# THROMBOLYTIC THERAPY FOR PERIPHERAL OCCLUSION

	PHYSICIAN ORDERS			
Diagnosi	iagnosis			
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			
	Admit/Discharge/Transfer			
	***PROVIDER MUST CHECK HOME AND INPATIENT MEDICATION LIST PRIOR TO PLACING THESE ORDERS***			
	Patient Care			
	Vital Signs ☐ q1h			
	Strict Intake and Output			
	Patient Activity  ☐ Bedrest, Patient may sit up to 45 degrees in bed			
	Apply Sequential Compression Device (Apply SCD)  Apply to Bilateral Lower Extremities  Apply to Right Lower Extremity (RLE)			
	Insert Urinary Catheter  Catheter Type: Foley, Dependent Drainage Bag			
	Urinary Catheter Care  ☐ Catheter to dependent drainage bag			
	Perform Neurovascular Checks  To: Right Lower Extremity (RLE), Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours  To: Left Lower Extremity (LLE), Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours  To: Bilateral Lower Extremities, Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours  To: Right Upper Extremity (RUE), Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours  To: Left Upper Extremity (LUE), Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours  To: Bilateral Upper Extremities, Special Instructions, Check pulses with doppler q1h for first 4 hours; if no change then can check q4h after the first 4 hours			
	Communication			
	Notify Provider (Misc) ☐ Reason: If fibrinogen is less than 150 mg/dc.			
	Notify Provider (Misc) Reason: If HCT is less than 25%			
	Notify Provider (Misc) Reason: If patient shows signs of hypotension, cyanosis, confusion, or excessive bleeding from pucture site or remote location sources.			
	Notify Provider (Misc)  Reason: If doppler signal changes or absent.			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	ignature:DateTime			

# THROMBOLYTIC THERAPY FOR PERIPHERAL OCCLUSION

		AN ODDERS		
	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	<ul> <li>.Medication Management</li> <li>☐ Start date T;N</li> <li>No new IV lines, subcutatneous or IM medications administration.</li> </ul>			
	Notify Nurse (DO NOT USE FOR MEDS)  T;N, NO peripheral IV; ABGs; IM injections - MAJOR BLEEDING RI	SK		
	Notify Nurse (DO NOT USE FOR MEDS)  Excessive bleeding from puncture site or remove location			
	Notify Nurse (DO NOT USE FOR MEDS)  Repeat angiogram to be completed			
	Dietary			
	NPO Diet  NPO NPO, Except Ice Chips	NPO, Except Meds NPO, Except Meds, Exce	pt Ice Chips	
	Oral Diet  Clear Liquid Diet Full Liquid Diet Advance as tolerated to Heart Healthy Advance as tolerated to Renal (Non-Dialysis) Carbohydrate Controlled (1600 calories) Diet	Regular Diet Advance as tolerated to F Advance as tolerated to R Carbohydrate Controlled ( Carbohydrate Controlled (	denal (Dialysis) (1200 calories) Diet	
	IV Solutions			
	<b>NS</b> ☐ IV, 30 mL/hr			
	Medications  Medication sentences are per dose. You will need to calculate a to	otal daily dose if needed		
	heparin 25,000 units/250 mL D5W  IV  **Total hourly dose should equal 400 units/hr**  Do NOT titrate. Final Concentration: 100 units/mL  Start at rate: units/hr	otal daily dose il lieeded.		
	alteplase (Distal Port) 15 mg/225 mL NS intra-arterial, 10 mL/hr Do NOT titrate. Final concentration is 2 mg/30 mL. Infusion cathete 15 mg, Every Bag	er - distal port.		
	alteplase (Proximal Port) 15 mg/225 mL N (alteplase (Proximal Port intra-arterial, 20 mL/hr Do NOT titrate. Final concentration is 2 mg/30 mL. Infusion cathete  15 mg, Every Bag			
	Laboratory			
	CBC STAT			
	CBC ☐ Routine, T;N+480, q8h			
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

