

## General

## Transfer

☐ Transfer patientLevel of Care:  
Bed request comments:

## Precautions

☐ Aspiration precautions

Details

☐ Fall precautions

Increased observation level needed:

☐ Suicide precautions

Increased observation level needed:

☐ Seizure precautions

Increased observation level needed:

## Nursing

## Vitals

☐ Vital signs

Routine, Per unit protocol

☐ Pulse oximetry spot checkRoutine, Once For 1 Occurrences  
Current FIO2 or Room Air:☐ Orthostatic vital signs

Routine, Once

☐ Telemetry**"And" Linked Panel**☐ Telemetry monitoringRoutine, Continuous  
Order: Place in Centralized Telemetry Monitor: EKG  
Monitoring Only (Telemetry Box)  
Reason for telemetry:  
Can be off of Telemetry for tests and baths? Yes☐ Telemetry Additional Setup InformationRoutine, Continuous  
High Heart Rate (BPM): 120  
Low Heart Rate(BPM): 50  
High PVC's (per minute): 10  
High SBP(mmHg): 175  
Low SBP(mmHg): 100  
High DBP(mmHg): 95  
Low DBP(mmHg): 40  
Low Mean BP: 60  
High Mean BP: 120  
Low SPO2(%): 94

## Nursing care

☐ Nasogastric Tube Insert and Maintain☐ Nasogastric tube insertionRoutine, Once  
Type:☐ Nasogastric tube maintenanceRoutine, Until discontinued, Starting S  
Tube Care Orders:☐ Insert and Maintain Foley☐ Insert Foley catheterRoutine, Once  
Type:  
Size:  
Urinometer needed:☐ Foley Catheter CareRoutine, Until discontinued, Starting S  
Orders: Maintain☐ SuctioningRoutine, As needed  
Route: Nasotracheal  
Place supplies at bedside

## IV Fluids

## Peripheral IV Access

☐ Initiate and maintain IV

|  |  |
|--|--|
| <input type="checkbox"/> Insert peripheral IV        | Routine, Once<br>Place 20 gauge or larger in antecubital |
| <input type="checkbox"/> sodium chloride 0.9 % flush | 10 mL, intravenous, every 12 hours scheduled             |
| <input type="checkbox"/> sodium chloride 0.9 % flush | 10 mL, intravenous, PRN, line care                       |

#### IV Bolus (Single Response)

|  |  |
|--|--|
| <input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL  | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses   |
| <input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses |
| <input type="checkbox"/> lactated ringer's bolus 500 mL      | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses   |
| <input type="checkbox"/> lactated ringers bolus 1000 mL      | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses |

#### Maintenance IV Fluids (Single Response)

|   |                         |
|---|-------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion                                     | intravenous, continuous |
| <input type="checkbox"/> lactated Ringer's infusion   | intravenous, continuous |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion | intravenous, continuous |

## Medications

#### Urgent Hypertension Management - Once Orders

|  |  |
|--|--|
| <input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM     | 10 mg, intravenous, once, For 1 Doses<br>Systolic Blood Pressure GREATER than 160 mmHg.<br>Administer at 2<br>Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM                                       |
| <input type="checkbox"/> hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) | 10 mg, intravenous, once, For 1 Doses<br>Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)<br>HOLD parameters for this order:<br>Contact Physician if: |

#### Cardiovascular

|  |   |
|--|---|
| <input type="checkbox"/> aspirin tablet                      | 325 mg, oral, once, For 1 Doses   |
| <input type="checkbox"/> atropine injection                  | 0.4 mg, intravenous   |
| <input type="checkbox"/> cloNIDine (CATAPRES) tablet         | 0.1 mg, oral, once, For 1 Doses<br>HOLD parameters for this order:<br>Contact Physician if:                   |
| <input type="checkbox"/> clopidogrel (PLAVIX) tablet         | 75 mg, oral, once, For 1 Doses  |
| <input type="checkbox"/> digoxin (LANOXIN) injection         | intravenous   |
| <input type="checkbox"/> diltiazem (CARDIZEM) injection      | 0.25 mg/kg, intravenous, once   |
| <input type="checkbox"/> furosemide (LASIX) injection        | intravenous, once, For 1 Doses  |
| <input type="checkbox"/> morphine 2 mg/mL injection          | 2 mg, intravenous, every 5 min PRN, chest pain, For 2 Doses   |
| <input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet | 0.4 mg, sublingual, PRN, chest pain, For 3 Doses<br>Per episode of chest pain. Limited to 3 doses per episode |

