UMC Health System ORTHO TRAUMA POST-OP PLAN		Patient Label Here	
- F	Phase: PACU Ortho Phase		
	PHYSICIA	N ORDERS	
Diagnos	is		
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	Patient Care		
	<b>POC Hemoglobin and Hematocrit</b> Call physician with the results prior to discharge from PACU		
	POC Chem 8		
	POC Blood Sugar Check		
	Communication		
	Peripheral Nerve Block		
	Laboratory		
	Notify physician of results of CBC prior to PACU discharge.		
	CBC STAT, Comment: Pt in PACU;Nofity physician of results prior to DC		
Basic Metabolic Panel			
Diagnostic Tests			
	DX Ankle Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU		
	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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Order Taken by Signature:

Physician Signature: \_\_\_\_

\_ Date \_

Date



Time

\_\_\_\_\_Time\_\_\_

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

Patient Label Here

	F	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of c	hoice AND an "x" in the specific or	der detail box(es) where applicable		
RDER	ORDER DETAILS				
	DX Forearm AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU				
	DX Forearm AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU				
	DX Hand Complete 3+ (Left)				
	DX Hand Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU				
	DX Heel-Os Calsis 2+ (Left) STAT, Portable, Post-op. Patient in PACU				
	DX Heel-Os Calsis 2+ (Right)				
	DX Hip 2-3 views Unilat (Left) STAT, Portable, Post-op. Patient in PACU				
	DX Hip 2-3 views Unilat (Right) 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) STAT, Portable, Post-op. Patient in PACU				
	DX Knee 1or 2 vws (Right) STAT, Portable, Post-op. Patient in PACU				
	DX Pelvis AP 1 or 2 vw STAT, Portable, Post-op. Patient in PACU				
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) STAT, Portable, Post-op. Patient in PACU				
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views) STAT, Portable, Post-op. Patient in PACU				
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left))				
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y, STAT, Portable, Post-op. Patient in PACU	Grashey,Ax (Right))			
	DX Tib/Fib AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU				
	DX Tib/Fib AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU				
	DX Wrist Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU				
	DX Wrist Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU				
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UMC Health System		Patient Label Here
ORTHO TRAUMA POST-OP PLAN - Phase: When Pt. Arrives to Room		
	PHYSICI	AN ORDERS
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	Patient Care	
	Vital Signs Per Unit Standards, Post-Op with SaO2	Per Unit Standards
	Perform Neurovascular Checks To: Operative Extremity, Check every 30 minutes x 2 then with Vital	Signs q30min