# THROMBOLYTIC THERAPY FOR PERIPHERAL OCCLUSION

	PHYSICIAN O	RDERS		
	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				
	Basic Metabolic Panel  STAT			
	Basic Metabolic Panel ☐ Routine, T;N+720, q12h			
	Calcium Level			
	Magnesium Level ☐ STAT			
	Phosphorus Level			
	Prothrombin Time with INR (PT with INR)			
	Prothrombin Time with INR (PT with INR) ☐ Routine, T;N+480, q8h for 24 hr			
	PTT □ STAT			
	PTT Routine, T;N+480, q8h for 24 hr			
	D Dimer HS 500 (D-Dimer HS 500)  STAT			
	D Dimer HS 500 (D-Dimer HS 500) Routine, T;N+480, q8h for 24 hr			
	Fibrinogen Level  STAT			
	Fibrinogen Level Routine, T;N+480, q8h for 24 hr			
	Respiratory			
	Respiratory Care Plan Guidelines			
	Additional Orders			
□то	☐ Read Back ☐ S	canned Powerchart	Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

# DISCOMFORT MED PLAN

	PHYSICIAN ORD	DERS	
	Place an "X" in the Orders column to designate orders of choice AND an "	x" in the specific order d	letail box(es) where applicable.
ORDER	R ORDER DETAILS		
	Patient Care		
	Perform Bladder Scan  Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients distention present OR 6 hrs post Foley removal and patient has not voided.	complaining of urinary dis	scomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane ☐ 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-20 10 mL, PO, liq, q4h, PRN cough	00 mg/10 mL oral liquid)	
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)  ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis  While awake		
	Anti-pyretics		
	Select only ONE of the following for fever  acetaminophen  500 mg, PO, tab, q4h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ibuprofen if ordered.  1,000 mg, PO, tab, q6h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ibuprofen if ordered.		
	ibuprofen  ☐ 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. ☐ 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  acetaminophen  500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours** ibuprofen if ordered.  Continued on next page	* If acetaminophen contrai	indicated or ineffective, use
□ то	D ☐ Read Back ☐ Scan	nned Powerchart	☐ Scanned PharmScan
Order Take	ken by Signature:	Date	Time
DI		D. G.	Tr.

# DISCOMFORT MED 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	DER ORDER DETAILS			
	<ul> <li>☐ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> <li>☐ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> </ul>			
	ibuprofen  ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.			
	Analgesics for Moderate Pain			
	Select only ONE of the following for moderate pain			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)  ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetan ineffective, 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 hours*** If hydrocodone/acetan ineffective, use if ordered.	·		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)  1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective , 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 hours*** If acetaminophen/codeine contraindicated or ineffective , use if ordered.			
	traMADol 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.			
	ketorolac ☐ 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 ineffective, use if ordered.			
	Analgesics for Severe Pain			
	Select only ONE of the following for severe pain  morphine  2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)  If morphine contraindicated or ineffective, use hydromorphone if ordered.  4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)  If morphine contraindicated or ineffective, use hydromorphone if ordered.			
□ то	TO Read Back Scanned Powerchart	☐ Scanned PharmScan		
Order Take	Order Taken by Signature: Time			
Physician S	sician Signature: Date	Time		

# DISCOMFORT MED 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		
	HYDROmorphone  ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj, q4h, F	PRN pain-severe (scale 7-10)
	Antiemetics		
	Select only ONE of the following for nausea  promethazine  25 mg, PO, tab, q4h, PRN nausea		
	ondansetron  ☐ 4 mg, IVPush, soln, q8h, PRN nausea    If ondansetron contraindicated or ineffective, use promethazine if o   ☐ 4 mg, IVPush, soln, q6h, PRN nausea    If ondansetron contraindicated or ineffective, use promethazine if o		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation  docusate  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.		
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-masuspension)  30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, PR	N gas
	Anxiety		
	Select only ONE of the following for anxiety		
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety		
	LORazepam ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PRN an:	xiety
	Insomnia		
	Select only ONE of the following for insomnia		
	ALPRAZolam ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia		
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia		
□ то	☐ Read Back	☐ Scanned Powerchart ☐	Scanned PharmScan
Order Take	Order Taken by Signature: Date Time		Time
Physician S	ijonature:	Date	Time

# DISCOMFORT MED PLAN

	PHYSICIAN 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.
ORDER	ORDER DETAILS		
	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,	PRN itching
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care		
	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)  1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	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
Physician S	Signature:	Date	Time

