

<p>UMC Health System</p> <p>SURGERY BURN PLAN</p>	<p>Patient Label Here</p>
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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

Perform Neurovascular Checks
 q1h q2h
 q4h

Daily Weight

Patient Activity
 Up Ad Lib/Activity as Tolerated | Assist as Needed Bedrest

ICU Progressive Mobility Guidelines
 See Reference Text

Ambulate Patient

Instruct to Turn, Cough, & Deep Breath

Urinary Catheter Care

Insert Gastric Tube
 Nasogastric - NG, To: Low Intermittent Suction Nasogastric - NG
 Dobhoff Tube

Place Device at Bedside (Place Bronchoscope at Bedside)

POC Blood Sugar Check
 q4h

Monitoring

Required if burn is 20% or more TBSA.
Bladder Pressure Monitoring
 q4h, for 72h

Communication

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

Notify Provider of VS Parameters

Notify Provider (Misc)
 Reason: If 2 consecutive blood sugar checks are above 160 mg/dL, or one blood sugar check above 180 mg/dL, contact a provider to order an insulin drip plan.

Notify Provider (Misc)
 T;N, Reason: Notify the provider of urine output less than 0.5 mL/kg/per hour.

Notify Provider (Misc)

Dietary

<input type="checkbox"/> TO	<input type="checkbox"/> Read Back	<input type="checkbox"/> Scanned Powerchart	<input type="checkbox"/> Scanned PharmScan
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Order Taken by Signature: _____ Date _____ Time _____
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UMC Health System SURGERY BURN 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
	NPO Diet <input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips
	Oral Diet <input type="checkbox"/> High Prot/High Cal Diet
IV Solutions	
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr
	LR <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr <input type="checkbox"/> IV, 200 mL/hr
Fluid Resuscitation	
	****Order LR below for rate titration based on urine output**** LR <input type="checkbox"/> IV, Titrate LR to maintain urine output of 0.5 mL/kg/hr., mL/hr, x 24 hr <input type="checkbox"/> IV, For electrical burns: titrate LR to maintain a urine output of 1 mL/kg/hr, mL/hr, x 24 hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	vitamin A <input type="checkbox"/> 10,000 units, PO, cap, Daily
	ascorbic acid <input type="checkbox"/> 500 mg, per tube, liq, BID, Oral LIQUID <input type="checkbox"/> 500 mg, PO, tab, BID, Oral TABLET
	multivitamin with minerals <input type="checkbox"/> 15 mL, per tube, liq, Daily, Oral LIQUID <input type="checkbox"/> 1 tab, PO, tab, Daily, Oral TABLET
	zinc sulfate <input type="checkbox"/> 220 mg, per tube, liq, Daily, Oral LIQUID <input type="checkbox"/> 220 mg, PO, cap, Daily, Oral CAPSULE
	docusate <input type="checkbox"/> 100 mg, per tube, liq, BID, Oral LIQUID <input type="checkbox"/> 100 mg, PO, cap, BID, Oral CAPSULE
	senna <input type="checkbox"/> 17.6 mg, per tube, liq, Nightly, [17.6 mg/10 mL] Oral LIQUID <input type="checkbox"/> 17.2 mg, PO, tab, Nightly, Oral TABLET
	polyethylene glycol 3350 <input type="checkbox"/> 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of liquid
	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, liq, q4h, PRN itching ***If diphenhydrAMINE is contraindicated or ineffective, use hydroXYzine IF ordered****
	hydrOXYzine <input type="checkbox"/> 25 mg, per tube, liq, q4h, PRN itching, Oral LIQUID <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN itching, Oral TABLET

