STAT, Portable, Post-op. Patient in PACU

DX Femur 1 view (Right)

STAT, Portable, Post-op. Patient in PACU

DX Femur 2+ vws (Left)

STAT, Portable, Post-op. Patient in PACU

DX Femur 2+ vws (Right)

STAT, Portable, Post-op. Patient in PACU

DX Foot Complete 3+ (Left)

STAT, Portable, Post-op. Patient in PACU

DX Foot Complete 3+ (Right)

STAT, Portable, Post-op. Patient in PACU

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- 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
	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
	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 Hip 2-3 views w/ Pelvis (Left)
	DX Hip 2-3 views w/ Pelvis (Right)
	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

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ORTHO TRAUMA POST-OP PLAN
- Phase: ORTHO POST-OP MEDICATION 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
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 (Xarelto) <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 TRAUMA POST-OP PLAN
- Phase: ORTHO POST-OP MEDICATION 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>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. *****IF HYDROcodone-acetaminophen ineffective/contraindicated, USE PRN oxyCODONE if ordered***** Do not exceed 4g/day of acetaminophen.</p> <p>Continued on next page....</p>

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ORTHO TRAUMA POST-OP PLAN
- Phase: ORTHO POST-OP MEDICATION 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
	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, IVPush, soln, q4h, PRN nausea/vomiting

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ORTHO TRAUMA 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 TRAUMA POST-OP PLAN
- Phase: PCA MED PLAN

PHYSICIAN ORDERS

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ORDER ORDER DETAILS

Respiratory

Continuous Pulse Oximetry

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ORTHO TRAUMA 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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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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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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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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	<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 TRAUMA 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 TRAUMA POST-OP PLAN
- Phase: SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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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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ORTHO TRAUMA 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

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ORTHO TRAUMA 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>

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