TF	UMC Health System	Pa	atient Label Here	
	PHYSICI	AN ORDERS		
Diagnos	is			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Vital Signs Per Unit Standards			
	Daily Weight			
	Insert Peripheral Line			
	Patient Activity         Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees         Bedrest         Bedrest         Dedrest   Up to Bedside Commode Only         Dangle at Bedside	☐ Bedrest   Bathroom Privil ☐ Up Ad Lib/Activity as Tole ☐ Up in Chair	eges erated   Assist as Needed	
	ICU Progressive Mobility Guidelines			
Place Patient on Non-Violent Restraints         Insert Gastric Tube         Nasogastric - NG, To: Low Intermittent Suction, Irrigate every 2 hours with 20mL of Normal Saline         Insert Urinary Catheter         Foley, To: Dependent Drainage Bag				
	Urinary Catheter Care (Foley Catheter Care)			
	Instruct to Turn, Cough, & Deep Breath	q1h, 10 Times/Hour Whil	e Awake	
	Wound Care by Nursing (Dressing Change by Nursing)			
	Set Up for Arterial Line Placement Supplies at Bedside: Insertion Tray			
	Set Up for Central Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Triple Lumen Catheter, Supplies at Bedside: Insertion Tray	Double Lumen Catheter,	Supplies at Bedside: Insertion Tray	
	Communication			
	Notify Provider/Primary Team of Pt Admit         Upon Arrival to Floor/Unit         Now	🗌 In AM		
	Notify Provider of VS Parameters			
	Notify Provider of Urine Output			
	<ul> <li>Notify Provider (Misc)</li> <li>☐ T;N, Reason: If 2 consecutive blood sugar checks are above 160 mg to initiate Insulin Drip Non DKA Plan</li> </ul>	/dL or one blood sugar check	above 180 mg/dL, contact a provider	
	Dietary			
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Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	
			1201	



	UMC Health System	Patient Label Here
TF	RAUMA AND SURGICAL ICU PLAN	
		N ORDERS
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	NPO Diet           □ T;N, NPO           □ T;N, NPO, Except Ice Chips	T;N, NPO, Except Meds
	Oral Diet	
	Regular Diet     Clear Liquid Diet	☐ Full Liquid Diet ☐ Soft and Bite Size Diet
	Renal (Dialysis) Diet	Renal (Non-Dialysis) Diet
	Heart Healthy Diet	Advance as tolerated to Full Liquid
	High Prot/High Cal Diet	
	IV Solutions	
	NS (Normal Saline)	
	$\square$ IV, 25 mL/nr $\square$ IV, 75 mL/hr	□ IV, 50 mL/hr □ IV, 100 mL/hr
	$\square$ IV, 125 mL/hr	□ IV, 150 mL/hr
	LR (Lactated Ringer's)	
	IV, 25 mL/hr	U, 50 mL/hr
	□ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr
	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	U, 150 mL/hr
	D5 1/2 NS + 20 mEq KCI/L	_
	IV, 25 mL/hr	V, 50 mL/hr
	□ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr
	Medications	
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.
	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquid 15 mL, swish & spit, mouthwash, BID, intubated patients apply using oral care swab	d)
	insulin R 100 units/100 mL NS □ IV	Start at rate:units/hr
	GI Prophylaxis	
	famotidine	
	20 mg, IVPush, inj, Daily	20 mg, PO, tab, BID
	20 mg, IVPush, inj, BID	
	Laboratory	
	Diagnostic Tests	
	DX Chest Portable	
	Respiratory	
	Respiratory Care Plan Guidelines	
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Order Take	en by Signature:	Date Time
Physician	Signature:	Date Time



	UMC Health System	Patient Label Here	
TF	RAUMA AND SURGICAL ICU PLAN		
	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		
	TSICU/BICU Routine Ventilator Management (TSICU/BICU Routine Ve	entilator Management Protocol)	
	ARDSNet Protocol		
	Arterial Blood Gas (ABG)		
	Oxygen (O2) Therapy Keep sats greater than: 90% Keep sats greater than: 93%	<ul> <li>☐ Keep sats greater than: 92%</li> <li>☐ Keep sats greater than: 97%</li> </ul>	
	IS Instruct	— ·····	
	Physical Medicine and Rehab		
	Consult MD Service: Physical Medicine and Rehabilitation(MD)		
	Consult PT Mobility for Eval & Treat		
	Consult Speech Therapy for Eval & Treat		
	Consult Occ Therapy for Eval & Treat		
	Wound Evaluation and Treatment by PT Bur (Wound Evaluation and	Treatment by PT Burn Wound/Skin Care Services)	
	Consults/Referrals Consult MD		
	Service: SICU Team		
	Consult MD		
	Additional Orders		
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Physician	Signature:	Date Time	