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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
	ondansetron <input type="checkbox"/> 4 mg, PO, tab, q8h, PRN nausea/vomiting Tablet may be crushed if needed <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquid) <input type="checkbox"/> 15 mL, swish & spit, mouthwash, BID, non-intubated patients apply using oral care swab <input type="checkbox"/> 15 mL, swish & spit, mouthwash, TID, intubated patients apply using oral care swab
	Once patient is extubated, please discontinue nystatin order. nystatin (nystatin 100,000 units/mL oral suspension) <input type="checkbox"/> 5 mL, swish & swallow, liq, TID If patient is unable to swallow, swab mouth with medication. Once patient is extubated, please discontinue nystatin order. <input type="checkbox"/> 1 mL, swish & swallow, liq, TID If patient is unable to swallow, swab mouth with medication. Once patient is extubated, please discontinue nystatin order. <input type="checkbox"/> 2 mL, swish & swallow, liq, TID If patient is unable to swallow, swab mouth with medication. Once patient is extubated, please discontinue nystatin order. <input type="checkbox"/> 4 mL, swish & swallow, liq, TID If patient is unable to swallow, swab mouth with medication. Once patient is extubated, please discontinue nystatin order.
	probiotic, multistrain <input type="checkbox"/> 1 tab, PO, Daily
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, per tube, liq, BID, Oral LIQUID <input type="checkbox"/> 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min. <input type="checkbox"/> 20 mg, PO, tab, BID, Oral TABLET
	pantoprazole <input type="checkbox"/> 40 mg, per tube, liq, Daily, Oral LIQUID <input type="checkbox"/> 40 mg, IVPush, inj, Daily IVPush over 2 min. Reconstitute with 10mL NS. Stable for 2 hrs at room temp after reconstitution. <input type="checkbox"/> 40 mg, PO, tab ec, Daily, Oral TABLET
	sucralfate <input type="checkbox"/> 1 g, per tube, liq, TID, ORAL LIQUID Must be given orally or in gastric tube, not for post-pyloric feeding access <input type="checkbox"/> 1 g, PO, liq, TID, ORAL TABLET Must be given orally or in gastric tube, not for post-pyloric feeding access
Burn Care Treatment	
	emollients, topical (Aquaphor topical ointment) <input type="checkbox"/> 1 app, topical, bulk topical, Daily, PRN burn care
	emollients, topical (Nivea topical cream) <input type="checkbox"/> 1 app, topical, cream, as needed, PRN burn care
	emollients, topical (Nivea topical lotion) <input type="checkbox"/> 1 app, topical, lotion, as needed, PRN burn care

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SURGERY BURN 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.

Laboratory

Chromium Level, Copper Level, Cobalt Level, Manganese Level, Magnesium Level, Procalcitonin Level, Selenium Level, and Zinc levels are required for all burns 30% or greater and all NSTI's.

Chromium

Routine, T;N

Chromium

Routine, T;N, Every Monday

Cobalt

Routine, T;N

Cobalt

Routine, T;N, Every Monday

Copper Level

Routine, T;N

Copper Level

Routine, T;N, Every Monday

Magnesium Level

Routine, T;N

Magnesium Level

Routine, T;N, Every Monday

Manganese Level

Routine, T;N

Manganese Level

Routine, T;N, Every Monday

Procalcitonin Level

Routine, T;N

Procalcitonin Level

Routine, T;N, Every Monday

Selenium Level

Routine, T;N

Selenium Level

Routine, T;N, Every Monday

Zinc Level

Routine, T;N

Zinc Level

Routine, T;N, Every Monday

Amylase Level

Lipase Level

C Reactive protein (CRP)

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS

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Physician Signature: _____ Date _____ Time _____



UMC Health System ADULT BURN/WOUND PAIN AND ANXIOLYSIS 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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Background pain/Neuropathic pain Only choose ONE of the following: pregabalin or gabapentin pregabalin <input type="checkbox"/> 50 mg, PO, cap, BID
	gabapentin <input type="checkbox"/> 300 mg, PO, cap, q8h
	Only choose ONE of the following: acetaminophen-codeine #3 or traMADol acetaminophen-codeine (acetaminophen-codeine #3) <input type="checkbox"/> 1 tab, PO, tab, q6h
	traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h
	methadone <input type="checkbox"/> 2.5 mg, PO, soln, q8h
	Breakthrough pain HYDROmorphone <input type="checkbox"/> 0.25 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)/breakthrough
	Wound care pain control and anxiolysis Anxiolysis Use adjusted body weight for dose calculation in obese patients (BMI > 30) ketamine <input type="checkbox"/> 2.5 mg/kg, PO, inj, Daily, PRN burn care, Use adjusted body weight for dose calculation in obese patients (BMI greater than 30). Give 20 minutes prior to burn care, mix in 50 mL of orange juice Use the IV injection for oral use. Use adjusted body weight for dose calculation in obese patients (BMI greater than 30).
	midazolam <input type="checkbox"/> 5 mg, PO, liq, Daily, PRN wound care Administer 30-45 mintues prior to wound care for anxiolysis
	midazolam <input type="checkbox"/> 1 mg, IVPush, inj, q20min, PRN anxiety Anxiety during wound care. Max dose = 4 mg for 1 wound care session
	Analgesia Only choose ONE of the following- acetaminophen-codeine #3 or traMADol acetaminophen-codeine (acetaminophen-codeine #3) <input type="checkbox"/> 2 tab, PO, tab, Daily, PRN wound care
	traMADol <input type="checkbox"/> 100 mg, PO, tab, Daily, PRN wound care

