UMC Health System		Patient Label Here
PNEUMONIA PLAN		
	PHYSICIA	N ORDERS
Diagnos	is	
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   Bathroom Privileges	Bedrest Bedrest   Up to Bedside Commode Only
	Strict Intake and Output	□ q12h
	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         Now	Upon Arrival to Floor/Unit
	Dietary	
	NPO Diet	T;N, NPO, Except Meds
	Oral Diet Regular Diet Full Liquid Diet Heart Healthy Diet Renal (Non-Dialysis) Diet Carbohydrate Controlled (2000 calories) Diet	<ul> <li>Clear Liquid Diet</li> <li>Soft and Bite Size Diet</li> <li>Renal (Dialysis) Diet</li> <li>Carbohydrate Controlled (1600 calories) Diet</li> </ul>
	IV Solutions NS	
	NS □ IV, 25 mL/hr □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 50 mL/hr □ IV, 100 mL/hr □ IV, 150 mL/hr
	<b>LR</b> □ IV, 25 mL/hr □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 50 mL/hr □ IV, 100 mL/hr □ IV, 150 mL/hr
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Order Take	en by Signature:	Date Time
	Signature:	Date Time

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UMC Health System PNEUMONIA PLAN				
		Patient Label Here		
		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	ORDER DETAILS			
	D5 1/2 NS □ IV, 25 mL/hr	IV, 50 mL/hr		
	$\square$ IV, 75 mL/hr	$\square$ IV, 100 mL/hr		
	□ IV, 125 mL/hr	□ IV, 150 mL/hr		
	D5 1/2 NS + 20 mEq KCI/L			
	IV, 25 mL/hr	□ IV, 50 mL/hr □ IV, 100 mL/hr		
	□ IV, 75 mL/hr □ IV, 125 mL/hr	$\square$ IV, 100 mL/nr $\square$ IV, 150 mL/hr		
	Medications			
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.		
	Respiratory			
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)	□ 2.5 mg, inhalation, soln, q6h, PRN shortness of breath		
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)			
	$\Box$ 2.5 mL, inhalation, soln, q4h, PRN shortness of breath or wheezing, 2.5 mL = 0.5 mg ipratropium 0.02%			
	<ul> <li>2.5 mL, inhalation, soln, q6h, PRN shortness of breath or wheezing, 2.5 mL = 0.5 mg ipratropium 0.02%</li> <li>albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution)</li> <li>3 mL, inhalation, q4h, PRN shortness of breath</li> </ul>			
	Laboratory			
	CBC			
	CBC with Differential			
	CBC with Differential Comprehensive Metabolic Panel (CMP)			
	Comprehensive Metabolic Panel (CMP)			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N Lactic Acid Level			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N Lactic Acid Level STAT, T;N Culture Blood			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N Lactic Acid Level STAT, T;N Culture Blood STAT, T;N+20			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N Lactic Acid Level STAT, T;N+20 Lactic Acid Level Lactic Acid Level			
	Comprehensive Metabolic Panel (CMP) Urinalysis Blood C & S x 2, PRIOR to initial antibiotics Culture Blood STAT, T;N Lactic Acid Level STAT, T;N+20 Lactic Acid Level STAT, T;N+20			
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain			
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests			
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests         DX Chest PA & Lateral			
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests         DX Chest PA & Lateral         Respiratory	aturation		
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests         DX Chest PA & Lateral         Respiratory         Respiratory Care Plan Guidelines         Oxygen (O2) Therapy         Keep sats greater than: 90%, Verify and document room air oxygen sate	aturation		
	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests         DX Chest PA & Lateral         Respiratory         Respiratory Care Plan Guidelines         Oxygen (O2) Therapy         Keep sats greater than: 90%, Verify and document room air oxygen sate	Scanned Powerchart Scanned PharmScan		
Order Take	Comprehensive Metabolic Panel (CMP)         Urinalysis         Blood C & S x 2, PRIOR to initial antibiotics         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N         Culture Blood         STAT, T;N         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Lactic Acid Level         STAT, T;N+20         Culture Sputum with Gram Stain         Diagnostic Tests         DX Chest PA & Lateral         Respiratory         Respiratory Care Plan Guidelines         Oxygen (O2) Therapy         Keep sats greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90%, Verify and document room air oxygen sates greater than: 90% are provent sates grea	Scanned Powerchart     Scanned PharmScan        Date		