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DISCOMFORT MED PLAN			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	ler detail box(es) where applicable.
ORDER			
	Patient Care         Perform Bladder Scan         □ 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 volume		y discomfort and/or bladder
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	•	
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	brane lozenge)	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 ☐ 10 mL, PO, liq, q4h, PRN cough	mg-200 mg/10 mL oral liqu	uid)
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Anti-pyretics		
	<ul> <li>Select only ONE of the following for fever</li> <li>acetaminophen</li> <li>500 mg, PO, tab, q4h, PRN fever</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 h ibuprofen if ordered.</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 h</li> </ul>		
	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 h ibuprofen if ordered. Continued on next page	ours*** If acetaminophen co	ntraindicated or ineffective, use
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	UMC Health System			
DISCOMFORT MED PLAN		Pa	atient Label Here	
	SCOMFORT MED 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>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			
	<ul> <li>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</li> <li>1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered.</li> <li>2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use if ordered.</li> <li>if ordered.</li> <li>if ordered.</li> <li>if ordered.</li> <li>if ordered.</li> <li>if ordered.</li> </ul>			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Code 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.	ours*** If acetaminophen/coo	leine contraindicated or ineffective	
	<ul> <li>traMADol</li> <li>50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6)</li> <li>If tramadol contraindicated or ineffective, use if ordered.</li> <li>50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)</li> <li>If tramadol contraindicated or ineffective, use if ordered.</li> </ul>			
	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 ineffect	tive, use if ordered.		
	Analgesics for Severe Pain			
	Select only ONE of the following for severe pain <b>morphine</b> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if order 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if order			
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Order Take	n by Signature:	Date	Time	
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UMC Health System			
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	SCOMFORT MED PLAN		
		N ORDERS	·
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r 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, o	q4h, 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 orde	ered.	
	☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if orde	ered.	
	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.		
	Do not crush or chew.		
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn	esium hydroxide-simethicor	ne 200 mg-200 mg-20 mg/5 mL oral
	suspension)		
	Administer 1 hour before meals and nightly.		
	simethicone		
	80 mg, PO, tab chew, q4h, PRN gas	160 mg, PO, tab chew, q4	n, PRN 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, PR	N anxiety
	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		
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	UMC Health System	Pat	ient Label Here
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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 orde	r 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, Pf	RN 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, 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)	
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Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



	UMC Health System	Pa	tient Label Here
IC	U LAB PLAN	Га 	
		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	er detail box(es) where applicable.
ORDER	Laboratory		
	Hematology		
	CBC Routine, T;N		
	CBC		
	CBC with Differential		
	Coagulation		
	Anti Xa Level Timed, T;1300, Every M and Th		
	Anti Xa Level Timed, T;1300, Every T and F		
	Prothrombin Time with INR		
	Prothrombin Time with INR INext Day in AM, Every AM		
	PTT		
	PTT Next Day in AM, Every AM		
-	Chemistry		
	Renal Function Panel		
	Renal Function Panel		
	Basic Metabolic Panel		
	Comprehensive Metabolic Panel		
	Magnesium Level		
	Magnesium Level		
	Phosphorus Level		
	Phosphorus Level		
	CK □ Routine, T;N, q8h 48 hr		
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IC	U LAB PLAN		
	PHYSICIA Place an "X" in the Orders column to designate orders of choice AN	N ORDERS	r datail box(os) whore applicable
ORDER		an x in the specific order	detail box(es) where applicable.
	Myoglobin Routine, T;N, q8h 48 hr		
	Nutrition Labs		
	Prealbumin Routine, T;N		
	Prealbumin INext Day in AM, Every M and Th		
	C Reactive protein (CRP)		
	C Reactive protein (CRP)  Next Day in AM, Every M and Th		
	Urine 24hr Urea Nitrogen INext Day in AM, Every Monday		
	Respiratory		
	Arterial Blood Gas (ABG with Lactate) STAT, Additional Tests: Lactate, PRN:		
	Arterial Blood Gas (ABG with Lactate) ☐ Routine, Additional Tests: Lactate, Every AM, PRN, Continue while pa bipab, or hiflow oxygen.	atient is on ventlator. D/C once	patient is no longer on vent,
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Order Take	n by Signature:	Date	Time
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### ELECTROLYTE MED PLAN - ICU ONLY

	PHYSICIA		
	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	-	
	Communication		
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte T;N, See Reference Sheet	te Replacement Guidelines)	
	Check below to select the Aggressive Potassium, phosphate, and magne May then uncheck any replacement orders not wanted.	esium.	
	Communication Order		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	Replacement orders should only be used in patients with a serum creatir GREATER than 0.5 mL/kg/hr	nine LESS than 2 mg/dL, and	urinary output
	IV POTASSIUM CHLORIDE REPLACEMENT:		
	Select only ONE of the following potassium chloride replacement orders	- Aggressive or Non-Aggress	ive
	AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses f	or potassium levels 3.6 mMol	/L to 3.9 mMol/L:
	potassium chloride	bleted.	sement attempts.
	<ul> <li>potassium chloride</li> <li>↓ 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, I If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCI ivpb</li> <li>Repeat serum potassium level 2 hours after total replacement is comp Notify provider and check magnesium level if potassium deficiency do</li> </ul>	bleted.	cement attempts.
	potassium chloride         ☐       60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, H         If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CC         Repeat serum potassium level 2 hours after total replacement is comp         Notify provider and check magnesium level if potassium deficiency do	DNTACT PROVIDER.	cement attempts.
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement do	oses for potassium levels LES	SS than or equal to 3.5 mMol/L:
	<ul> <li>potassium chloride</li> <li>40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, I If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCI ivpb Repeat serum potassium level 2 hours after total replacement is comp Notify provider and check magnesium level if potassium deficiency do Continued on next page</li> </ul>	bleted.	cement attempts.
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## ELECTROLYTE MED PLAN - ICU ONLY

	PHYSICIAI	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice ANI	O an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	potassium chloride         □       60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K         If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CO         Repeat serum potassium level 2 hours after total replacement is comp         Notify provider and check magnesium level if potassium deficiency doe	NTACT PROVIDER. leted.	ement attempts.
	IV SODIUM PHOSPHATE REPLACEMENT: Use only when phosphorous	s needs replacement	
	Select only ONE of the following sodium phosphate replacement orders - Aggressive or Non-Aggressive		
	AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for serur serum sodium level LESS than 145 mMol/L.	n phosphorus levels equal to	or LESS than 3.0 mg/dL AND
	<ul> <li>sodium phosphate</li> <li>30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr, For serum phosphorus level 1.0 - 3.0 mg/dL.</li> <li>If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L - Administer 30 mMol sodium phosphate.</li> <li>Repeat serum phosphorus level 6 hours after infusion completed.</li> </ul>		
	sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/		
	Repeat serum phosphate level 6 hours after infusion completed.		
	NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Select both sodium phosphate orders to replace phos levels LESS than or equal to 2.5 mg/dL		
	<ul> <li>sodium phosphate</li> <li>☐ 30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol/L - A Repeat serum phosphorus level 6 hours after infusion completed.</li> </ul>		
	sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/		
	Repeat serum phosphate level 6 hours after infusion completed.		
c	IV MAGNESIUM REPLACEMENT: magnesium sulfate 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr, F If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Repeat serum magnesium level 2 hours after the infusion is completed Continued on next page	-	1.6 - 1.9 mg/dL.
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### ELECTROLYTE MED PLAN - ICU ONLY