# GERIATRIC DISCOMFORT MED 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		
	Perform Bladder Scan  Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.		
	Medications  Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)  1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)  10 mL, PO, liq, q4h, PRN cough		
	melatonin ☐ 2 mg, PO, tab, Nightly, PRN insomnia		
	Analgesics for Mild Pain		
	Select only ONE of the following for Mild Pain		
	acetaminophen  □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***  □ 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 hours***  □ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	ibuprofen  ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***  Give with food.		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)  ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****		
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)  1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***********************************		
	Analgesics for Severe Pain		
	Select only ONE of the following for Severe Pain  morphine		
	2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)		
	Antiemetics		
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan		
Order Take	n by Signature: Date Time		
Physician S	ician Signature: DateTime		

# GERIATRIC DISCOMFORT MED PLAN

	PHYSIC	IAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea		
	Gastrointestinal Agents		
	Select only ONE of the following for constipation		
	docusate ☐ 100 mg, PO, cap, Nightly, PRN constipation		
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-masuspension)  30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	gnesium hydroxide-simethic	one 200 mg-200 mg-20 mg/5 mL oral
	simethicone  80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, PRN gas
	Anti-pyretics		
	Select only ONE of the following for fever  acetaminophen  500 mg, PO, tab, q4h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  1,000 mg, PO, tab, q6h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2-  ***Do not exceed 4,000 mg of acetaminophen		
	ibuprofen  □ 200 mg, PO, tab, q4h, PRN fever  ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour Give with food.  □ 400 mg, PO, tab, q4h, PRN fever  ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour Give with food.		
	Anorectal Preparations		
	Select only ONE of the following for hemorrhoid care  witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)  1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area		
	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
Physician 9	Signatura	Date	Time

#### Patient Label Here

# PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

	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  The following scheduled orders will alternate every 4 hours.	total daily dose if needed.		
	ibuprofen			
	400 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 ibuprofen every 4 hours. Do not exceed 4000	) mg of acetaminophen per day fro	om all sources.	
	For renally impared patients: The following scheduled orders will alter	nate every 4 hours.		
	<u>tra</u> MADol			
	☐ 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 fro	m all sources.	
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

PCA MED PLAN

#### **Patient Label Here**

	PHYSICIAN ORDI	ERS	
	Place an "X" in the Orders column to designate orders of choice AND an "x	" in the specific order d	etail box(es) where applicable.
ORDER	R ORDER DETAILS	-	
	Communication		
	Notify Provider of VS Parameters (Notify Provider if VS)  RR Less Than 10, Patient becomes unresponsive		
	.Medication Management (Notify Nurse and Pharmacy)  ☐ Start date T;N  If respirations fall below 10 breaths per minute or patient becomes unresponse.	ive, stop PCA pump.	
	IV Solutions		
	***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant	patients who require high	dose therapy.
	***DOSING NOTES***:  1. Initial doses are for opioid naive patients. Chronic pain patients may require h  2. Decrease initial starting dose by 25-30% in patients greater than 65 years of a hepatic, or pulmonary impairment.  3. Hydromorphone and fentanyl are recommended for patients with renal impairmenthine.	age, and/or patients with re	
	morphine (morphine 30 mg/30 mL PCA)  Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date  Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date		
	HYDROmorphone (HYDROmorphone 6 mg/30 mL PCA)  ☐ Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start dat ☐ Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start dat ☐ Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start dat	e/time T;N	
	fentaNYL (fentaNYL 300 mcg/30 mL PCA)  □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N  □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N  □ Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N		
	If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open	or duration of PCA	
	NS (Normal Saline)  1,000 mL final vol, IV, 20 mL/hr		
	Medications		
	Medication sentences are per dose. You will need to calculate a total daily  ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION  If respiratory rate is less than 10 breaths/min or patient is unresponsive  1. Stop PCA Pump  2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than  3. Notify Physician  naloxone		
•	0.1 mg, IVPush, inj, q2min, PRN bradypnea  May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volur (0.1 mg = 2.5 mL).  Continued on next page	ne of 10 mL to achieve a	0.04 mg/mL concentration
□ то	D Read Back Scan	ned Powerchart	Scanned PharmScan
Order Take	aken by Signature:	Date	Time

Version: 3 Effective on: 03/11/24

Physician Signature:

PC	CA MED PLAN			
	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	ail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Respiratory Continuous Pulse Oximetry			
	Containabat False Oximically			
		,		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date	Time	