#### Fever

|  |   |
|--|---|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet      | oral, once PRN, mild pain (score 1-3), headaches, For 1 Doses             |
| <input type="checkbox"/> acetaminophen (TYLENOL) suppository | 325 mg, rectal, once PRN, fever, For 1 Doses                              |
| <input type="checkbox"/> cefepime (MAXIPIME) IV              | intravenous, once, For 1 Doses<br>Reason for Therapy:                     |
| <input type="checkbox"/> vancomycin (VANCOCIN) IV            | intravenous, once, For 1 Doses<br>Infuse over 2 hours<br>Type of Therapy: |
| <input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution | intravenous, once, For 1 Doses<br>Reason for Therapy:                     |

#### Glycemics

|  |  |
|--|--|
| <input type="checkbox"/> dextrose 50 % in water (D50W) injection | 50 mL, intravenous, once PRN, low blood sugar, For 1 Doses |
|--|--|

## Respiratory

|  |   |
|--|---|
| <input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution                    | 2.5 mg, nebulization, once, For 1 Doses<br>Aerosol Delivery Device:   |
| <input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution            | 0.5 mg, nebulization, once, For 1 Doses<br>Aerosol Delivery Device:   |
| <input type="checkbox"/> acetylcysteine (MUCOMYST) 100 mg/mL inhalation solution     | 400 mg, nebulization, Respiratory Therapy - every 4 hours<br>Aerosol Delivery Device:   |
| <input type="checkbox"/> EPINEPHrine (ADRENALIN) injection                           | 0.5 mL, inhalation, once, For 1 Doses<br>This is NOT RACEpinephrine and it IS Epinephrine (1 mg/mL) 1:1000 Inhalation Solution. |
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection | 125 mg, intravenous, once, For 1 Doses  |
| <input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection     | 100 mg, intravenous, once, For 1 Doses  |
| <input type="checkbox"/> furosemide (LASIX) injection                                | intravenous, once, For 1 Doses  |

## Analgesics

\*\* Pending Ketorolac panel to be embedded within this group \*\*

|   |  |
|---|--|
| <input type="checkbox"/> morphine injection | intravenous, once PRN, severe pain (score 7-10), chest pain, For 1 Doses |
|---|--|

## Electrolytes

|  |   |
|--|---|
| <input type="checkbox"/> magnesium sulfate IV                          | 1 g, intravenous, once, For 1 Doses                 |
| <input type="checkbox"/> sodium bicarbonate 8.4 % (1 mEq/mL) injection | 50 mEq, intravenous, once, For 1 Doses              |
| <input type="checkbox"/> calcium gluconate IVPB                        | 1 g, intravenous, for 30 Minutes, once, For 1 Doses |

## Gastrointestinal

|   |   |
|---|---|
| <input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral                                       | <b>"Or" Linked Panel</b>  |
| <input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet                    | 4 mg, oral, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is able to tolerate oral medication.   |
| <input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection                              | 4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.   |
| <input type="checkbox"/> promethazine (PHENERGAN) IV  | 12.5 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| <input type="checkbox"/> famotidine (PEPCID) injection  | 20 mg, intravenous, once, For 1 Doses   |
| <input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection | 40 mg, intravenous, once, For 1 Doses<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy:   |
| <input type="checkbox"/> desmopressin (DDAVP) injection   | subcutaneous, once, For 1 Doses   |