	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>magnesium sulfate</li> <li>4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr, For serum magnesium levels equal to or LESS than 1.6 mg/dL.</li> <li>If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and NOTIFY PROVIDER if mag level is less than 1 mg/dL.</li> <li>Repeat serum magnesium level 2 hours after the infusion is completed.</li> </ul>		
	IV POTASSIUM PHOSPHATE REPLACEMENT:		
	Select only ONE of the following potassium phosphate replacement orders - Aggressive or Non-Aggressive. Nurse will contact provider for additional order IF potassium phosphate needed		
	AGGRESSIVE IV POTASSIUM PHOSPHATE - Use when only phosphorus needs replacement with hypernatremia. Replacement doses for serum phosphorus levels LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.		
	NON-AGGRESSIVE IV POTASSIUM PHOSPHATE REPLACEMENT - To replace phosphorus levels LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.		
	Laboratory		
	Potassium Level		
	Phosphorus Level		
	Magnesium Level		
	Sodium Level		
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Order Take	n by Signature: Date Time		
Physician S	iignature: Date Time		



	UMC Health System	Р	atient Label Here	
GERIATRIC DISCOMFORT MED PLAN				
	PHYSICIA	N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	ler 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 p distention present OR 6 hrs post Foley removal and patient has not vo		y discomfort and/or bladder	
	Medications	al daily doop if prodod		
	Medication sentences are per dose. You will need to calculate a toto menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem	•		
	1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	<b>3</b> ,		
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20	mg-200 mg/10 mL oral liqu	uid)	
	melatonin			
	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 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			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Code 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24	, , ,	blet)	
	Analgesics for Severe Pain			
	Select only ONE of the following for Severe Pain			
	<b>morphine</b> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	HYDROmorphone O.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)			
	Antiemetics			
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Order Take	en by Signature:	Date	Time	
Physician	Physician Signature:      Time			

UMC Health System		Pa	atient Label Here
GERIATRIC DISCOMFORT MED 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		
	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		
	<b>bisacodyl</b> 10 mg, rectally, supp, Daily, PRN constipation		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.		
	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 24 hours*** 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***		
	ibuprofen         200 mg, PO, tab, q4h, PRN fever         ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***         Give with food.         400 mg, PO, tab, q4h, PRN fever         ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***         Give with food.         with food.         Give with food.         Give with food.         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, 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)	
От	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time



	UMC Health System	Pati	ient Label Here
IC	U SEDATION AND PAIN MED PLAN		
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific order	detail box(es) where applicable.
ORDER	Patient Care		
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitat	ion Sedation Scale)	
	Perform Awakening Trial Daily ***See Reference Text***		
	ICU Pain/Agitation/Delirium Reference		
	Brain Function Monitoring 2 to 4 Channel EEG.		
	Communication		
	Notify Nurse (DO NOT USE FOR MEDS) Assess patient's sedation and pain level every 4 hours.		
	Medications Medication sentences are per dose. You will need to calculate a tot	al dailv dose if needed.	
	***SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN		-ED***
	If delirium noted give:		
	haloperidol         □       5 mg, IVPush, inj, q2h, PRN agitation         Notify physician if more than 100 mg is administered over 48 hours.		
	Initial Dose		
	Pain Meds		
	morphine □ 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.		
	fentaNYL ☐ 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.		
	HYDROmorphone 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 25 mg, IVPush, inj, ONE TIME		
	<ul> <li>midazolam</li> <li>2 mg, IVPush, inj, q20min, PRN sedation</li> <li>***Sedative medications should only be given after pain is adequately</li> </ul>	controlled***	
	LORazepam ☐ 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately	controlled***	
L			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time