#### SLIDING SCALE INSULIN REGULAR PLAN

Patient	Labal	Hara
Patient	ı anei	Here

0.	IDINO CON LE INCOLINA NECOLA INTERNA		
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency	☐ AC & HS	
	AC & HS 3 days	TID	
	☐ BID ☐ G6h	☐ q12h ☐ q6h 24 hr	
	q4h	<b>—</b> 4021	
	Sliding Scale Insulin Regular Guidelines		
	Follow SSI Regular Reference Text		
	Medications  Medication sentences are per dose. You will need to calculate a tot	al daily dose if peeded	
	insulin regular (Low Dose Insulin Regular Sliding Scale)	ai daily dose il needed.	
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame	eters	
	Low Dose Insulin Regular Sliding Scale	iata bunashuaamia suidalinaa and n	atifi ( provider
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypogrycemia guidelines and r	ouly 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 subcur		
	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 sugar.		
	insutlin regular sliding scale.	a in 4 nours and monresame norm	arr 00 blood sagar oncok and
	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	iate hypoglycemia guidelines and r	otify provider.
		71 37 3	71
	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 subcurhours. Continue to repeat 10 units subcut and POC blood sugar check		
	Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar		
	insutlin regular sliding scale.		
ſ	Continued on next page		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

# 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 DETAILS
	O-10 units, subcut, inj, TID, PRN glucose levels - see parameters     Low Dose Insulin Regular Sliding Scale     If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.  0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.  0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut
•	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.  Continued on next page
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan
Order Take	n by Signature: Date Time
Physician S	Signature: Date Time

Version: 3 Effective on: 03/11/24

14 of 20

# SLIDING SCALE INSULIN REGULAR PLAN

	PHYSIC	IAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)	motoro			
		meters			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, i	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 subhours. Continue to repeat 10 units subcut and POC blood sugar conce blood sugar is less than 300 mg/dl, repeat POC blood sugar is	hecks every 2 hours until blood	glucose is less than 300 mg/dL.		
	insutlin regular scale.				
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters     Moderate Dose Insulin Regular Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic, i	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 sub hours. Continue to repeat 10 units subcut and POC blood sugar c Once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale.	hecks every 2 hours until blood	glucose is less than 300 mg/dL.		
	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, i	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 always is greater than 400 mg/dl, administer 40 units out	out notify provider and report [	OOC blood ouger shock in 2		
	If blood glucose is greater than 400 mg/dL, administer 12 units sub-	• •	•		
	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.				
ſ	Continued on next page				
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
Order Taker	n by Signature:	Date	Time		
		<b>.</b>			

# SLIDING SCALE INSULIN REGULAR PLAN

**Patient Label Here** 

	PHYSICI	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	R ORDER DETAILS			
	<ul> <li>U-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, in</li> <li>70-150 mg/dL - 0 units</li> <li>151-200 mg/dL - 2 units subcut</li> <li>201-250 mg/dL - 3 units subcut</li> <li>251-300 mg/dL - 5 units subcut</li> </ul>	itiate hypoglycemia guidelines a	and notify provider.	
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut  If blood dlucose is greater than 400 mg/dL, administer 12 units subci	ut notify provider and repeat P	OC blood sugar check in 2	
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut hours. Continue to repeat 10 units subcut and POC blood sugar chronce blood sugar is less than 300 mg/dl, repeat POC blood sugar in 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, in	ecks every 2 hours until blood g 4 hours and then resume norm	plucose is less than 300 mg/dL.  nal 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			
	If blood glucose is greater than 400 mg/dL, administer 12 units subcithours. Continue to repeat 10 units subcut and POC blood sugar chonce blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale.	ecks every 2 hours until blood g	lucose is less than 300 mg/dL.	
	insulin regular (High Dose Insulin Regular Sliding Scale)  ☐ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see param High Dose Insulin Regular Sliding Scale  If blood glucose is less than 70 mg/dL and patient is symptomatic, in		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 subcombours. Continue to repeat 10 units subcut and POC blood sugar checonce blood sugar is less than 300 mg/dL, repeat POC blood sugar in insulin regular sliding scale.  Continued on next page	cks every 2 hours until blood glu	ucose is less than 300 mg/dL.	
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