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UMC Health System		Pa	tient Label Here
PI	NEUMONIA PLAN	14	
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	Continuous Pulse Oximetry		
	Arterial Blood Gas		
	IS Instruct ☐ IS Instructions: q1h for 24hrs while awake.	IS Instructions: q1h for 48	hrs while awake.
	Chest Physiotherapy		
	Physical Medicine and Rehab		
	Consult Speech Therapy for Eval & Treat Other, Formal speech and swallow evaluation.		
	Consults/Referrals		
	Consult Pulmonary Rehab Pulmonary Rehab to arrange Outpatient Pulmonary Rehab evaluation	and treatment.	
	Additional Orders		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



LIMC Health System			
UMC Health System	Р	atient Label Here	
ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA			
PLAN			
PHYSI			
Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific or	der detail box(es) where applicable.	
ORDER ORDER DETAILS	•		
Patient Care			
Systemic Antibiogram			
T;N, Routine, See link for reference text.	iar nationto complaining of urinar	, discomfort and/or bladder	
distention present OR 6 hrs post Foley removal and patient has needed		y discomon and/or bladder	
Antibiogram Education 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.		
Step 1: Select Primary Therapy	1 lozenge, mucous mem	brane, lozenge, q4h, PRN sore throat	
For Nonsevere CAP withOUT risk factors for MRSA or Pseudomona	<sup>s:</sup>		
Risk factors include: prior isolation of MRSA or Pseudomonas or rec	ent hospitalization AND receipt c	of parenteral	
antibiotics in the last 90 days	10 mL, PO, liq, q4h, PR		
Choose cefTRIAXone AND azithromycin	15 mL, swish & spit, liq,	q2h, PRN mucositis	
Anti-pyretics			
Select only ONE of the following for fever	└└ <sub>2</sub> g, IVPush, inj, q24h, P	ulmonary - CAP	
azithromycin 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP			
500 mg, PO, tab, q4h, PRN fever			
***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.			
500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP			
1,000 mg, PO, tab, q6h, PRN fever			
***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.			
Alternatively, if patient is allergic to or has received cefTRIAXone/azi levoFLOXacin as single agent.	thromycin in the previous 90 da 200 mg, PO, tab, g4h, P		
400 mg, PO, tab, q4h, PRN fever			
Do not exceed 3,200 mg in 24 hours. Give with food.			
Analgesics for Mild Pain			
Select only ONE of the following for mild pain			
750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP 750 mg, PO, tab, q24h, Consider if patient is able to take oral med	lications Pulmonary - CAP		
For Severe CAP withOUT risk factors for MRSA or Pseudomonas:			
Risk factors include: prior isolation of MRSA or Pseudomonas or rec			
antibiotics in the last 90 days 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)	500 mg, PO, tab, q6h, P	RN pain-mild (scale 1-3)	
***Do not exceed 4,000 mg of acetaminophen from all sources in	24 hours*** If acetaminophen co	ntraindicated or ineffective, use	
ibuprofen if ordered.			
Continued on next page			
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Order Taken by Signature:			
Physician Signature:	Date	Time	



