

UMC Health System PNEUMONIA PLAN	Patient Label Here
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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

Vital Signs
 Per Unit Standards

Patient Activity
 Up Ad Lib/Activity as Tolerated | Assist as Needed Bedrest
 Bedrest | Bathroom Privileges Bedrest | Up to Bedside Commode Only

Strict Intake and Output
 Per Unit Standards q12h
 q4h

Insert Peripheral Line

Continuous Telemetry (Intermediate Care)

Intermittent Telemetry

Communication

Notify Nurse (DO NOT USE FOR MEDS)

Notify Provider/Primary Team of Pt Admit
 In AM Upon Arrival to Floor/Unit
 Now

Dietary

NPO Diet
 T;N, NPO T;N, NPO, Except Meds

Oral Diet
 Regular Diet Clear Liquid Diet
 Full Liquid Diet Soft and Bite Size Diet
 Heart Healthy Diet Renal (Dialysis) Diet
 Renal (Non-Dialysis) Diet Carbohydrate Controlled (1600 calories) Diet
 Carbohydrate Controlled (2000 calories) Diet

IV Solutions

NS
 IV, 25 mL/hr IV, 50 mL/hr
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

LR
 IV, 25 mL/hr IV, 50 mL/hr
 IV, 75 mL/hr IV, 100 mL/hr
 IV, 125 mL/hr IV, 150 mL/hr

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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
	D5 1/2 NS <input type="checkbox"/> IV, 25 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <div style="float: right;"> <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr </div>
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, 25 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <div style="float: right;"> <input type="checkbox"/> IV, 50 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr </div>

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Respiratory

	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN shortness of breath <input type="checkbox"/> 2.5 mg, inhalation, soln, q6h, PRN shortness of breath
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) <input type="checkbox"/> 2.5 mL, inhalation, soln, q4h, PRN shortness of breath or wheezing, 2.5 mL = 0.5 mg ipratropium 0.02% <input type="checkbox"/> 2.5 mL, inhalation, soln, q6h, PRN shortness of breath or wheezing, 2.5 mL = 0.5 mg ipratropium 0.02%
	albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution) <input type="checkbox"/> 3 mL, inhalation, q4h, PRN shortness of breath

Laboratory

	CBC
	CBC with Differential
	Comprehensive Metabolic Panel (CMP)
	Urinalysis
	Blood C & S x 2, PRIOR to initial antibiotics
	Culture Blood <input type="checkbox"/> STAT, T;N
	Lactic Acid Level <input type="checkbox"/> STAT, T;N
	Culture Blood <input type="checkbox"/> STAT, T;N+20
	Lactic Acid Level <input type="checkbox"/> STAT, T;N+20
	Culture Sputum with Gram Stain

Diagnostic Tests

	DX Chest PA & Lateral
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Respiratory

	Respiratory Care Plan Guidelines
	Oxygen (O2) Therapy <input type="checkbox"/> Keep sats greater than: 90%, Verify and document room air oxygen saturation

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA 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	
	<p>Systemic Antibigram</p> <p><input type="checkbox"/> T;N, Routine, See link for reference text.</p> <p><input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.</p>
	<p>Antibiogram Education</p> <p><input type="checkbox"/> T;N, Routine, See link for reference text.</p>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>Step 1: Select Primary Therapy 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p> <p>For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas: <input type="checkbox"/></p> <p>Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough</p> <p>Choose ceFTRIAXone AND azithromycin 15 mL, swish & spit, liq, q2h, PRN mucositis</p>
Anti-pyretics	
	<p>Select only ONE of the following for fever <input type="checkbox"/> 2 g, IVPush, inj, q24h, Pulmonary - CAP</p> <p>azithromycin</p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP <input type="checkbox"/></p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever</p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p> <p><input type="checkbox"/> 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever</p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p>
	<p>Alternatively, if patient is allergic to or has received ceFTRIAXone/azithromycin in the previous 90 days, choose levoFLOXacin as single agent. 200 mg, PO, tab, q4h, PRN fever</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever <input type="checkbox"/></p> <p>Do not exceed 3,200 mg in 24 hours. Give with food.</p>
Analgesics for Mild Pain	
	<p>Select only ONE of the following for mild pain</p> <p><input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p> <p><input type="checkbox"/> 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP</p> <p>For Severe CAP withOUT risk factors for MRSA or Pseudomonas:</p> <p>Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</p> <p>Continued on next page....</p>

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA 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"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.
	Non-Severe/Severe CAP WITH risk factors for Pseudomonas: Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) Choose levoFLOxaciln and cefepime levoFLOxaciln <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - CAP <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
	Alternatively, if patient is allergic to cefepime, choose levoFLOxaciln AND aztreonam levoFLOxaciln <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
	Step 2: If MRSA coverage is needed: Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Choose both vancomycin loading dose (if not already done) and add a second 30 mg PO, tab chew, q4h, PRN gas dose <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA 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
	Alternatively, if patient is allergic to vancomycin, choose linezolid 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety (If patient takes SSRI/SNRI per home medication list or there is currently an active order AVOID linezolid due to increased risk of serotonin syndrome) linezolid <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
Insomnia	
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
	zolpidem <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective
Antihistamines	
	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching
Anorectal Preparations	
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) <input type="checkbox"/> 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area
Laboratory	
	Serial Procalcitonin levels are more valuable than single levels. zProcalcitonin Now
	zProcalcitonin at 24 hours