Patient Label Here         ICU SEDATION AND PAIN MED PLAN             Place an "X" In the Orders column to designate orders of choice AND an "X" In the specific order detail box(es) where applicable.         ORGER DETAILS		LIMC Lingth Suctors		
Place an "X" in the Orders column to designate order of choice AND an "x" in the specific order detail box(es) where applicable.         ORDER       Place an "X" in the Orders column to designate order of choice AND an "x" in the specific order detail box(es) where applicable.         ORDER       ORDER DETAILS         Image: Intervention of the Orders column to designate order of plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention of the Orders column to designate order or plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention of the Orders column to designate or militone or plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention of the Orders column to designate order or militone or plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention of the Orders column to designate order or militone or plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention orders the Order or militone or plaints that are hypertensive with a blood pressure GREATER than 180:00.         Image: Intervention orders than 4/10.		UMC Health System	P	atient Label Here
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 DETALS         Implies (PTURS), inj. ONE TIME         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with isotation (scale 4-10)         To maintain pain level less than 4/10.         Implies to maintain pain level less than 4/10.         Implies the medications should only be given after pain is adequately controlled***         Continuous Infusion         Implies older with a trace implies         Implies older with edication 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final Meds	IC	U SEDATION AND PAIN MED PLAN		
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 DETALS         Implies (PTURS), inj. ONE TIME         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with isotation (scale 4-10)         To maintain pain level less than 4/10.         Implies to maintain pain level less than 4/10.         Implies the medications should only be given after pain is adequately controlled***         Continuous Infusion         Implies older with a trace implies         Implies older with edication 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final Meds				
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 DETALS         Implies (PTURS), inj. ONE TIME         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with indropes amiodarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Implies older with isotation (scale 4-10)         To maintain pain level less than 4/10.         Implies to maintain pain level less than 4/10.         Implies the medications should only be given after pain is adequately controlled***         Continuous Infusion         Implies older with a trace implies         Implies older with edication 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final Meds				
ORDER       DEPENDENTIALS		PHYSICIA	N ORDERS	
Image: Control of the state of the stat		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.
□ dragks, I/Push, inj, ONE TIME         □ fragks, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ framiniar pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation (scale 4-10)         □ drag, I/Push, inj, Qh, PRN pain-with sedation         □ sedation Meds         □ grave, I/Push, inj, Qh, PRN pain-with sedation         □ drag, I/Push, Inj, Qh, PRN pa	ORDER	DER ORDER DETAILS		
Infuse slowly with inorcopes amiodarone or milinone or patients that are hyportensive with a blood pressure GREATER than 180/90.         Image: NPUsh. Inj. ONE TIME         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Administer to maintain pain level less than 4/10. <b>HYPOROOPORO</b> Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         Administer to maintain pain level less than 4/10. <b>HYPOROOPORO</b> Image: NPUsh. Inj. QAD. PEN pain-with sectation (scale 4-10)         To maintain pain level less than 4/10. <b>HYPOROOPORO</b> Image: NPUsh. Inj. QAD. PEN sectation         Image: NPUsh. Inj. QAD. PEN sectation         I				
Infrase slowly with inotropes amiodarone or milinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Infrase slowly with inotropes amiodarone or milinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Infrase slowly with inotropes amiodarone or milinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Infrase slowly with inotropes amiodarone or milinone or patients that are hypertensive with a blood pressure GREATER than 180/80.         Intermittent Dese         Pain Meds         Important patient for the dest than 4/10.         Intermittent Dese         Pain Meds         Important patient less than 4/10.         Intermittent Dese         Important patient less than 4/10.         Important patient with sedation (scale 4-10)         Important patient patient welless than 4/10.         Important patient patient wells less than 4/10.         Important patient patient patient wells less than 4/10.         Important patient wells less than 4/10.         Importa		Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.		
Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: Internitient Deservices anniolarone or millinone or patients that are hypertensive with a blood pressure GREATER than 180/90.         Image: I		5 mg/kg, IVPush, inj, ONE TIME		
Intermittent Dose         Pain Meds         morphine         Darg, INPush, inj. q2h, PRN pain-with sedation (scale 4-10)         To maintain pain level less than 4/10.         May, Directing (2, 2, 2, PRN pain-with sedation (scale 4-10)         To maintain pain level less than 4/10.         Image: the paint of		☐ 6 mg/kg, IVPush, inj, ONE TIME		
Pain Meds   morphine   morp		Infuse slowly with inotropes amiodarone or milrinone or patients that a	are hypertensive with a blood	pressure GREATER than 180/90.
morphine <ul> <li>gng. IVPush, inj. q2h, PRN pain-with sedation (scale 4-10)</li> <li>maintain pain level less than 4/10.</li> </ul> morphine <ul> <li>gng. IVPush, inj. q2h, PRN pain-with sedation (scale 4-10)</li> <li>maintain pain level less than 4/10.</li> </ul> fentaNYL <ul> <li>gng. IVPush, inj. q2h, PRN pain-with sedation (scale 4-10)</li> <li>Administer to maintain pain level less than 4/10.</li> </ul> fill <ul> <li>gng. IVPush, inj. q2h, PRN pain-with sedation (scale 4-10)</li> <li>Administer to maintain pain level less than 4/10.</li> <li>Sedation Meds</li> <li>glg. IVPush, inj. q4h, PRN pain-with sedation (scale 4-10)</li> <li>To maintain pain level less than 4/10.</li> </ul> Sedation Meds           mildzolam <ul> <li>sedation Meds</li> <li>glg. IVPush, inj. q1h, PRN sedation</li> <li> <ul> <li>sedation should only be given after pain is adequately controlled***</li> <li> </li></ul> <li> <ul> <li>GRazepam</li> <li>Pain Meds</li> <li>morphine 100 mg/100 mL NS - Titratable</li> <li>Pain Meds</li> <li>morphine 100 mg/100 mL NS - Titratable</li> <li>Stant a trate: mghr</li> <li>M. Max dose: 8 mg/hr</li> <li>Final concentrations = 1 mg/mL.</li> <li> <ul> <li>The dose</li> <li>moregnication = 1 mg/mL.</li> <li>Stanned Powerchart</li></ul></li></ul></li></li></ul>				
Image: Second				
□       Implicit of the second		2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)		
To maintain pain level less than 4/10.			urs to a maximum of 4 mg.	
S0 mcg, IVPush, hij, q2h, PRN pain-with sedation (scale 4-10)         HYDROmorphone         Image: Ing, IVPush, hij, q4h, PRN pain-with sedation (scale 4-10)         To maintain pain level less than 4/10.         Sedation Meds         Imidazolam         Imidazolam         Image:				
Administer to maintain pain level less than 4/10.         HYDROmorphone         1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10)         committee maintain pain level less than 4/10.         Sedation Meds         midazolam         2 mg, IVPush, inj, q1h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         LORazepam         - Ymg, IVPush, inj, q2h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         Continuous Infusion         Pain Meds         morphine 100 mg/100 mL NS - Titratable         Batri at rate:       mg/hr         Final concentration = 1 mg/hr         '**Do NOT initiate infusion unless intermittent dosing has failed***         Continued on next page         Order Taken by Signator:		fentaNYL		
Image: Continued on next page         Image: Continued on next page		50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)		
□ 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10)         To maintain pain level less than 4/10.         Sedation Meds         midazolam         □ 2 mg, IVPush, inj, q1h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         LORazepam         □ 2 mg, IVPush, inj, q2h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         Continuous Infusion         Pain Meds         morphine 100 mg/100 mL NS - Titratable         □ Start at rate:mg/hr         W, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final concentration = 1 mg/mL.         ***Do NOT initiate infusion unless intermittent dosing has failed***         Continued on next page         Order Taken by Signature:		Administer to maintain pain level less than 4/10.		
To maintain pain level less than 4/10.         Sedation Meds         midazolam         2 mg, IVPush, inj, q1h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         LORazepam         2 mg, IVPush, inj, q2h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         Continuous Infusion         Pain Meds         morphine 100 mg/100 mL NS - Titratable         Start at rate:      mg/hr         IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final concentration = 1 mg/mL.         ****Do NOT initate infusion unless intermittent dosing has failed***         Continued on next page         Order Taken by Signature:				
mildazolam   2 mg, IVPush, inj, q1h, PRN sedation   ****Sedative medications should only be given after pain is adequately controlled***     CRazepam   2 mg, IVPush, inj, q2h, PRN sedation   ***Sedative medications should only be given after pain is adequately controlled***     Continuous Infusion     Pain Meds   morphine 100 mg/100 mL NS - Titratable   Start at rate:  mg/hr   IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr   Final concentration = 1 mg/mL.   ***Do NOT initiate infusion unless intermittent dosing has failed***   Continued on next page     Order Taken by Signature:     Date     Time				
Image: Continuous Infusion         Image: Contraction = 1 mg/mL.         Image: Continuous Infusion unless intermittent dosing has failed****         Continued on next page         Image: Continued on next page         Order Taken by Signature:       Date       Time		Sedation Meds		
•***Sedative medications should only be given after pain is adequately controlled***				
LORazepam         2 mg, IVPush, inj, q2h, PRN sedation         ***Sedative medications should only be given after pain is adequately controlled***         Continuous Infusion         Pain Meds         morphine 100 mg/100 mL NS - Titratable         Start at rate:      mg/hr         IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final concentration = 1 mg/mL.         ***Do NOT initiate infusion unless intermittent dosing has failed***         Continued on next page         ITO       Read Back       Scanned Powerchart       Scanned PharmScan         Order Taken by Signature:			controlled***	
Image: Continuous Infusion         Continuous Infusion         Pain Meds         Image: Continuous Infusion         Image: Continued on Image: Continued on next page         Image: Continued on next page         Image: Continued on next page: Continued on next page         Image: Content Image: Con				
****Sedative medications should only be given after pain is adequately controlled***         Continuous Infusion         Pain Meds         morphine 100 mg/100 mL NS - Titratable         Start at rate:mg/hr         IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final concentration = 1 mg/mL.         ***Do NOT initiate infusion unless intermittent dosing has failed***         Continued on next page         Image: Tot Image: Tot Image: Taken by Signature:		LORazepam 2 mg, IVPush, inj, q2h, PRN sedation		
Pain Meds   morphine 100 mg/100 mL NS - Titratable   Start at rate:   morphine 100 mg/100 mL NS - Titratable   Start at rate:   morphine   Not mittate infusion:   ng/hr   Not mittate infusion unless intermittent dosing has failed***   Continued on next page     To   Read Back   Order Taken by Signature:     Date   Date     Date     Time		***Sedative medications should only be given after pain is adequately	controlled***	
morphine 100 mg/100 mL NS - Titratable         Start at rate:      mg/hr         IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr         Final concentration = 1 mg/mL.         ***Do NOT initiate infusion unless intermittent dosing has failed****         Continued on next page         TO       Read Back         Order Taken by Signature:       Date         Date       Time		Continuous Infusion		
Start at rate:mg/hr   IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr   Final concentration = 1 mg/mL.   ***Do NOT initiate infusion unless intermittent dosing has failed***   Continued on next page     TO   Read Back   Order Taken by Signature:     Date   Time				
Final concentration = 1 mg/mL.   ***Do NOT initiate infusion unless intermittent dosing has failed***   Continued on next page     Image: To image:		morphine 100 mg/100 mL NS - Titratable		
****Do NOT initiate infusion unless intermittent dosing has failed****         Continued on next page         TO       Read Back         Order Taken by Signature:		IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr		
Continued on next page Continued on next page To Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time				
Order Taken by Signature: Date Time		-		
Order Taken by Signature: Date Time				
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Order Taken by Signature: Date Time	Пто	Read Back	Scanned Powerchart	Scanned PharmScan