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ADULT BURN/WOUND PAIN AND ANXIOLYSIS 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>morphine <input type="checkbox"/> 30 mg, PO, liq, Daily, PRN wound care</p>
	<p>lidocaine (lidocaine 2,000 mg/500 mL (IVPB for Burn Care)) <input type="checkbox"/> 480 mg, IVPB, ivpb, q24h, PRN burn care. Infuse over 4 hr Give a 1.5 mg/kg bolus over 5 minutes 30 minutes prior to wound care. Then give a 0.5 mg/kg bolus over 5 minutes 20 minutes prior to wound care AND 15 minutes prior to wound care. When wound care is initiated start the lidocaine drip at 2 mg/min continuous until wound care is completed. Discontinue drip when patient returns to room.</p>
	<p>During Wound Care</p> <p>morphine <input type="checkbox"/> 2 mg, IVPush, inj, q15min, PRN other Pain during wound care. Max dose = 8 mg for 1 wound care session</p>
	<p>HYDROmorphine <input type="checkbox"/> 0.25 mg, IVPush, inj, q15min, PRN other Pain during wound care. Max dose = 1 mg for 1 wound care session</p>

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<p>UMC Health System</p> <p>ICU LAB PLAN</p>	<p>Patient Label Here</p>
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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
	Myoglobin <input type="checkbox"/> Routine, T;N, q8h 48 hr
Nutrition Labs	
	Prealbumin <input type="checkbox"/> Routine, T;N
	Prealbumin <input type="checkbox"/> Next Day in AM, Every M and Th
	C Reactive protein (CRP) <input type="checkbox"/> Routine, T;N
	C Reactive protein (CRP) <input type="checkbox"/> Next Day in AM, Every M and Th
	Urine 24hr Urea Nitrogen <input type="checkbox"/> Next Day in AM, Every Monday
Respiratory	
	Arterial Blood Gas (ABG with Lactate) <input type="checkbox"/> STAT, Additional Tests: Lactate, PRN:
	Arterial Blood Gas (ABG with Lactate) <input type="checkbox"/> Routine, Additional Tests: Lactate, Every AM, PRN, Continue while patient is on ventilator. D/C once patient is no longer on vent, bipap, or hiflow oxygen.

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GERIATRIC BURN/WOUND PAIN AND ANXIOLYSIS 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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	Background Pain/ Neuropathic Pain Only choose ONE of the following: pregabalin or gabapentin acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h Do not exceed 4000 mg of acetaminophen per day from all sources. <input type="checkbox"/> 1,000 mg, PO, tab, q6h Do not exceed 4000 mg of acetaminophen per day from all sources.
	gabapentin <input type="checkbox"/> 100 mg, PO, cap, Daily <input type="checkbox"/> 100 mg, PO, cap, q12h <input type="checkbox"/> 100 mg, per tube, liq, Daily <input type="checkbox"/> 100 mg, per tube, liq, q12h
	pregabalin <input type="checkbox"/> 50 mg, PO, cap, BID
	traMADol <input type="checkbox"/> 25 mg, PO, tab, q6h <input type="checkbox"/> 25 mg, PO, tab, q12h, Use for CrCl less than 30 mL/min or severe hepatic impairment
	Breakthrough pain Choose either acetaminophen-codeine or traMADol. acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 120 mg-12 mg/5 mL oral liquid) <input type="checkbox"/> 5 mL, PO, liq, q12h, PRN pain-moderate (scale 4-6)/breakthrough Do not exceed 3000 mg of acetaminophen per day from all sources. <input type="checkbox"/> 5 mL, per tube, liq, q12h, PRN pain-moderate (scale 4-6)/breakthrough Do not exceed 3000 mg of acetaminophen per day from all sources.
	traMADol <input type="checkbox"/> 25 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)/breakthrough <input type="checkbox"/> 25 mg, per tube, tab, q6h, PRN pain-moderate (scale 4-6)/breakthrough
	Wound care pain control and anxiolysis Anxiolysis ketamine <input type="checkbox"/> 0.5 mg/kg, PO, inj, q24h, PRN burn care Give 20 minutes prior to burn care, mix in 30 mL of orange juice Use the IV injection for oral use Max dose 2.5 mg/kg. Continued on next page....