## Gastrointestinal

|   |   |
|---|---|
| <input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral   | <b>"Or" Linked Panel</b>  |
| <input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet  | 4 mg, oral, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is able to tolerate oral medication.   |
| <input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection  | 4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.   |
| <input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 20 mL for Alaris pump syringe option | 12.5 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| <input type="checkbox"/> famotidine (PEPCID) injection  | 20 mg, intravenous, once, For 1 Doses   |

|  |   |
|--|---|
| [ ] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection | 40 mg, intravenous, once, For 1 Doses<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| [ ] desmopressin (DDAVP) injection   | subcutaneous, once, For 1 Doses   |

## Gastrointestinal

|  |   |
|--|---|
| [ ] ondansetron (ZOFTRAN) IV or Oral                                       | <b>"Or" Linked Panel</b>  |
| [ ] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet                    | 4 mg, oral, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is able to tolerate oral medication.   |
| [ ] ondansetron (ZOFTRAN) 4 mg/2 mL injection                              | 4 mg, intravenous, once PRN, nausea, vomiting, For 1 Doses<br>Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.   |
| [ ] promethazine (PHENERGAN) IVPB  | 12.5 mg, intravenous, for 30 Minutes, once PRN, nausea, vomiting, For 1 Doses<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| [ ] famotidine (PEPCID) injection  | 20 mg, intravenous, once, For 1 Doses   |
| [ ] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection | 40 mg, intravenous, once, For 1 Doses<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy:   |
| [ ] desmopressin (DDAVP) injection   | subcutaneous, once, For 1 Doses   |

## Allergic Reaction

|   |   |
|---|---|
| [ ] EPINEPHrine (ADRENALIN) injection                       | 0.3 mL, subcutaneous, once, For 1 Doses<br>For allergic reaction. |
| [ ] hydrocortisone sodium succinate (Solu-CORTEF) injection | 100 mg, intravenous, once, For 1 Doses                            |
| [ ] dexamethasone (DECADRON) injection                      | intravenous, once, For 1 Doses                                    |
| [ ] diphenhydramINE (BENADRYL) injection                    | 25 mg, intravenous, once, For 1 Doses<br>For allergic reaction.   |
| [ ] famotidine (PEPCID) injection                           | 20 mg, intravenous, once, For 1 Doses<br>IV Push                  |

## Reversals

|   |  |
|---|--|
| [ ] naloxone (NARCAN) 0.4 mg/mL injection | intravenous, once, For 1 Doses         |
| [ ] flumazenil (ROMAZICON) injection      | 0.2 mg, intravenous, once, For 1 Doses |
| [ ] glucagon injection                    | 1 mg, intramuscular, once, For 1 Doses |

## Neuro

|                                  |  |
|----------------------------------|--|
| [ ] haloperidol (HALDOL) tablet  | oral, PRN, agitation, For 1 Doses<br>Indication: |
| [ ] LORazepam (ATIVAN) injection | 1 mg, intravenous, once, For 1 Doses             |
| [ ] diazepam (VALIUM) injection  | intravenous, once, For 1 Doses<br>Indication:    |

## IV Infusions

|   |  |
|---|--|
| [ ] nitroglycerin infusion  | 1 mcg/min, intravenous, titrated           |
| [ ] niCARDipine (CARDENE) infusion  | 2.5-15 mg/hr, intravenous, titrated        |
| [ ] diltiazem (CARDIZEM) injection  | 2.5-15 mg/hr, intravenous, continuous      |
| [ ] diltiazem (CARDIZEM) Bolus + Maintenance Doses                                | <b>"Followed by" Linked Panel</b>          |
| [ ] Bolus Dose - diltiazem (CARDIZEM) injection                                   | 0.25 mg/kg, intravenous, once, For 1 Doses |
| [ ] Maintenance Dose - diltiazem (CARDIZEM) infusion                              | 2.5-15 mg/hr, intravenous, continuous      |
| [ ] DOPamine (INTROPIN) infusion  | 2-20 mcg/kg/min, intravenous, titrated     |
| [ ] norepinephrine infusion   | 2-30 mcg/min, intravenous, titrated        |
| [ ] vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion | 0.04 Units/min, intravenous, continuous    |