	UMC Health System		atient Label Here
	SP THERAPY FOR COMMUNITY ACQUIRED PNEUM AN		
	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.
RDER	DER ORDER DETAILS		
	☐ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h ibuprofen if ordered.	nours*** If acetaminophen cor	ntraindicated or ineffective, use
	Choose cefTRIAXone. Then choose either azithromycin OR levoFLOXa	cin.400 mg, PO, tab, q6h, PF	RN pain-mild (scale 1-3)
	Analgesics for Moderate Pain	1.1	
	Select only ONE of the following for moderate pain	2 g, IVPush, inj, q24h, Pu	Ilmonary - CAP
	And ADD EITHER azithromycin OR levoFLOXacin	□ <sup>1 tab, PO, tab, q4h, PRN</sup>	pain-moderate (scale 4-6)
	2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h ineffective, use if ordered.		
	azithromycin ☐ 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h , use if ordered. ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h , use if ordered.		
	levoFLOXacin         ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP         ☐ 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)         If tramadol contraindicated or ineffective, use if ordered.         ☐ 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)         If tramadol contraindicated or ineffective, use if ordered.		
	Alternatively, if patient is allergic to cefTRIAXone/azithromycin, choose le 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffe		n.
	Analgesics for Severe Pain		
	Select only ONE of the following for severe pain 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP aztreonam 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes Continued on next page		
Пто	Read Back	Scanned Powerchart	☐ Scanned PharmScan
Order Take	n by Signature:	Date	Time

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	UMC Health System	D	atient Label Here
	SP THERAPY FOR COMMUNITY ACQUIRED PNEUM		
	LAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orc	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<ul> <li>2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>If morphine contraindicated or ineffective, use hydromorphone if orde</li> <li>4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</li> <li>If morphine contraindicated or ineffective, use hydromorphone if orde</li> </ul>		
Non-Severe/Severe CAP WITH risk factors for Pseudomonas:			
	Risk factors include: prior isolation of Pseudomonas or recent hospitaliza the last 90 days 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.2 mg, Slow IVPush, inj	al antibiotics in , q4h, PRN pain-severe (scale 7-10) , q4h, PRN pain-severe (scale 7-10)
	Choose levoFLOXacin and cefepime <b>levoFLOXacin</b> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP 25 mg, PO, tab, q4h, PRN nausea		
cefepime         2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - CAP         4 mg, IVPush, soln, q6h, PRN nausea         If ondansetron contraindicated or ineffective, use promethazine if ordered.		PRN nausea	
	Alternatively, if patient is allergic to cefepime, choose levoFLOXacin AN	D aztreonam	
IevoFLOXacin         ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP         ☐ 100 mg, PO, cap, Nightly, PRN constipation         If docusate contraindicated or ineffective, use bisacodyl if ordered.         ☐ 100 mg, PO, cap, Daily         Do not crush or chew.			
	aztreonam ☐ 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Step 2: If MRSA coverage is needed:		
	Risk factors include: prior isolation of MRSA or recent hospitalization AN last 90 days	I <b>D⊡</b> eceipt of parenteral antibi 30 mL, PO, susp, q4h, P	
	Choose both vancomycin loading dose (if not already done) and add a s		-
	Anxiety		
	Select only ONE of the following for anxiety 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dos	e], Pulmonary - CAP	
	vancomycin 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADV 0.25 mg, PO, tab, TID, PRN anxiety	ISED] Pharmacy to dose and	l monitor, Pulmonary - CAP
TO Read Back Scanned Powerchart Scanned PharmScan			
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time

	UMC Health System	Pa	tient Label Here
	SP THERAPY FOR COMMUNITY ACQUIRED PNEUM AN	IONIA	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	r detall box(es) where applicable.
ORDER	ORDER DETAILS		
	Alternatively, if patient is allergic to vancomycin, choose linezolid 1 mg, IVPush, inj, q6h, PRN anxiety	0.5 mg, IVPush, inj, q6h, F	PRN anxiety
	(If patient takes SSRI/SNRI per home medication list or there is currently increased risk of serotonin syndrome)	/ an active order AVOID linezo	lid due to
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr	0.25 mg, PO, tab, Nightly,	PRN insomnia
	Insomnia		
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia		
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE		
	25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, P	RN itching
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care		
	<ul> <li>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</li> <li>1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care</li> <li>Wipe affected area</li> </ul>		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	-0.25% rectal ointment)	
	Laboratory		
	Serial Procalcitonin levels are more valuable than single levels.		
	zProcalcitonin Now		
	zProcalcitonin at 24 hours		
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Order Take	n by Signature:	Date	Time
	Signature:		Time