	Strict Intake and Output       Per Unit Standards      q2h      q12h	☐ q1h ☐ q4h
	Patient Activity         Assist as Needed, Daily Foot Pumping exercises x 10 every 30 minu         Assist as Needed	tes until night time Bedrest
	Urinary Catheter Care	
	Wound Care by Nursing  Reinforce dressing, Cover/Pack with ABD Pad, Secure with Hypafix Tape Located: Operative Site, Change PRN Reinforce dressing, Cover/Pack with ABD Pad, Secure with Hypafix Tape Located: Operative Site, Change PRN, Monitor drain Every Shift	
	Maintain Surgical Drain Maintain Hemovac Maintain Vac Pac	Maintain JP Drain
	Strict Drain/Tube Output	JP Drain
	Apply Traction	
	Set Up for Overhead Trapeze and Frame	
	LLE Weight Bearing Activity U Weight Bearing as Tolerated Touch Down Weight Bearing	<ul> <li>Partial Weight Bearing</li> <li>Non Weight Bearing</li> </ul>
	RLE Weight Bearing Activity         Weight Bearing as Tolerated         Touch Down Weight Bearing	<ul> <li>Partial Weight Bearing</li> <li>Non Weight Bearing</li> </ul>
	LUE Weight Bearing Activity U Weight Bearing as Tolerated Non Weight Bearing	Partial Weight Bearing
	RUE Weight Bearing Activity         Weight Bearing as Tolerated         Non Weight Bearing	Partial Weight Bearing
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UMC Health System ORTHO TRAUMA POST-OP PLAN - Phase: When Pt. Arrives to Room		Patient Label Here
	PHYSICIA	N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	Elevate Extremity  Left Lower Extremity (LLE) Left Upper Extremity (LUE) Operative Extremity	Right Lower Extremity (RLE) Right Upper Extremity (RUE)
	Convert IV to INT When tolerating PO	
	Instruct Patient Instruct Patient On: Incentive spirometry	
	Communication	
	Notify Provider/Primary Team of Pt Admit Notify: PCP, Upon Arrival to Unit	
	Notify Provider/Primary Team of Pt Admit	
	Notify Provider (Misc)	
	Notify Nurse (DO NOT USE FOR MEDS)	
	Dietary	
	Oral Diet Clear Liquid Diet, Advance as tolerated to Regular Clear Liquid Diet, Advance as tolerated to 1600 Calorie ADA Regular Diet AHA Diet	<ul> <li>Clear Liquid Diet, Advance as tolerated to 1800 Calorie ADA</li> <li>Clear Liquid Diet, Advance as tolerated to AHA</li> <li>Full Liquid Diet</li> </ul>
ADA Diet 1800 Calories Laboratory 1600 Calories		1600 Calories
	CBC Next Day in AM, T+1;0300	Next Day in AM, T+1;0300, for 3 days
	Hemoglobin and Hematocrit	
	Prothrombin Time with INR Next Day in AM, T+1;0300	
	PTT Next Day in AM, T+1;0300	
	Basic Metabolic Panel Next Day in AM, T+1;0300	Next Day in AM, T+1;0300, for 3 days
	Comprehensive Metabolic Panel	
	Respiratory	
	Oxygen Therapy 2-3 L/min, Via: Nasal cannula, If patient suspected of having COVID- ess.	19 avoid use of high flow cannula. Use can amplify infectiousn
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Physician	Signature:	Date Time