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UMC Health System ICU SEDATION AND PAIN MED 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	
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale) <input type="checkbox"/> ***See Reference Text***
	Perform Awakening Trial <input type="checkbox"/> Daily ***See Reference Text***
	ICU Pain/Agitation/Delirium Reference <input type="checkbox"/> ***See Reference Text***
	Brain Function Monitoring <input type="checkbox"/> 2 to 4 Channel EEG.
Communication	
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Assess patient's sedation and pain level every 4 hours.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED If delirium noted give: haloperidol <input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.	
Initial Dose	
	Pain Meds morphine <input type="checkbox"/> 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	fentaNYL <input type="checkbox"/> 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	HYDROmorphine <input type="checkbox"/> 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	Sedation Meds propofol <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME
	midazolam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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UMC Health System ICU SEDATION AND PAIN MED 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
	fentaNYL 1000 mcg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr Final concentration = 10 mcg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***
	HYDRomorphine 20 mg/100 mL NS - Titratab (HYDRomorphine 20 mg/100 mL NS - Titratable) <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed***
	Sedation Meds propofol 1,000 mg/100 mL - Titratable <input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Bolus Dose: 25 mg, Bolus Freq: q2h, Bolus 4-hour Limit: 100 mg, Bolus Indication: for sedation Final concentration= 10 mg/mL (10,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled*** <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours midazolam 100 mg/100 mL NS - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam 40 mg/250 mL D5W - Titratable <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable) <input type="checkbox"/> IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled*** Continued on next page...

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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											
<p>POC Blood Sugar Check</p> <table border="0"> <tr> <td><input type="checkbox"/> Per Sliding Scale Insulin Frequency</td> <td><input type="checkbox"/> AC & HS</td> </tr> <tr> <td><input type="checkbox"/> AC & HS 3 days</td> <td><input type="checkbox"/> TID</td> </tr> <tr> <td><input type="checkbox"/> BID</td> <td><input type="checkbox"/> q12h</td> </tr> <tr> <td><input type="checkbox"/> q6h</td> <td><input type="checkbox"/> q6h 24 hr</td> </tr> <tr> <td><input type="checkbox"/> q4h</td> <td></td> </tr> </table>		<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS	<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID	<input type="checkbox"/> BID	<input type="checkbox"/> q12h	<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> q4h	
<input type="checkbox"/> Per Sliding Scale Insulin Frequency	<input type="checkbox"/> AC & HS										
<input type="checkbox"/> AC & HS 3 days	<input type="checkbox"/> TID										
<input type="checkbox"/> BID	<input type="checkbox"/> q12h										
<input type="checkbox"/> q6h	<input type="checkbox"/> q6h 24 hr										
<input type="checkbox"/> q4h											
<p>Sliding Scale Insulin Aspart Guidelines</p> <input type="checkbox"/> Follow SSI Aspart Reference Text											
Medications											
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>											
<p>insulin aspart (Low Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p>Continued on next page....</p>											

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SLIDING SCALE INSULIN ASPART 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"/> 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Aspart 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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p>Continued on next page....</p>

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SLIDING SCALE INSULIN ASPART 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>insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p>Continued on next page....</p>

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SLIDING SCALE INSULIN ASPART 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 Aspart Sliding Scale If blood glucose is less than 70mg/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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/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 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p>
	<p>insulin aspart (High Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Aspart 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 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.</p> <p>Continued on next page....</p>

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SLIDING SCALE INSULIN ASPART PLAN

PHYSICIAN ORDERS

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SLIDING SCALE INSULIN ASPART PLAN

PHYSICIAN ORDERS

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	<input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Aspart 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 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes 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 aspart sliding scale.
	<p>insulin aspart (Blank Insulin Aspart 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 subcut 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 greater than 400 mg/dL, administer ___ units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat ___ units subcut and POC blood sugar checks every 90 minutes 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 aspart 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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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	
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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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	<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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ORDER	ORDER DETAILS
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	<p>insulin regular (Blank Insulin Sliding Scale)</p> <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.</p> <p>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</p> <p>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.</p>
HYPOglycemia Guidelines	
	<p>HYPOglycemia Guidelines</p> <p><input type="checkbox"/> ***See Reference Text***</p>
	<p>glucose</p> <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....</p>

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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
<input type="checkbox"/>	glucose (D50) <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.
<input type="checkbox"/>	glucagon <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.

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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>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