	UMC Health System	Potiont Lobal Hara
A	SP THERAPY FOR NOSOCOMIAL PNEUMONIA PLA	Patient Label Here
	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	
	Patient Care Systemic Antibiogram	
	T;N, Routine, See link for reference text.	
	Scan PRN, If more than 250, Then: Call MD, Perform as needed for p distention present OR 6 hrs post Foley removal and patient has not vo	
	Antibiogram Education	
	T;N, Routine, See link for reference text.	
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.
	Step 1: Choose either piperacillin-tazobactam OR cefepime	1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	If ordering piperacillin-tazobactam, place order for BOTH items	☐ 10 mL, PO, liq, q4h, PRN cough
	piperacillin-tazobactam	
	$\mid$ $\square$ 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/v	
	Pharmacy - Ensure maintenance Extended Infusion dose is also orde 2 mg, PO, tab, Nightly, PRN insomnia	red
	Analgesics for Mild Pain	
	Select only ONE of the following for Mild Pain	
	4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pulmonary - HAP/VAP	
	<b>cefepime</b> 2 g, IVPB, ivpb, q8h, Infuse over 3 hr, Pulmonary - HAP/VAP	☐ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)
	$\square$ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)	
	***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h	iours***
	650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h	iours***
	Alternatively, if patient has an allergy to or has received any of these in t	he p400iong,920d,atas, cfoor,92211tpaimanild (scale 1-3)
	Analgesics for Moderate Pain	
		└┘ <sub>1 g,</sub> IVPush, inj, q8h
	Step 2: Add either an antipseudomonal fluoroquinolone (levoFLOXacin) OR tobramycin)	CR an antipseudomonal aminoglycoside (gentamicin 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)
		$\square$ 1 tab, PO, tab, q4fi, PKN pain-moderate (scale 4-6)
	<b>levoFLOXacin</b> □ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP	
	1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)	
	***** Do not exceed 4,000 mg of acetaminophen from all sources in 2	4 nours
	Analgesics for Severe Pain	
	Select only ONE of the following for Severe Pain 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVIS	ED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	tobramycin	
	7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVIS 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	ED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
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Order Take	en by Signature:	Date Time
	Signature:	



	UMC Health System				
ASP THERAPY FOR NOSOCOMIAL PNEUMONIA PLA		-	tient Label Here		
	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	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) azithromycin				
	500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAF 4 mg, IVPush, soln, q8h, PRN nausea				
	Step 4: If MRSA coverage is needed, choose either vancomycin OR line	zolid			
	Add order for vancomycin loading dose (if not already done) AND add a	secdiloo ondelPlor, vapcolightly,	rPAN coarscip atione		
	<b>vancomycin</b> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dos 10 mg, rectally, supp, Daily, PRN constipation	₽ P			
	vancomycin 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.				
	linezolid       □       600 mg, PO, tab, BID, Pulmonary - HAP/VAP       □       80 mg, PO, tab chew, q4h, PRN gas         □       600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP       □       80 mg, PO, tab chew, q4h, PRN gas         □       160 mg, PO, tab chew, q4h, PRN gas       □       160 mg, PO, tab chew, q4h, PRN gas				
	Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin				
	clindamycin ☐ 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP ☐ 500 mg, PO, tab, q4h, PRN fever tttDeven d 1 2020 mg for a family server in 24 hour ttt				
	<ul> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</li> <li>1,000 mg, PO, tab, q6h, PRN fever</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***</li> </ul>				
	Anti-pyretics				
	<ul> <li>ibuprofen</li> <li>200 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours' Give with food.</li> </ul>	**			
	400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours' Give with food.	**			
	Anorectal Preparations				
	Select only ONE of the following for hemorrhoid care				
	<ul> <li>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</li> <li>☐ 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area</li> </ul>				
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9% 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area	-0.25% rectal ointment)			
то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	n by Signature:	Date	Time		
	Signature:		Time		

	UMC Health System	Pa	atient Label Here	
AS	SP THERAPY FOR NOSOCOMIAL PNEUMONIA PLA	Ν		
	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.	
	Laboratory			
	Serial Procalcitonin levels are more valuable than single levels.			
	zProcalcitonin Now			
	zProcalcitonin at 24 hours			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Physician Signature: Time Date Time			