## HYPERkalemia Management

### EKG

|   |  |
|---|--|
| <input type="checkbox"/> ECG 12 lead                            | STAT, Once<br>Clinical Indications:<br>Interpreting Physician:<br>For Hyperkalemia   |
| <input type="checkbox"/> ECG 12 lead                            | Routine, Once For 1 Occurrences<br>Clinical Indications:<br>Interpreting Physician:<br>Repeat in one hour  |
| <input type="checkbox"/> Telemetry                              | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Telemetry monitoring                   | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG<br>Monitoring Only (Telemetry Box)<br>Reason for telemetry:<br>Can be off of Telemetry for tests and baths? Yes  |
| <input type="checkbox"/> Telemetry Additional Setup Information | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94 |

### Medications

|   |                                |
|---|--------------------------------|
| <input type="checkbox"/> furosemide (LASIX) injection | intravenous, once, For 1 Doses |
|---|--------------------------------|

### If EKG changes are present, give intravenous calcium gluconate or calcium chloride (Single Response)

|   |  |
|---|--|
| <input type="checkbox"/> Peripheral, Midline or Central Line (Single Response)  |  |
| <input type="checkbox"/> IVPB - calcium gluconate - ONCE STAT Administer over 30 minutes                              | 1 g, intravenous, for 30 Minutes, once, For 1 Doses<br>May repeat x 1 dose after 5 minutes if ECG changes persists.<br>If a repeat dose is required a new order is needed.   |
| <input type="checkbox"/> calcium gluconate injection - IV Push over 2-3 minutes                                       | 1 g, intravenous, once, For 1 Doses<br>Administer IV Push over 2-3 minutes. May repeat x 1 dose after 5 minutes if ECG changes persists. '<br>If a repeat dose is required a new order is needed.                        |
| <input type="checkbox"/> Central Line ONLY (Single Response)  |  |
| <input type="checkbox"/> IVPB - calcium chloride 10 % - ONCE STAT Administer over 30-60 minutes                       | 1 g, intravenous, for 60 Minutes, once, For 1 Doses<br>Administer IVPB over 30-60 minutes ONCE STAT. May repeat X 1 dose after 5 minutes if ECG changes persists.<br>If a repeat dose is required a new order is needed. |
| <input type="checkbox"/> IV Push - calcium chloride 100 mg/mL (10 %) injection -ONCE STAT Administer over 2-3 minutes | 1 g, intravenous, once, For 1 Doses<br>Administer IV Push over 2-3 minutes ONCE STAT. May repeat X 1 dose after 5 minutes if ECG changes persists.<br>If a repeat dose is required a new order is needed.                |

### If acidosis is present,

|   |  |
|---|--|
| <input type="checkbox"/> sodium bicarbonate 50 mEq/ 50 mL IV syringe          | 50 mEq, intravenous, for 5 Minutes, once, For 1 Doses  |
| <input type="checkbox"/> sodium bicarbonate 50 mEq/ 50 mL IVPB                | 50 mEq, intravenous, for 15 Minutes, once, For 1 Doses |
| <input type="checkbox"/> sodium bicarbonate 75 mEq in 1/2NS 1000 mL           | 100 mL/hr, intravenous, continuous                     |
| <input type="checkbox"/> sodium bicarbonate 150 mEq in sterile water 1,000 mL | 100 mL/hr, intravenous, continuous                     |

### Dextrose and Regular Insulin (Single Response)

|   |            |
|---|------------|
| <input type="checkbox"/> If eGFR/CrCl GREATER than 20 mL/min: |            |
| <input type="checkbox"/> POC Glucose STAT (Single Response)   |            |
| <input type="checkbox"/> Bedside glucose                      | STAT, Once |