	UMC Health System	Р	atient Label Here
IC	U SEDATION AND PAIN MED PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orc	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	fentaNYL 1000 mcg/100 mL NS - Titratable		
	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***		
	HYDROmorphone 20 mg/100 mL NS - Titratab (HYDROmorphone 20	mg/100 mL NS - Titratable)	
	☐ Start at rate:mg/hr ☐ 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		
	IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/mir mg, Bolus Indication: for sedation	, Bolus Dose: 25 mg, Bolus I	Freq: q2h, Bolus 4-hour Limit: 100
	Final concentration= 10 mg/mL (10,000 mcg/mL).		
	***Sedative medications should only be given after pain is adequately controlled***		
	***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		
	☐ Start at rate:mg/hr ☐ IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr		
	Final concentration = 1 mg/mL (1,000 mcg/mL).		
	<ul> <li>***Do NOT initiate infusion unless intermittent dosing has failed***</li> <li>***Sedative medications should only be given after pain is adequately controlled***</li> </ul>		
	LORazepam 40 mg/250 mL D5W - Titratable		
	Start at rate:mg/hr		
	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 m IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/		
	Final concentration = 4 mcg/mL.	-	
	***Sedative medications should only be given after pain is adequately Continued on next page	controlled***	
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Order Take	n by Signature:	Date	Time
	Signature:		Time