	UMC Health System		
P	AIN MANAGEMENT - ALTERNATING SCHEDULED N	-	tient Label Here
		AN ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice Al ORDER DETAILS	ND an "x" in the specific orde	er detail box(es) where applicable.
ORDER	Medications		
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	The following scheduled orders will alternate every 4 hours.		
	<ul> <li>ibuprofen</li> <li>↓ 400 mg, PO, tab, q8h, x 3 days</li> <li>To be alternated with acetaminophen every 4 hours.</li> </ul>		
	acetaminophen		
	☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 n	ng of acetaminophen per day f	rom all sources.
	For renally impared patients: The following scheduled orders will alternate	ate every 4 hours.	
	traMADol 50 mg, PO, tab, q8h, x 3 days		
	To be alternated with acetaminophen every 4 hours.		
	acetaminophen ☐ 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.		
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	n by Signature:	Date	
	n by signature:		



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		N ORDERS	
00050	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 Patient Care		
	POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency AC & HS 3 days	LI AC & HS □ TID	
		q12h	
		🗌 q6h 24 hr	
	Ll q4h Sliding Scale Insulin Regular Guidelines		
	Follow SSI Regular Reference Text		
	Medications	al deiler dess if wooded	
	Medication sentences are per dose. You will need to calculate a tot insulin regular (Low Dose Insulin Regular Sliding Scale)	al dally dose if needed.	
	O-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Regular Sliding Scale	ters	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	ate 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		
	hours. Continue to repeat 10 units subcut and POC blood sugar check Once the blood sugar is less than 300 mg/dL, repeat POC blood suga		
	insutlin 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, init	ate 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 check	ks every 2 hours until blood g	lucose is less than 300 mg/dL.
	Once the blood sugar is less than 300 mg/dL, repeat POC blood suga	r in 4 hours and then resume	normal POC blood sugar check and
	insutlin regular sliding scale. Continued on next page		
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Physician S	Signature:	Date	Time

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# SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific or	rder detail box(es) where applicable.	
ORDER	RDER ORDER DETAILS		
	<ul> <li>0-10 units, subcut, inj, TID, 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 guideline</li> </ul>	es 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		
	<ul> <li>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resum insutlin regular sliding scale.</li> <li>□ 0-10 units, subcut, inj, q6h, 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 guideline</li> </ul>	glucose is less than 300 mg/dL. ne normal POC blood sugar check and	
	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		
	<ul> <li>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resum insutlin regular sliding scale.</li> <li>□ 0-10 units, subcut, inj, q4h, 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 guideline</li> </ul>	glucose is less than 300 mg/dL. ne normal POC blood sugar check and	
	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 repea hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resun insutlin regular sliding scale. Continued on next page	glucose is less than 300 mg/dL.	
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Physician S	ysician Signature: Date	Time	



SL	IDING SCALE INSULIN REGULAR PLAN		Patient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	der detail box(es) where applicable.
RDER	ORDER DETAILS		
	<ul> <li>insulin regular (Moderate Dose Insulin Regular Sliding Scale)</li> <li>□ 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parame Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul>		s and notify provider.
	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		
	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/dI, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.    O-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.		
	70-150 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		
	<ul> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar checonce blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale.</li> <li>0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul>	cks every 2 hours until blooc t hours and then resume no	l glucose is less than 300 mg/dL. rmal POC blood sugar checks and
	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. 5 , 6 , 6 , 6 , 7 , 7 , 7 , 7 , 7 , 7 , 7
С	If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar cher Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale. Continued on next page	cks every 2 hours until blood	glucose is less than 300 mg/dL.
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# SLIDING SCALE INSULIN REGULAR 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		
	<ul> <li>0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, init</li> </ul>	iate hypoglycemia guidelines	and notify provider.
	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		
	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.  O-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.		
	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 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 chere Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 insutlin regular scale.		
	insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init		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 hours. Continue to repeat 10 units subcut and POC blood sugar check Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale. Continued on next page	ks every 2 hours until blood g	lucose is less than 300 mg/dL.
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Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