|  |   |
|--|---|
| <p><input type="checkbox"/> If eGFR/CrCl GREATER than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (HMH ONLY)</p> | <p><b>"Followed by" Linked Panel</b></p>  |
| <p><input type="checkbox"/> dextrose 50% solution</p>  | <p>0-25 g, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give PRIOR to administration of insulin:</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.<br/>POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered.<br/>POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered.</p>  |
| <p><input type="checkbox"/> insulin regular (HumuLIN-R, NovoLIN-R) injection</p>   | <p>5-10 Units, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered..</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.</p> <p>For Non-ESRD Patients:<br/>POC Glucose BETWEEN 70-140 mg/dL: Give 5 units insulin regular. Document on MAR a discrete dose of 5 units was administered.<br/>POC Glucose GREATER than 141 mg/dL: Give 10 units insulin regular. Document on MAR a discrete dose of 10 units was administered.</p> |
| <p><input type="checkbox"/> If eGFR/CrCl GREATER than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (NOT HMH)</p>  | <p><b>"Followed by" Linked Panel</b></p>  |
| <p><input type="checkbox"/> dextrose 50% solution</p>  | <p>0-25 g, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give PRIOR to administration of insulin:</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.<br/>POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered.<br/>POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered.</p>  |
| <p><input type="checkbox"/> insulin regular (HumuLIN-R, NovoLIN-R) injection</p>   | <p>5-10 Units, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered..</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.</p> <p>For Non-ESRD Patients:<br/>POC Glucose BETWEEN 70-140 mg/dL: Give 5 units insulin regular. Document on MAR a discrete dose of 5 units was administered.<br/>POC Glucose GREATER than 141 mg/dL: Give 10 units insulin regular. Document on MAR a discrete dose of 10 units was administered.</p> |
| <p><input type="checkbox"/> POC Glucose Post Insulin Administration (Single Response)</p>  |   |

( ) Bedside glucose

Routine, Once

Point of Care (POC) glucose every 20 minutes after insulin given x 3.

Or If patient is diabetic or NPO, POC glucose every 20 minutes x 3, then hourly x 3

[ ] Adult Hypoglycemia Standing Orders

|  |   |
|--|---|
| <p>[ ] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders</p> | <p>Routine, Per unit protocol<br/>HYPOglycemia is defined as glucose less than 70 mg/dL</p> <p>If INITIAL bedside glucose is LESS than 40 mg/dL:<br/>Send serum glucose level STAT. If Patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately. If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE. If patient does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If INITIAL bedside glucose is between 41-69 mg/dL:<br/>If patient is able to swallow and is NOT NPO, may give 4 oz (120 mL) of juice<br/>If patient is NPO or unable to swallow and has IV access, give 50% Dextrose, 12.5 gm, 25 mL intravenous push ONCE<br/>If patient is NPO or unable to swallow and does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If SECOND bedside glucose is LESS than 70 mg/dL:<br/>If second bedside glucose is LESS than 70 mg/dL, send serum glucose level STAT.<br/>If patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately.<br/>If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE<br/>If patient does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE<br/>Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If SECOND bedside glucose is between 70-100 mg/dL:<br/>Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If THIRD bedside glucose is LESS than 70 mg/dL, initiate continuous IV Therapy for the patient not responding to other interventions 10% dextrose Infusion, 500 mL, Initiate at 40 mL per hour for bedside glucose LESS than 70 mg per dL after treatment with two doses of 50% dextrose IV push or two doses of glucagon intramuscularly. Bedside glucose every hour while on 10% dextrose infusion. Titrate by 10 mL per hour to keep glucose between 100 and 140 mg per dL. Notify ordering provider when 10% dextrose infusion is started, if glucose is LESS than 70 mg per dL while on 10% dextrose, AND when 10% dextrose rate is increased GREATER than 100 mL per hour.</p> <p>If THIRD bedside glucose is between 70-100 mg/dL:<br/>Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> |
|--|---|