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	UMC Health System	Pa	tient Label Here
ICU SEDATION AND PAIN MED PLAN			
	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		, ,
	Start at rate:mcg/kg/hr		
	ketamine 500 mg/100 mL NS - Titratable		
	Start at rate:mcg/kg/min IV, Max titration: 2 mcg/kg/min every every 10 minutes, Max dose: 20	mca/ka/min	
	Infuse slowly with inotropes amiodarone or milrinone or in patients that	at are hypertensive.	
	Laboratory		
	***If patient remains on a propofol infusion after 48 hours monitor Triglyc	erides now and every 3 days	
	until propofol discontinued.***		
	Triglycerides <u>No</u> tify Provider (Misc) (Notify Provider of Results)		
	Reason: Triglyceride Level greater than 400 mg/dL		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time



UMC Health System	Patient Label Here	
INSULIN DRIP PLAN NON DKA		
PHYSICI	AN ORDERS	
Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific order detail box(es) where applicable.	
ORDER ORDER DETAILS		
Patient Care		
Insulin Drip Protocol		
LOW Target Blood Glucose	☐ 140 mg/dL	
HIGH Target Blood Glucose	☐ 160 mg/dL	
POC Blood Sugar Check q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites wit	out Physician approval.	
Communication		
Notify Provider (Misc) (Notify Provider of Results)	IL, also notify if two consecutive BG's less than 70 mg/dL.	
Notify Provider (Misc) Reason: If other physicians order insulin subQ, IV, or in TPN, feedin turn off drip for any reason.	gs are started, stopped, or changed, or if other physicans	
Notify Provider (Misc) T;N, Reason: If multiplier remains stable for 8 consecutive hours, consider transition to long acting insulin		
Notify Nurse (DO NOT USE FOR MEDS) Obtain Serum Blood Glucose if Accucheck is less than 40 mg/dL or greater than 450 mg/dL. However, do not wait for lab results to treat glucose level according to the orders for hypoglycemia		
Medications		
Medication sentences are per dose. You will need to calculate a total daily dose if needed. insulin R 100 units/100 mL NS		
Insulin Drip Formula: (BG - 60) x 0.03 = number of UNITS insulin/ho	ur	
BG = Current Blood Glucose		
0.03 = "multiplier"		
Start at rate:units/hr		
<ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN low blood sugar</li> <li>If blood glucose is less than 60 mg/dL, administer 25 g D50W. Recheck level in 15 minutes. Repeat dose if still less than 60 mg/dL and contact provider.</li> <li>Continued on next page</li> </ul>		
TO Read Back	Scanned Powerchart Scanned PharmScan	
Order Taken by Signature:	Date Time	
Physician Signature: Time		



	UMC Health System	Pa	itient Label Here
INSULIN DRIP PLAN NON DKA			
	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		
	To determine the insulin glargine (Lantus) dose, average the last 8 hours of the insulin drip to units per hour. Multiply this times 20. ***If insulin glargine (Lantus) dose is greater than 60 units, the dose should be split in half and given BID. One injection should not be more than 60 units.*** insulin glargine units, subcut, inj, Daily Administer the initial dose of Lantus 2 hours PRIOR to discontinuing the insulin drip. Dose to be reassessed by physician every 24 hours. units, subcut, inj, BID		
	Administer the initial dose of Lantus 2 hours PRIOR to discontinuing the 24 hours.	ne insulin drip. Dose to be re	assessed by physician every
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Order Take	n by Signature:	Date	Time
Physician Signature: Date Time		Time	



	UMC Health System			
	NIN MANAGEMENT - ALTERNATING SCHEDULED N		atient Label Here	
	IN MANAGEMENT - ALTERNATING SCHEDULED N			
	PHYSICI	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			
	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	from all sources.	
	For renally impared patients: The following scheduled orders will alterna	te 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		
Physician	Physician Signature: Time Time			



PCA MED PLAN

	PHYSICIA			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	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)			
	If respirations fall below 10 breaths per minute or patient becomes un	responsive, stop PCA pump.		
	IV Solutions			
	***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid	tolerant patients who require h	igh dose therapy.	
	***DOSING NOTES***: 1. Initial doses are for opioid naive patients. Chronic pain patients may r			
	<ol> <li>Decrease initial starting dose by 25-30% in patients greater than 65 y hepatic, or pulmonary impairment.</li> </ol>	ears of age, and/or patients wi	ith renal,	
	<ol> <li>Hydromorphone and fentanyl are recommended for patients with rena morphine.</li> </ol>	I impairment and/or those who	o cannot tolerate	
	morphine (morphine 30 mg/30 mL PCA)			
	<ul> <li>Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, S</li> <li>Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, S</li> </ul>			
	HYDROmorphone (HYDROmorphone 6 mg/30 mL PCA) Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N			
	Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, 3	Start date/time T;N		
	Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/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 ve	in open for 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 top	tal daily dose if needed.		
	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 grea	tor than 10 broaths/min		
	3. Notify Physician	ter than to breaths/min.		
	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 to	tal volume of 10 mL to achieve	e a 0.04 mg/mL concentration	
	(0.1 mg = 2.5 mL). Continued on next page			
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Physician	Signature:	Date	Time	



UMC Health System		Ра	tient Label Here
PCA MED PLAN			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Respiratory		
	Continuous Pulse Oximetry		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:		Date	Time
Physician	Signature:	Date	Time