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ASP THERAPY FOR NOSOCOMIAL PNEUMONIA 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	
Systemic Antibiogram	
<input type="checkbox"/> T;N, Routine, See link for reference text. <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.	
Antibiogram Education	
<input type="checkbox"/> T;N, Routine, See link for reference text.	
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
<p>Step 1: Choose either piperacillin-tazobactam OR cefepime 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat</p> <p>If ordering piperacillin-tazobactam, place order for BOTH items <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough</p> <p>piperacillin-tazobactam</p> <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/VAP <input type="checkbox"/> Pharmacy - Ensure maintenance Extended Infusion dose is also ordered <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia	
Analgesics for Mild Pain	
<p>Select only ONE of the following for Mild Pain</p> <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pulmonary - HAP/VAP	
cefepime	
<input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 3 hr, Pulmonary - HAP/VAP <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)	
<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)	
<p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)	
<p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>	
<p>Alternatively, if patient has an allergy to or has received any of these in the past 48 hours, PRN pain-mild (scale 1-3)</p>	
Analgesics for Moderate Pain	
<p>Select only ONE of the following for Moderate Pain <input type="checkbox"/> 1 g, IVPush, inj, q8h</p>	
<p>Step 2: Add either an antipseudomonal fluoroquinolone (levofloxacin) OR an antipseudomonal aminoglycoside (gentamicin OR tobramycin) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</p>	
levofloxacin	
<input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP <input type="checkbox"/>	
<input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)	
<p>***** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****</p>	
Analgesics for Severe Pain	
<p>Select only ONE of the following for Severe Pain</p> <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP	
tobramycin	
<input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP	
<input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	

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ASP THERAPY FOR NOSOCOMIAL PNEUMONIA PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>Step 3: If coverage is needed for atypical pathogen(s), add azithromycin 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p> <p>azithromycin</p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAP <input type="checkbox"/></p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea</p>
	<p>Step 4: If MRSA coverage is needed, choose either vancomycin OR linezolid</p> <p>Add order for vancomycin loading dose (if not already done) AND add a second dose PO, cap nightly, PRN constipation</p> <p>vancomycin</p> <p><input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose] <input type="checkbox"/></p> <p><input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP</p> <p><input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion</p> <p>Administer 1 hour before meals and nightly.</p>
	<p>linezolid</p> <p><input type="checkbox"/> 600 mg, PO, tab, BID, Pulmonary - HAP/VAP <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP</p> <p><input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</p>
	<p>Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin</p> <p>clindamycin</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP</p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever</p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever</p> <p>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</p>
Anti-pyretics	
	<p>ibuprofen</p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever</p> <p>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***</p> <p>Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever</p> <p>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***</p> <p>Give with food.</p>
Anorectal Preparations	
	<p>Select only ONE of the following for hemorrhoid care</p> <p>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</p> <p><input type="checkbox"/> 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care</p> <p>Wipe affected area</p>
	<p>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care</p> <p>Apply to affected area</p>

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ASP THERAPY FOR NOSOCOMIAL PNEUMONIA PLAN

PHYSICIAN ORDERS

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Laboratory

Serial Procalcitonin levels are more valuable than single levels.

zProcalcitonin Now

zProcalcitonin at 24 hours

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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
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.	
70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check 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.	
70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut	
If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.	
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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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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>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin 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>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin 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>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p>Continued on next page....</p>

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<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>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular 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>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <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>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Continued on next page....</p>

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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, 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>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular 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>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular 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>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<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. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
	<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. 70-150 mg/dL - ____ units 151-200 mg/dL - ____ units subcut 201-250 mg/dL - ____ units subcut 251-300 mg/dL - ____ units subcut 301-350 mg/dL - ____ units subcut 351-400 mg/dL - ____ units subcut If blood glucose is greater than 400 mg/dL, administer ____ units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat ____ units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.
HYPOglycemia Guidelines	
	<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 If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. Continued on next page....

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UMC Health System SLIDING SCALE INSULIN REGULAR PLAN	Patient Label Here
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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
	<p>glucose (D50)</p> <p><input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.</p>
	<p>glucagon</p> <p><input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.</p>

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UMC Health System VTE PROPHYLAXIS PLAN	Patient Label Here
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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
	VTE Guidelines <input type="checkbox"/> See Reference Text for Guidelines
	<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***</p> 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)
	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, q8h, Prophylaxis - Trauma Dosing
	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
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	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
	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

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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 <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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