|  |  |
|--|--|
| [ ] dextrose 50% intravenous syringe   | 12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL<br>Give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider  |
| [ ] dextrose 50% intravenous syringe   | 25 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is 40 mg/dL or LESS<br>Give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider   |
| [ ] glucagon injection   | 1 mg, intramuscular, every 15 min PRN, low blood sugar, If patient does not have IV access and is unable to swallow, For 2 Doses<br>Recheck bedside glucose 15 minutes after glucagon administered. If glucose LESS than 70 mg/dL, repeat glucagon dose. Recheck bedside glucose 15 minutes after glucagon administered. If glucose less than 70 mg/dL, establish IV access and initiate 10% dextrose infusion.  |
| [ ] dextrose 10 % infusion   | 40 mL/hr, intravenous, continuous PRN, other<br>For bedside glucose LESS than 70 mg/dL after treatment with two doses of dextrose 50% IV Push. Recheck bedside glucose every hour. Titrate by 10 mL per hour to keep glucose between 100 and 140 mg/dL.  |
| ( ) If ESRD or on Dialysis or eGFR/CrCl LESS than 20 mL/min:   |  |
| [ ] POC Glucose STAT (Single Response)   |  |
| ( ) Bedside glucose  | STAT, Once   |
| [ ] If ESRD or on Dialysis or eGFR/CrCl LESS than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (HMH ONLY) | <b>"Followed by" Linked Panel</b>  |
| [ ] dextrose 50% solution  | 0-25 g, intravenous, once, For 1 Doses<br>For HYPERKALEMIA treatment: Give PRIOR to administration of insulin:<br><br>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.<br>POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered.<br>POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered. |
| [ ] insulin regular (HumuLIN-R, NovoLIN-R) injection   | 5 Units, intravenous, once, For 1 Doses<br>For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered..<br><br>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.<br><br>For ESRD Patients:<br>POC Glucose GREATER than 70 mg/dL: Give 5 units insulin regular  |
| [ ] If ESRD or on Dialysis or eGFR/CrCl LESS than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (NOT HMH)  | <b>"Followed by" Linked Panel</b>  |

|  |  |
|--|--|
| <input type="checkbox"/> dextrose 50% solution   | <p>0-25 g, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give PRIOR to administration of insulin:</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.<br/>POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered.<br/>POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered.</p> |
| <input type="checkbox"/> insulin regular (HumuLIN-R, NovoLIN-R) injection  | <p>5 Units, intravenous, once, For 1 Doses<br/>For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered..</p> <p>POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.</p> <p>For ESRD Patients:<br/>POC Glucose GREATER than 70 mg/dL: Give 5 units insulin regular</p>   |
| <input type="checkbox"/> POC Glucose Post Insulin Administration (Single Response)<br><input type="checkbox"/> Bedside glucose | <p>Routine, Once<br/>Point of Care (POC) glucose every 20 minutes after insulin given x 3.<br/>Or If patient is diabetic or NPO, POC glucose every 20 minutes x 3, then hourly x 3</p>   |
| <input type="checkbox"/> Adult Hypoglycemia Standing Orders  |  |

|  |   |
|--|---|
| <p>[ ] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders</p> | <p>Routine, Per unit protocol<br/>HYPOglycemia is defined as glucose less than 70 mg/dL</p> <p>If INITIAL bedside glucose is LESS than 40 mg/dL:<br/>Send serum glucose level STAT. If Patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately. If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE. If patient does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If INITIAL bedside glucose is between 41-69 mg/dL:<br/>If patient is able to swallow and is NOT NPO, may give 4 oz (120 mL) of juice<br/>If patient is NPO or unable to swallow and has IV access, give 50% Dextrose, 12.5 gm, 25 mL intravenous push ONCE<br/>If patient is NPO or unable to swallow and does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If SECOND bedside glucose is LESS than 70 mg/dL:<br/>If second bedside glucose is LESS than 70 mg/dL, send serum glucose level STAT.<br/>If patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately.<br/>If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE<br/>If patient does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE<br/>Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If SECOND bedside glucose is between 70-100 mg/dL:<br/>Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> <p>If THIRD bedside glucose is LESS than 70 mg/dL, initiate continuous IV Therapy for the patient not responding to other interventions 10% dextrose Infusion, 500 mL, Initiate at 40 mL per hour for bedside glucose LESS than 70 mg per dL after treatment with two doses of 50% dextrose IV push or two doses of glucagon intramuscularly. Bedside glucose every hour while on 10% dextrose infusion. Titrate by 10 mL per hour to keep glucose between 100 and 140 mg per dL. Notify ordering provider when 10% dextrose infusion is started, if glucose is LESS than 70 mg per dL while on 10% dextrose, AND when 10% dextrose rate is increased GREATER than 100 mL per hour.</p> <p>If THIRD bedside glucose is between 70-100 mg/dL:<br/>Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.</p> |
|--|---|