	UMC Health System				
P	DTASSIUM CHLORIDE REPLACEMENT PLAN	Pat	ient Label Here		
	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Potassium Replacement Guidelines				
	Medications				
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.			
	ORAL POTASSIUM REPLACEMENT				
	potassium chloride 40 mEq, PO, tab sa, as needed, PRN hypokalemia				
	Use oral replacement if patient is asymptomatic and able to take ORA replacement if ordered.	L supplementation. If contrain	dicated, give IV potassium		
	If K+ level less than 3.1 mMol/L -Contact provider immediately as IV rules If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give e if needed.				
	Repeat potassium level with next day labs.				
	IV POTASSIUM REPLACEMENT				
	<ul> <li>potassium chloride</li> <li>40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L</li> <li>If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCI ivpb</li> <li>Repeat serum potassium level 2 hours after total replacement is completed.</li> </ul>				
	<ul> <li>potassium chloride</li> <li>60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L</li> <li>If K+ level less than 3.1 mMol/L -Administer 60 mEq KCI ivpb, and contact provider</li> <li>Repeat serum potassium level 2 hours after total replacement is completed.</li> </ul>				
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Physician	Signature:	Date	Time		



UMC Health System VTE PROPHYLAXIS PLAN		Patient Label Here		
		N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order	detail box(es) where applicable.	
ORDER	ORDER DETAILS           Patient Care			
	VTE Guidelines			
	***If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated***	tions for VTE below and comple	te reason contraindi	
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	<ul> <li>Treatment not indicated</li> <li>Other anticoagulant ordered</li> <li>Intolerance to all VTE chem</li> </ul>		
	Apply Elastic Stockings         Apply to: Bilateral Lower Extremities, Length: Knee High         Apply to: Right Lower Extremity (RLE), Length: Knee High         Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Left Lower Extrem Apply to: Bilateral Lower Ext Apply to: Right Lower Extrem	tremities, Length: Thigh High	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extremit	ty (LLE)	
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.			
	<ul> <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 ☐ 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q8h		
	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, q24h, 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>			
	rivaroxaban ☐ 10 mg, PO, tab, In PM			
	warfarin 5 mg, PO, tab, In PM			
	aspirin 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 CrCl	LESS than 30 mL/min		
	fondaparinux 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or Cr	CI LESS than 30 mL/min		
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UMC Health System		B	atient Label Here
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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 orc	ler detail box(es) where applicable.
ORDER			
	Patient Care POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency	🔲 AC & HS	
	AC & HS 3 days		
	D g6h	└── q12h └── q6h 24 hr	
	q4h	— 1-···-·	
	Sliding Scale Insulin Aspart Guidelines		
	Medications		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)		
	0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Low Dose Insulin Aspart Sliding Scale	ters	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate 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 F	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	ar in 4 hours and then resum	e normal POC blood sugar check and
	insulin aspart sliding scale. D 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, init	iate 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 F	POC blood sugar check in 90
	minutes. Continue to repeat 10 units subcut and POC blood sugar che		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar is even to blood sugar in a sector with the sector blood sugar is a sector blood sugar block with the sector block sect	ar in 4 hours and then resum	e normal POC blood sugar check and
	insulin aspart sliding scale. Continued on next page		
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rnysician Signature Date		+ Hilly	

Trauma and Surgical ICU Plan



# 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) wh	ere applicable.		
ORDER	DER ORDER DETAILS			
	<ul> <li>0-10 units, subcut, inj, TID, PRN glucose levels - see parameters</li> <li>Low Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	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 cher minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less t dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood insulin aspart sliding scale. 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.	han 300 mg/		
	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 POC blood sugar cheminutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less that dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood insulin aspart sliding scale.</li> <li>0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>	han 300 mg/		
	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 cheminutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less t dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood insulin aspart sliding scale.	nan 300 mg/		
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SL	UMC Health System LIDING SCALE INSULIN ASPART PLAN	Ρ	atient Label Here
	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		
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)         □ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parame         Moderate Dose Insulin Aspart Sliding Scale         If blood glucose is less than 70mg/dL and patient is symptomatic, initi         70-150 mg/dL - 0 units         151-200 mg/dL - 2 units subcut         201-250 mg/dL - 3 units subcut         301-350 mg/dL - 7 units subcut         301-350 mg/dL - 10 units subcut         313-350 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         351-400 mg/dL - 10 units subcut         If blood glucose is greater than 400 mg/dL, administer 12 units subcurminutes. Continue to repeat 10 units subcut and POC blood sugar cheater         dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar cheater         Moderate Dose Insulin Aspart Sliding Scale         If blood glucose is less than 70mg/dL and patient is symptomatic, initi         70-150 mg/dL - 0 units         151-200 mg/dL - 2 units subcut         201-250 mg/dL - 3 units subcut         201-250 mg/dL - 4 units subcut         201-250 mg/dL - 5 units subcut         301-350 mg/dL - 10 units subcut         201-250 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         301-350 mg/dL - 10 units subcut         <	ate hypoglycemia guidelines t, notify provider, and repeat ecks every 90 minutes until b gar in 4 hours and then resur ate hypoglycemia guidelines t, notify provider, and repeat ecks every 90 minutes until b gar in 4 hours and then resur	POC blood sugar check in 90 lood glucose is less than 300 mg/ ne normal POC blood sugar check and and notify provider. POC blood sugar check in 90 lood glucose is less than 300 mg/ ne normal POC blood sugar check and
	If blood glucose is greater than 400 mg/dL, administer 12 units subcur minutes. Continue to repeat 10 units subcut and POC blood sugar ch dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sug insulin aspart sliding scale. Continued on next page	ecks every 90 minutes until b	lood glucose is less than 300 mg/
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Physician	Signature:	Date	Time