#### **UMC Health System**

# SLIDING SCALE INSULIN REGULAR PLAN

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	Р	HYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orders of c	noice AND an "x" in the specific o	order detail box(es) where applicable.
RDER	R ORDER DETAILS		
	□ 0-14 units, subcut, inj, BID, PRN glucose levels - see param High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sympton		nes 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 un hours. Continue to repeat 10 units subcut and POC blood su Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale. 0-14 units, subcut, inj, TID, PRN glucose levels - see parame High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sympton	gar checks every 2 hours until bloo sugar in 4 hours and then resume eters	d glucose is less than 300 mg/dL. normal POC blood sugar check and
	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 un hours. Continue to repeat 10 units subcut and POC blood su Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale. 0-14 units, subcut, inj, q6h, PRN glucose levels - see param High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is sympton	gar checks every 2 hours until bloo sugar in 4 hours and then resume eters	d glucose is less than 300 mg/dL. normal POC blood sugar check and
	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 un hours. Continue to repeat 10 units subcut and POC blood su Once blood sugar is less than 300 mg/dL, repeat POC blood insulin regular sliding scale. Continued on next page	gar checks every 2 hours until bloo	d glucose is less than 300 mg/dL.
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# SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

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 TOTALLS           □ 0-14 units, subcut, inj, deft, PRN glucose levels - see parameters High Does insulin Regular Sliding Scale         □           □ 1-50 mgdt 0 units 151-200 mgdt 3 units subcut 201-250 mgdt 10 units subcut 201-260 mgdt 10 units subcut 201-270 mgdt 10 units units units and POC blood augar in 4 hours and then resume normal POC blood augar check and insulin regular 201 mg/dt 10 units subcut 201-270 mg/dt 10 units subcut 201-27				
ORDER       ORDER DETAILS		PHYSICIAN ORDERS		
Image: Control of the status of the statu		Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
High Does Insulin Regular Siding Scale         If blood glucose is less than 70 mg/dL and palient is symptomatic, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dL - 0 units subcut         201-250 mg/dL - Suints subcut         201-250 mg/dL - 10 units subcut         11 failor Comments burgers the n-000 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2         11 failor Count (Blank Insulin Sidding Scale)         11 failor Count (Blank Insulin Sidding Scale)         12 failor Count (Blank Insulin Sidding Scale)         13 f3-400 mg/dL - units         13 f3-50 mg/dL - units         14 failoo glucose is less thanmg/dL, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dL - units         15 f-200 mg/dL - units         15 f30 mg/dL - units subcut         26 f30 mg/dL - units subcut         27 f30 mg/dL - units subcut         28 f30 mg/dL - units subcut         29 f30 mg/dL - units subcut         20 f30 mg/dL - units subcut         20 f30 mg/dL - units subcut         21 f30 mg/dL - units subcut         21 f30 mg/d	ORDER	ORDER DETAILS		
161-200 inglid 3 units subcut         251-300 mglid 1 units subcut         251-300 mglid 1 units subcut         351-400 mglid 1 units subcut         Status         Conce blood sugar is less than 300 mglid., repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular silding scale.         Implicit 1 units         151-200 mglid 1 units         201-230 mglid 1 units         201-240 mglid 1 units         201-230 mglid 1 units         201-240 mglid 1 units         201-24		High Dose Insulin Regular Sliding Scale		
hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL.         more 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.         Image: the comments subcut, in, PRN glucose levels - see parameters         Image: the comments subcut, in, PRN glucose levels - see parameters         Image: the comments subcut, in, PRN glucose levels - see parameters         Image: the comments subcut, in, PRN glucose levels - see parameters         Image: the comments subcut, initiate hypoglycemia guidelines and notify provider.         70-150 mg/dLunits subcut         251-300 mg/dLunits subcut         251-300 mg/dLunits subcut         351-400 mg/dLunits subcut         1f blood glucose is greater than 400 mg/dL, administer         Image: the parameters         1f blood glucose is greater than 400 mg/dL, repeat POC blood sugar checks every 2 hours until bloo		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		
See Comments, subcut, inj. PRN glucose levels - see parameters         If blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.         70-150 mg/dLunits subcut         201-250 mg/dLunits subcut         301-350 mg/dLunits subcut         301-350 mg/dLunits subcut         3151-400 mg/dLunits subcut         351-400 mg/dLunits subcut         If blood glucose is greater than 400 mg/dL, administerunits 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 silding scale.         HYPOglycemia Guidelines         HYPOglycemia Guidelines         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		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		
i       151-200 mg/dLunits subcut         201-250 mg/dLunits subcut       301-350 mg/dLunits subcut         301-350 mg/dLunits subcut       331-400 mg/dLunits subcut         31-400 mg/dLunits subcut       31-300 mg/dLunits subcut         31-400 mg/dLunits subcut       31-400 mg/dL,units subcut         issues       if blood glucose is greater than 400 mg/dL, repeat POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.         HYPOglycemia Guidelines         HYPOglycemia Guidelines		See Comments, subcut, inj, PRN glucose levels - see parameters		
hours. Continue to repeatunits 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		151-200 mg/dL units subcut         201-250 mg/dL units subcut         251-300 mg/dL units subcut         301-350 mg/dL units subcut		
HYPOglycemia Guidelines   glucose   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     Image: Tot		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		
Image: see Reference Text***         Image: see Reference Text*** <td< td=""><td></td><td>HYPOglycemia Guidelines</td></td<>		HYPOglycemia Guidelines		
Image: Second state       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         Image: To image: To image: Taken by Signature:		HYPOglycemia Guidelines		
Order Taken by Signature: Date Time		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.		
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	Order Take	n by Signature: Date Time		