|   |   |
|---|---|
| <input type="checkbox"/> dextrose 50% intravenous syringe | 12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL<br>Give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider   |
| <input type="checkbox"/> dextrose 50% intravenous syringe | 25 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is 40 mg/dL or LESS<br>Give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider  |
| <input type="checkbox"/> glucagon injection               | 1 mg, intramuscular, every 15 min PRN, low blood sugar, If patient does not have IV access and is unable to swallow, For 2 Doses<br>Recheck bedside glucose 15 minutes after glucagon administered. If glucose LESS than 70 mg/dL, repeat glucagon dose. Recheck bedside glucose 15 minutes after glucagon administered. If glucose less than 70 mg/dL, establish IV access and initiate 10% dextrose infusion. |
| <input type="checkbox"/> dextrose 10 % infusion           | 40 mL/hr, intravenous, continuous PRN, other<br>For bedside glucose LESS than 70 mg/dL after treatment with two doses of dextrose 50% IV Push. Recheck bedside glucose every hour. Titrate by 10 mL per hour to keep glucose between 100 and 140 mg/dL.   |

#### Other Medications

|   |   |
|---|---|
| <input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution - Consider other options if patient heart rate is greater than 120 beats per minute or if patient has history of coronary artery disease (CAD) or myocardial infarction (MI). | 2.5 mg, nebulization, once, For 1 Doses<br>Administer over 10 minutes.<br>Consider other options if patient heart rate is greater than 120 beats per minute or if patient has history of coronary artery disease (CAD) or myocardial infarction (MI).<br>Aerosol Delivery Device: Hand-Held Nebulizer |
| <input type="checkbox"/> sodium polystyrene sulfonate (KAYEXALATE) suspension   | 30 g, oral, once, For 1 Doses<br>Hold for acute abdominal pain or abdominal issues. Do not give if patient is going to dialysis in the next 2 hours.  |

#### Labs

Recheck one hour after intervention

|  |  |
|--|--|
| <input type="checkbox"/> Basic metabolic panel | STAT For 1 Occurrences<br>Draw lab one hour after administration of ordered medications for treatment of HYPERkalemia. |
| <input type="checkbox"/> Potassium             | STAT For 1 Occurrences<br>Draw lab one hour after administration of ordered medications for treatment of HYPERkalemia. |

#### Notify Physician for Potassium Level

|   |   |
|---|---|
| <input type="checkbox"/> Notify Physician for Potassium Level | Routine, Until discontinued, Starting S, Notify physician at phone number: *** for potassium level GREATER than *** |
|---|---|

#### Labs

##### Hematology/coagulation STAT

|  |                        |
|--|------------------------|
| <input type="checkbox"/> CBC and differential        | STAT For 1 Occurrences |
| <input type="checkbox"/> Prothrombin time with INR   | STAT For 1 Occurrences |
| <input type="checkbox"/> Partial thromboplastin time | STAT For 1 Occurrences |
| <input type="checkbox"/> D-dimer, quantitative       | STAT For 1 Occurrences |
| <input type="checkbox"/> Fibrinogen                  | STAT For 1 Occurrences |

##### Chemistry STAT

|                                  |                        |
|----------------------------------|------------------------|
| <input type="checkbox"/> Ammonia | STAT For 1 Occurrences |
|----------------------------------|------------------------|