OI - F	UMC Health System RTHO TRAUMA POST-OP PLAN Phase: When Pt. Arrives to Room	Pa	atient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory Care Plan Guidelines		
	Physical Medicine and Rehab		
	Consult PT Mobility for Eval & Treat		
	Consult Occ Therapy for Eval & Treat		
	Consults/Referrals		
	Social Services for Assessment and Eval (Discharge Planning Evalu	ation by Social Services)	
	Social Services for DME for Home	, Walker for home use	
	Social Services for Home Health Care Home Care Nurse   Home Physical Therapy		
	Consult MD : Trauma Services		
	Additional Orders		
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UMC Health System	Pati	ent Label Here
ORTHO TRAUMA POST-OP PLAN - Phase: ORTHO POST-OP MEDICATION PLAN		
PHYSICIA	AN ORDERS	
Place an "X" in the Orders column to designate orders of choice A		detail box(es) where applicable.
ORDER ORDER DETAILS		
IV Solutions		
LR (Lactated Ringer's) UV, 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 Medication sentences are per dose. You will need to calculate a to	tal daily dose if peeded	
aspirin 81 mg, PO, tab ec, Daily 325 mg, PO, tab ec, Daily	81 mg, PO, tab ec, BID	
rivaroxaban (Xarelto)		
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		
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	UMC Health System	Pa	tient Label Here
	RTHO TRAUMA POST-OP PLAN Phase: ORTHO POST-OP MEDICATION PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<ul> <li>clindamycin</li> <li>☐ 600 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.</li> <li>☐ 900 mg, IVPB, ivpb, q6h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.</li> </ul>		
	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		
	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. ********IF HYDROcodone-acetaminophen ineffective/contraindicated, USE PRN oxyCODONE if ordered***** Do not exceed 4g day of acetaminophen. Continued on next page		
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	UMC Health System	Patient Label Here		
	RTHO TRAUMA POST-OP PLAN Phase: ORTHO POST-OP MEDICATION PLAN			
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN			
		D an x in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 7.5 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. ********IF HYDROcodone-acetaminophen ineffective/contraindicated, USE PRN oxyCODONE if ordered***** Do not exceed 44 day of acetaminophen.			
	traMADol 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) *****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-7) ****IF traMADol ineffective/contraindicated, USE PRN oxyCODONE if			
	oxyCODONE ☐ 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)	☐ 10 mg, PO, tab, q4h, PRN pain-moderate (scale 4-7)		
	Select only ONE of the following for Severe Pain         morphine         2 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10)         ******IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****         4 mg, Slow IVPush, inj, q2h, PRN pain-severe (scale 8-10)         ******IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****         HYDROmorphone         0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)         1 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)         Muscle Relaxant			
	methocarbamol 750 mg, PO, tab, q8h, PRN muscle spasms			
	Gastrointestinal Agents			
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE to 100 mg, PO, cap, BID *****IF docusate is contraindicated or ineffective after 12 hours, USE to			
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation			
	polyethylene glycol 3350       1 packet, PO, liq, Daily, 1 packet = 17 grams       1 packet = 17 grams			
	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*****			
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	ΡΗΥSICIA		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	hydrOXYzine 25 mg, PO, tab, q6h, PRN itching		
	Antiemetics		
	Select only ONE of the following for nausea/nomiting.		
	promethazine		
	25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, I	ISE ondansetron if ordered***	**
	12.5 mg, Slow IVPush, inj, q6h, PRN nausea/vomiting		
	*****IF promethazine is ineffective/contraindicated or patient is NPO, I	JSE ondansetron if ordered***	**
	ondansetron		
	4 mg, IVPush, soln, q4h, PRN nausea/vomiting		
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ORTHO TRAUMA POST-OP PLAN	١
- Phase: PCA MED PLAN	

