UMC Health System		Patient Label Here			
P/	ARENTERAL NUTRITION PLAN				
	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 ord	ler detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Daily Weight				
	Strict Intake and Output Per Unit Standards				
	Parenteral Nutrition Administration Guid (Parenteral Nutrition Admin	istration Guidelines)			
	POC Blood Sugar Check				
	Communication				
	Notify Provider (Misc) Reason: POC Blood Glucose is less than 70 mg/dL.				
	IV Solutions				
	D10W IV, mL/hr Run at same rate as PN. PRN if PN Solution is abruptly discontinued or becomes unexpectedly currently ordered rate.	unavailable after PN is initia	ted. Administer D10W at PN		
	Medications				
	Medications				
	Medication sentences are per dose. You will need to calculate a total insulin regular (Low Dose Insulin Regular Sliding Scale) 0.10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL notify provider. 70-139 mg/dL - 0 units 0 units				
	Medication sentences are per dose. You will need to calculate a total insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL notify provider.	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tota insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tota insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tota insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scate Laboratory	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tota insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale Laboratory CBC Routine, T;N, Every Monday and Thursday Comprehensive Metabolic Panel	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a total insulin regular (Low Dose Insulin Regular Sliding Scale) 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale Routine, T;N, Every Monday and Thursday Comprehensive Metabolic Panel Routine, T;N, Every Monday and Thursday Magnesium Level	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tota insulin regular (Low Dose Insulin Regular Sliding Scale) 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale CBC Routine, T;N, Every Monday and Thursday Comprehensive Metabolic Panel Routine, T;N, Every AM Phosphorus Level	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tot: insulin regular (Low Dose Insulin Regular Sliding Scale) 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 351-400 mg/dL - 8 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale CBC Routine, T;N, Every Monday and Thursday Magnesium Level Routine, T;N, Every Monday and Thursday Phosphorus Level Routine, T;N, Every Monday and Thursday	2 hr , notify provider, and repeat severy 1 hour until blood glu			
	Medication sentences are per dose. You will need to calculate a tot: insulin regular (Low Dose Insulin Regular Sliding Scale) 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters, x 72 Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL 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 351-400 mg/dL - 8 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut hour. Continue to repeat 10 units subcut and POC blood sugar checks resume normal POC blood sugar check and insulin regular sliding scale CBC Routine, T;N, Every Monday and Thursday Magnesium Level Routine, T;N, Every Monday and Thursday Phosphorus Level Routine, T;N, Every Monday and Thursday	2 hr , notify provider, and repeat every 1 hour until blood glu le.	cose is less than 300 mg/dL, then		

UMC Health System		Pa	atient Label Here
P.	ARENTERAL NUTRITION PLAN		
	DUVOIOLA		
	Physicia Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	ar datail bay(aa) whara applicable
ORDER			er detail box(es) where applicable.
	Prealbumin Routine, T;N, Every Monday and Thursday		
	Triglycerides Routine, T;N, Every Monday and Thursday		
	C Reactive protein Routine, T;N, Every Monday and Thursday		
	Renal Function Panel Routine, T;N, Every S/T/W/F/Sa		
	Urine 24hr Urea Nitrogen Routine, T;N, Every Sat		
	Respiratory Metabolic Cart (Indirect Calorimetry)		
	Consults/Referrals		
	Consult Pharmacy for PN		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician Signature:		Date	Time