|   |                              |
|---|------------------------------|
| <input type="checkbox"/> Amylase                    | STAT For 1 Occurrences       |
| <input type="checkbox"/> Bedside glucose            | STAT, Once For 1 Occurrences |
| <input type="checkbox"/> Blood gas, arterial        | STAT For 1 Occurrences       |
| <input type="checkbox"/> B-type natriuretic peptide | STAT For 1 Occurrences       |
| <input type="checkbox"/> Basic metabolic panel      | STAT For 1 Occurrences       |
| <input type="checkbox"/> CK total                   | STAT For 1 Occurrences       |
| <input type="checkbox"/> Hepatic function panel     | STAT For 1 Occurrences       |
| <input type="checkbox"/> Ionized calcium            | STAT For 1 Occurrences       |
| <input type="checkbox"/> Lactic acid level          | STAT For 1 Occurrences       |
| <input type="checkbox"/> Lipase                     | STAT For 1 Occurrences       |
| <input type="checkbox"/> Magnesium                  | STAT For 1 Occurrences       |
| <input type="checkbox"/> Phosphorus                 | STAT For 1 Occurrences       |
| <input type="checkbox"/> TSH                        | STAT For 1 Occurrences       |
| <input type="checkbox"/> Troponin I                 | STAT For 1 Occurrences       |
| <input type="checkbox"/> Uric acid                  | STAT For 1 Occurrences       |

### Repeating Labs

|                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Troponin | Now then every 4 hours For 2 Occurrences |
|-----------------------------------|--|

### Microbiology

|   |  |
|---|--|
| <input type="checkbox"/> Blood culture x 2  | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)                      | Once, Blood<br>Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. |
| <input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)                      | Once, Blood<br>Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. |
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Once<br>Specimen Source: Urine<br>Specimen Site:   |
| <input type="checkbox"/> Sputum culture   | Once, Sputum   |

## Cardiology

### Cardiology

|  |  |
|--|--|
| <input type="checkbox"/> Pv duplex venous lower extremity - bilateral        | STAT, 1 time imaging   |
| <input type="checkbox"/> ECG 12 lead   | STAT, Once<br>Clinical Indications:<br>Interpreting Physician:                               |
| <input type="checkbox"/> ECG 12 lead   | Routine, Every 4 hours For 2 Occurrences<br>Clinical Indications:<br>Interpreting Physician: |
| <input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed | STAT, 1 time imaging   |

## Imaging

### CT

|  |  |
|--|--|
| <input type="checkbox"/> CT Head Wo Contrast                         | STAT, 1 time imaging For 1   |
| <input type="checkbox"/> CT Chest W Contrast                         | STAT, 1 time imaging For 1   |
| <input type="checkbox"/> CT Angiogram PE Chest                       | STAT, 1 time imaging For 1   |
| <input type="checkbox"/> CT Abdomen Pelvis W/WO Contrast (Omnipaque) | <b>"And" Linked Panel</b><br>For those with iodine allergies, please order the panel with Read-Cat (barium sulfate). |
| <input type="checkbox"/> CT Abdomen Pelvis W Wo Contrast             | STAT, 1 time imaging For 1   |

|   |                            |
|---|----------------------------|
| <input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution | 30 mL, oral, once          |
| <input type="checkbox"/> CT Stroke Brain Wo Contrast                        | STAT, 1 time imaging For 1 |
| <input type="checkbox"/> CTA Head Neck Wo Contrast                          | STAT, 1 time imaging For 1 |

#### X-ray

|  |                            |
|--|----------------------------|
| <input type="checkbox"/> Chest 1 Vw Portable   | STAT, 1 time imaging For 1 |
| <input type="checkbox"/> Abdomen 1 Vw Portable | STAT, 1 time imaging For 1 |

### Other Studies

### Respiratory

#### Respiratory

|   |  |
|---|--|
| <input type="checkbox"/> Oxygen therapy | STAT, Continuous<br>Device 1:<br>Titrate to keep O2 Sat Above: 92%<br>Indications for O2 therapy:  |
| <input type="checkbox"/> BIPAP          | STAT, Once<br>CPAP:<br>Mode:<br>Resp Rate (breaths/min):<br>IPAP (cm H2O):<br>EPAP (cm H2O):<br>FiO2:<br>O2 Bleed In (L/min):<br>Device Interface: |

### Rehab

### Consults

#### Ancillary Consults

|  |   |
|--|---|
| <input type="checkbox"/> Pacemaker consult | Reason for Consult: Interrogation<br>Special instructions: With changes as needed |
|--|---|

### Additional Orders