	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AM	ID an "x" in the specific orde	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Communication			
	Notify Provider of VS Parameters (Notify Provider if VS) RR Less Than 10, Patient becomes unresponsive			
	.Medication Management (Notify Nurse and Pharmacy) Start date T;N If respirations fall below 10 breaths per minute or patient becomes ur	responsive, stop PCA pump.		
	IV Solutions	, , , , , , ,		
	***CAUTION***			
	Ordering a continuous rate (Basal Dose), should be reserved for opioid	tolerant patients who require hi	gh dose therapy.	
	<ul><li>***DOSING NOTES***:</li><li>1. Initial doses are for opioid naive patients. Chronic pain patients may r</li></ul>	equire higher doses.		
	2. Decrease initial starting dose by 25-30% in patients greater than 65 y		h renal,	
	hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with rena morphine.	al impairment and/or those who	cannot tolerate	
	morphine (morphine 30 mg/30 mL PCA)			
	Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, St Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, St	art date/time T;N		
	Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, 8 Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, 8			
	HYDROmorphone (HYDROmorphone 6 mg/30 mL PCA) Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2,	Start date/time T;N		
	Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N			
	fentaNYL (fentaNYL 300 mcg/30 mL PCA)         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N         □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N			
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep ve	in open for duration of PCA		
	NS (Normal Saline) □ 1,000 mL final vol, IV, 20 mL/hr			
	Medications			
	Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed.		
	ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive			
	1. Stop PCA Pump			
	<ol> <li>Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.</li> <li>Notify Physician</li> </ol>			
	naloxone			
	0.1 mg, IVPush, inj, q2min, PRN bradypnea May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mm = 0.5 mL)			
	(0.1 mg = 2.5 mL). Continued on next page			
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		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory		
	Continuous Pulse Oximetry		
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	UMC Health System	F	Patient Label Here
OF - F	RTHO TRAUMA POST-OP PLAN Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		der detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr ☐ q2h	
	Sliding Scale Insulin Regular Guidelines		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	<ul> <li>insulin regular (Low Dose Insulin Regular Sliding Scale)</li> <li>□ 0-10 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> <li>70-139 mg/dL - 0 units</li> </ul>		s and notify provider.
	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. 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		
	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. Continued on next page		
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ORTHO TRAUMA POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIA	N 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	R ORDER DETAILS		
	<ul> <li>0-10 units, subcut, inj, TID, PRN glucose levels - see parameters</li> <li>Low Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>		
	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		
	<ul> <li>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.</li> <li>0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale</li> </ul>		
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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			
	<ul> <li>0-10 units, subcut, inj, q2h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> <li>70-139 mg/dL - 0 units</li> </ul>			
	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.			
	<ul> <li>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</li> <li>□ 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters</li> <li>Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	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			
	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. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
	70-139 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			
	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. Continued on next page			
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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 desig	nate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER DETAILS			
ORDER         ORDER DETAILS           □         0-12 units, subcut, inj, TID, PRN glucose I Moderate Dose Insulin Regular Sliding Sc If blood glucose is less than 70 mg/dL and 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 If blood glucose is greater than 400 mg/dL hour. Continue to repeat 10 units subcut a resume normal POC blood sugar check an □           0-12 units, subcut, inj, q6h, PRN glucose I Moderate Dose Insulin Regular Sliding Sc If blood glucose is less than 70 mg/dL and 70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 301-350 mg/dL - 6 units subcut 301-350 mg/dL - 8 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut a resume normal POC blood sugar check an □           If blood glucose is greater than 400 mg/dL hour. Continue to repeat 10 units subcut 351-400 mg/dL - 10 units subcut a resume normal POC blood sugar check an □           If blood glucose is greater than 400 mg/dL hour. Continue to repeat 10 units subcut a resume normal POC blood sugar check an □           0-12 units, subcut, inj, q4h, PRN glucose I Moderate Dose Insulin Regular Sliding Sc If blood glucose is less than 70 mg/dL and 70-139 mg/dL - 0 units 140-180 mg/dL - 3 units subcut 181-240 mg/dL - 4 units subcut 181-240 mg/dL - 4 units subcut 181-240 mg/dL - 4 units subcut 181-240 mg/dL - 10 units 140-180 mg/dL - 10 units 140-180 mg/dL - 10 units 140-1300 mg/dL - 10 units subcut 151-400 mg/dL - 10 units subcut 161-350 mg/dL - 10 units subcut 171-350 mg/dL - 10 units subcut 171-350 mg/dL - 10 units subcut	evels - see parameters ale patient is symptomatic, initiate hypoglycemia guidelines and notify provider. , administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 nd POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then id insulin regular sliding scale. evels - see parameters ale patient is symptomatic, initiate hypoglycemia guidelines and notify provider. , administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 nd POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then di insulin regular sliding scale. evels - see parameters ale patient is symptomatic, initiate hypoglycemia guidelines and notify provider.		
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ORTHO TRAUMA POST-OP PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN Patient Label Here