# 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 or	der detail box(es) where applicable.
ORDER	ORDER DETAILS		
URDER	<ul> <li>□ 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 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</li> <li>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, n minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale.</li> <li>□ 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 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 201-250 mg/dL - 4 units subcut 201-250 mg/dL - 5 units subcut 201-350 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</li> </ul>	notify provider, and repeat ks every 90 minutes until b r in 4 hours and then resul	POC blood sugar check in 90 blood glucose is less than 300 mg/ me normal POC blood sugar check and
	If blood glucose is greater than 400 mg/dL, administer 12 units subcut, n minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar insulin aspart sliding scale. insulin aspart (High Dose Insulin Aspart Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see paramete High Dose Insulin Aspart Sliding Scale	ks every 90 minutes until b r in 4 hours and then resu	blood glucose is less than 300 mg/
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiat 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, no minutes. Continue to repeat 10 units subcut and POC blood sugar check dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar i insulin aspart sliding scale. Continued on next page	otify provider, and repeat l ks every 90 minutes until b	POC blood sugar check in 90 blood glucose is less than 300 mg/
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# SLIDING SCALE INSULIN ASPART PLAN

		PHYSICIAN ORDERS	
	Place an "X" in the Orders column to designate orde	rs of choice AND an "x" in the specific o	order detail box(es) where applicable.
ORDER	ORDER DETAILS		
	0-14 units, subcut, inj, BID, PRN glucose levels - see High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is a		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		
	<ul> <li>If blood glucose is greater than 400mg/dL, administer minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repeat insulin aspart sliding scale.</li> <li>□ 0-14 units, subcut, inj, TID, PRN glucose levels - see High Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is a set of the set of</li></ul>	C blood sugar checks every 90 minutes unti t POC blood sugar in 4 hours and then resu parameters	il blood glucose is less than 300 mg/ ume 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			
	<ul> <li>If blood glucose is greater than 400mg/dL, administer minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repeat insulin aspart sliding scale.</li> <li>□ 0-14 units, subcut, inj, q6h, PRN glucose levels - see High Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is a set of the set of</li></ul>	C blood sugar checks every 90 minutes unti t POC blood sugar in 4 hours and then resu parameters	il blood glucose is less than 300 mg/ ume 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 400mg/dL, administer minutes. Continue to repeat 10 units subcut and POC dL. ONce blood sugar is less than 300 mg/dL, repea insulin aspart sliding scale. Continued on next page	C blood sugar checks every 90 minutes unti	il blood glucose is less than 300 mg/
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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	e.			
ORDER	R ORDER DETAILS				
	<ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters</li> <li>High Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>				
	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 a insulin aspart sliding scale.	ınd			
	insulin aspart (Blank Insulin Aspart Sliding Scale) 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				
	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				
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SL	IDING SCALE INSULIN ASPART PLAN	Pa	tient Label Here
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<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 symtpomatic</li> <li>AND has IV access. See hypoglycemia guidelines.</li> </ul>		tient 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 pa	tient has altered mental status
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UMC Health System SLIDING SCALE INSULIN REGULAR PLAN		Pa	atient Label Here
	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		
	Patient Care POC Blood Sugar Check		
	Per Sliding Scale Insulin Frequency		
	L AC & HS 3 days	TID q12h	
	all q6h	q6h 24 hr	
	Ll q4h		
	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 needed.	
	insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 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	iate 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, 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 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 shock in 2
	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	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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## 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			
	<ul> <li>0-10 units, subcut, inj, TID, PRN glucose levels - see parameters</li> <li>Low Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	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/d Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/d Once the blood sugar 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 insutin regular sliding scale. Continued on next page			
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51	IDING 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 or	der detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	insulin regular (Moderate Dose Insulin Regular Sliding Scale) □ 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.			
	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.         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.         70-150 mg/dL - 0 units         151-200 mg/dL - 2 units subcut         201-2550 mg/dL - 3 units subcut         201-350 mg/dL - 10 units         151-200 mg/dL - 10 units subcut         201-350 mg/dL - 10 units subcut         201-32 units, subcut, inj, TID, PRN glucose levels - see parameters         Moderate Dose Insulin Regular Sliding Scale         If blood glucose is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume n			
	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. 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 A	ID an "x" in the specific or	der detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	<ul> <li>0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters</li> <li>Moderate Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
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 an insuttin regular scale.    Once blood sugar is less than 300 mg/dI, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks an insuttin regular scale.  Once Jone Blood sugar is less than 300 mg/dL 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 checks every 2 hours until blood glucose is less than 300 mg/			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.         insulin regular (High Dose Insulin Regular Sliding Scale)         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.         70-150 mg/dL - 0 units         151-200 mg/dL - 3 units subcut         200-250 mg/dL - 5 units subcut         251-300 mg/dL - 7 units subcut         301-350 mg/dL - 10 units subcut         301-350 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. 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			
	<ul> <li>0-14 units, subcut, inj, BID, PRN glucose levels - see parameters</li> <li>High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. 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 hypoglycemia guidelines and notify provider.			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. 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			
	<ul> <li>0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters</li> <li>High Dose Insulin Regular Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> </ul>			
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.			
	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         201-250 mg/dL units subcut         301-350 mg/dL units subcut         301-350 mg/dL units subcut         301-350 mg/dL units subcut         351-400 mg/dL units subcut         If blood glucose is greater than 400 mg/dL, administer units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.			
	HYPOglycemia Guidelines			
	HYPOglycemia Guidelines  ***See Reference Text***			
	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			
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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 orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	<ul> <li>glucose (D50)</li> <li>25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters</li> <li>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.</li> </ul>		
	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 cannot swallow OR if patient has altered mental status         AND has NO IV access.       See hypoglycemia guidelines.		
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