Version: 3 Effective on: 03/11/24

# SLIDING SCALE INSULIN REGULAR PLAN

Patient	Lahal	Hara
Panem	Labei	nere

PHYSICIAN ORDERS				
DED	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
RDER	-			
	☐ 0-14 units, subcut, inj, BID, 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 hyp	oglycemia guidelines	and notify provider.	
		37 3	71	
	70-150 mg/dL - 0 units			
	151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut			
	251-300 mg/dL - 7 units subcut			
	301-350 mg/dL - 10 units subcut			
	351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify	provider, and repeat I	POC blood sugar check in 2	
	hours. Continue to repeat 10 units subcut and POC blood sugar checks every	2 hours until blood g	lucose 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 no	rmal POC blood sugar check and	
	insulin regular sliding scale.  0-14 units, subcut, inj, TID, PRN glucose levels - see parameters			
	High Dose Insulin Regular Sliding Scale			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hyp	oglycemia guidelines	and notify provider.	
	70-150 mg/dL - 0 units			
	151-200 mg/dL - 3 units subcut			
	201-250 mg/dL - 5 units subcut			
	251-300 mg/dL - 7 units subcut			
	301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify hours. Continue to repeat 10 units subcut and POC blood sugar checks every Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours insulin regular sliding scale.  □ 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters	2 hours until blood g	lucose is less than 300 mg/dL.	
	High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hyp	oglycemia quidelines	and notify provider.	
		37 3	71	
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut			
	201-250 mg/dL - 5 units subcut			
	251-300 mg/dL - 7 units subcut			
	301-350 mg/dL - 10 units subcut			
	351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify hours. Continue to repeat 10 units subcut and POC blood sugar checks every Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours insulin regular sliding scale.	2 hours until blood g	lucose is less than 300 mg/dL.	
C	insulin regular sliding scale. Continued on next page			
] то	D ☐ Read Back ☐ Scan	ned Powerchart	☐ Scanned PharmScan	
ler Takeı	ken by Signature:	Date	Time	
	n Signatura	Date	Time	

Version: 3 Effective on: 03/11/24

17 of 20

# 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			
	☐ 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate I	nypoglycemia 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 a regulator and several DOC	bland owner shorts in C	
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, not hours. Continue to repeat 10 units subcut and POC blood sugar checks ev Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 ho insulin regular sliding scale.	ery 2 hours until blood glucos	se is less than 300 mg/dL.	
	insulin regular (Blank Insulin Sliding Scale)  ☐ See Comments, subcut, inj, PRN glucose levels - see parameters  Ilf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines	and notify provider.		
	70-150 mg/dL units 151-200 mg/dL units subcut 201-250 mg/dL units subcut 251-300 mg/dL units subcut 301-350 mg/dL units subcut 351-400 mg/dL units subcut			
	hours. Continue to repeat units subcut and POC blood sugar checks Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 ho insulin regular sliding scale.			
	HYPOglycemia Guidelines			
	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 i able to swallow. See hypoglycemia Guidelines.  Continued on next page	s less than 70 mg/dL and pat	ient is symptomatic and	
□ то	☐ Read Back ☐ Sc	anned Powerchart	Scanned PharmScan	
Order Taker	ten by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

# SLIDING SCALE INSULIN REGULAR PLAN

о.	ati	nn	4 I	ah	~ 1	ᅜ	re

	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				
	glucose (D50)  □ 25 g, IVPush, syringe, as needed, PRN glucose levels - see paramete Use if blood glucose is less than 70 mg/dL and patient is symptomatic AND has IV access. See hypoglycemia guidelines.		as altered mental status		
	glucagon  ☐ 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 has NO IV access. See hypoglycemia guidelines.	and cannot swallow OR if patient h	as altered mental status		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken	n by Signature:	Date	Time		
	in by Signature:	Date	Time		
- mysician S			• ••••		

Pati	ent	Label	Here

BE	3 TYPE AND SCREEN PLAN			
	PHYSICI	AN ORDERS		
	Place an "X" in the Orders column to designate orders of choice A		detail box(es) where applicable.	
ORDER				
	Laboratory			
	BB Blood Type (ABO/Rh)			
	BB Antibody Screen			
□ то	☐ Read Back	☐ Scanned Powerchart	Scanned PharmScan	
_ 10	LI NGQU DQUK	Scanned Fowerchart	LI GCAIIIIEU FIIAIIIIGCAII	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	