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice a	AND an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	□ 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, i	nitiate hypoglycemia guidelines a	and notify provider.
	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		
	If blood glucose is greater than 400 mg/dL, administer 12 units sub hour. Continue to repeat 10 units subcut and POC blood sugar che resume normal POC blood sugar check and insulin regular sliding s	cks every 1 hour until blood gluce	
	insulin regular (High Dose Insulin Regular Sliding Scale)         □       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.         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		
	<ul> <li>301-350 mg/dL - 10 units subcut</li> <li>301-350 mg/dL - 12 units subcut</li> <li>351-400 mg/dL - 12 units subcut</li> <li>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.</li> <li>0-14 units, subcut, inj, BID, PRN glucose levels - see parameters</li> <li>High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>		
	<ul> <li>70-139 mg/dL - 0 units</li> <li>140-180 mg/dL - 4 units subcut</li> <li>181-240 mg/dL - 6 units subcut</li> <li>241-300 mg/dL - 8 units subcut</li> <li>301-350 mg/dL - 10 units subcut</li> <li>351-400 mg/dL - 12 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1</li> <li>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</li> </ul>		
	resume normal POC blood sugar check and insulin regular sliding s Continued on next page	scale.	
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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	R ORDER DETAILS		
ORDER         ORDER DETAILS                □             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. 70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 241-300 mg/dL - 6 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 12 units subcut 301-350 mg/dL - 12 units subcut 301-350 mg/dL - 0 units subcut 1f 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 mesume normal POC blood sugar check and insulin regular sliding scale. □             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. 70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut 181-240 mg/dL - 6 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-400 mg/dL - 12 units subcut 301-350 mg/dL - 10 units subcut 301-400 mg/dL - 12 units subcut 301-400 mg/dL - 12 units subcut 301		nes and notify provider. eat POC blood sugar check in 1 glucose is less than 300 mg/dL, then nes and notify provider.	
	<ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptol</li> <li>70-139 mg/dL - 0 units</li> <li>140-180 mg/dL - 4 units subcut</li> <li>181-240 mg/dL - 6 units subcut</li> <li>241-300 mg/dL - 8 units subcut</li> <li>301-350 mg/dL - 10 units subcut</li> <li>351-400 mg/dL - 12 units subcut</li> <li>If blood glucose is greater than 400 mg/dL, administer 14 un</li> <li>hour. Continue to repeat 10 units subcut and POC blood sugar check and insulin regular s</li> <li>Continued on next page</li> </ul>	eters matic, initiate hypoglycemia guideli its subcut, notify provider, and repe jar checks every 1 hour until blood sliding scale.	eat POC blood sugar check in 1 glucose is less than 300 mg/dL, then
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	RTHO TRAUMA POST-OP PLAN Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		
ORDER			
	<ul> <li>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, init 70-139 mg/dL - 0 units 140-180 mg/dL - 4 units subcut 181-240 mg/dL - 6 units subcut</li> </ul>	ate hypoglycemia guidelines and notify provider.	
	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.         insulin regular (Blank Insulin Sliding Scale)         See Comments, subcut, inj, PRN glucose levels - see parameters         If blood glucose is less thanmg/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		
	HYPOglycemia Guidelines +**See Reference Text***		
	<b>glucose</b> 15 g, PO, gel, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and able to swallow. See hypoglycemia	guidelines.	
	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.		
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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 ch	noice AND an "x" in the specific order detail box(es) where applica	ble.		
ORDER	ORDER DETAILS				
	Patient Care				
	VTE Guidelines				
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindi cated***				
	Contraindications VTE  Active/high risk for bleeding  Patient or caregiver refused	<ul> <li>Treatment not indicated</li> <li>Other anticoagulant ordered</li> </ul>			
	Anticipated procedure within 24 hours	Intolerance to all VTE chemoprophylaxis			
	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	<ul> <li>Apply to: Left Lower Extremity (LLE), Length: Knee High</li> <li>Apply to: Bilateral Lower Extremities, Length: Thigh High</li> <li>Apply to: Right Lower Extremity (RLE), Length: Thigh High</li> </ul>	n		
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremity (LLE)			
	Apply Pedal Pump Apply to Bilateral Feet Apply to Right Foot	Apply to Left Foot			
	Medications				
	Medication sentences are per dose. You will need to calcul	ate 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)         □ 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				
	<b>heparin</b> ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h			
	VTE Prophylaxis: Non-Trauma Dosing				
	<ul> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>90 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function</li> <li>90 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</li> </ul>				
	<b>rivaroxaban</b> ☐ 10 mg, PO, tab, In PM				
	warfarin ☐ 5 mg, PO, tab, In PM				
	aspirin     325 mg, PO, tab, Daily				
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ORTHO TRAUMA POST-OP PLAN - Phase: VTE PROPHYLAXIS PLAN					
	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.		
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 CrCI LESS than 30 mL/min <b>fondaparinux</b> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min				
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Physician Signature:		Date	Time		