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SLIDING SCALE INSULIN REGULAR PLAN		Pa	tient Label Here
	вичения	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable.
ORDER			
	<ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN glucose levels - see parameter</li> <li>Use if blood glucose is less than 70 mg/dL and patient is symptomatic</li> <li>AND has IV access. See hypoglycemia guidelines.</li> </ul>	ers and cannot swallow OR if pat	ient has altered mental status
	<ul> <li>glucagon</li> <li>1 mg, IM, inj, as needed, PRN glucose levels - see parameters</li> <li>Use if blood glucose is less than 70 mg/dL and patient is symptomatic</li> <li>AND has NO IV access. See hypoglycemia guidelines.</li> </ul>	and cannot swallow OR if pat	ient has altered mental status
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UMC Health System		Patient Label Here		
VTE PROPHYLAXIS PLAN				
	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice A		r detail box(es) where applicable.	
ORDER	ORDER DETAILS	-		
	Patient Care			
	VTE Guidelines			
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated***	ations for VTE below and comp	lete reason contraindi	
	Contraindications VTE	<b>—</b> —		
	Active/high risk for bleeding Patient or caregiver refused	<ul> <li>Treatment not indicated</li> <li>Other anticoagulant ordered</li> </ul>	h	
	Anticipated procedure within 24 hours	Intolerance to all VTE cher		
	Apply Elastic Stockings			
	Apply to: Bilateral Lower Extremities, Length: Knee High	Apply to: Left Lower Extrem	mity (LLE), Length: Knee High	
	Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High		xtremities, Length: Thigh High emity (RLE), Length: Thigh High	
	Apply Sequential Compression Device			
	Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extrem	nity (LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a to	tal daily dose if needed.		
	<ul> <li>VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.</li> <li>enoxaparin (enoxaparin for weight 40 kg or GREATER)</li> <li>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</li> </ul>			
	heparin			
	U 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing 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>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</li> </ul>			
	<b>heparin</b> ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8	h	
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin 5 mg, PO, tab, In PM			
	<b>aspirin</b> ☐ 81 mg, PO, tab chew, Daily	☐ 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 CrC	LESS than 30 mL/min		
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Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	

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	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 ☐ 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr0	CI LESS than 30 mL/min	
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
	Signature:	Date	

