

General

Transfer

- | | |
|---|---|
| <input type="checkbox"/> Transfer patient | Level of Care:
Bed request comments: |
|---|---|

Precautions

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Aspiration precautions | Details |
| <input type="checkbox"/> Fall precautions | Increased observation level needed: |
| <input type="checkbox"/> Suicide precautions | Increased observation level needed: |
| <input type="checkbox"/> Seizure precautions | Increased observation level needed: |

Nursing

Vitals

- | | |
|---|--|
| <input type="checkbox"/> Vital signs | Routine, Per unit protocol |
| <input type="checkbox"/> Pulse oximetry spot check | Routine, Once For 1 Occurrences
Current FIO2 or Room Air: |
| <input type="checkbox"/> Orthostatic vital signs | Routine, Once |
| <input type="checkbox"/> Telemetry | "And" Linked Panel |
| <input type="checkbox"/> Telemetry monitoring | Routine, 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 |
| <input type="checkbox"/> Telemetry Additional Setup Information | Routine, 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

- | | |
|---|--|
| <input type="checkbox"/> Nasogastric Tube Insert and Maintain | |
| <input type="checkbox"/> Nasogastric tube insertion | Routine, Once
Type: |
| <input type="checkbox"/> Nasogastric tube maintenance | Routine, Until discontinued, Starting S
Tube Care Orders: |
| <input type="checkbox"/> Insert and Maintain Foley | |
| <input type="checkbox"/> Insert Foley catheter | Routine, Once
Type:
Size:
Urinometer needed: |
| <input type="checkbox"/> Foley Catheter Care | Routine, Until discontinued, Starting S
Orders: Maintain |
| <input type="checkbox"/> Suctioning | Routine, As needed
Route: Nasotracheal
Place supplies at bedside |

IV Fluids

Peripheral IV Access

- | |
|---|
| <input type="checkbox"/> Initiate and maintain IV |
|---|

<input type="checkbox"/> Insert peripheral IV	Routine, Once 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 Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2 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 Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) HOLD parameters for this order: 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 HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, once, For 1 Doses
<input type="checkbox"/> digoxin (LANOXIN) injection	intravenous Indication:
<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 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
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	325 mg, rectal, once PRN, fever
<input type="checkbox"/> cefepime (MAXIPIME) IV	intravenous, once, For 1 Doses Reason for Therapy:
<input type="checkbox"/> vancomycin (VANCOCIN) IV	intravenous, once, For 1 Doses Infuse over 2 hours Type of Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV solution	intravenous, once, For 1 Doses Reason for Therapy:

Glycemics

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

<input type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, once, For 1 Doses Aerosol Delivery Device:
<input type="checkbox"/>	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, once, For 1 Doses Aerosol Delivery Device:
<input type="checkbox"/>	acetylcysteine (MUCOMYST) 100 mg/mL inhalation solution	400 mg, nebulization, Respiratory Therapy - every 4 hours Aerosol Delivery Device:
<input type="checkbox"/>	EPINEPHrine (ADRENALIN) injection	0.5 mL, inhalation, once, For 1 Doses 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
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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 (Selection Required)	"Or" Linked Panel
<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting 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 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 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 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 (Selection Required)	"Or" Linked Panel
<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting 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 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, at 60 mL/hr, for 20 Minutes, once PRN, nausea, vomiting 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 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 (Selection Required)	"Or" Linked Panel
<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting 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 Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) IVPB	12.5 mg, intravenous, for 30 Minutes, once PRN, nausea, vomiting 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 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	desmopressin (DDAVP) injection	subcutaneous, once, For 1 Doses

Allergic Reaction

<input type="checkbox"/>	EPINEPHrine (ADRENALIN) injection	0.3 mL, subcutaneous, once, For 1 Doses For allergic reaction.
<input type="checkbox"/>	hydrocortisone sodium succinate (Solu-CORTEF) injection	100 mg, intravenous, once, For 1 Doses
<input type="checkbox"/>	dexamethasone (DECADRON) injection	intravenous, once, For 1 Doses
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses For allergic reaction.
<input type="checkbox"/>	famotidine (PEPCID) injection	20 mg, intravenous, once, For 1 Doses IV Push

Reversals

<input type="checkbox"/>	naloxone (NARCAN) 0.4 mg/mL injection	intravenous, once, For 1 Doses
<input type="checkbox"/>	flumazenil (ROMAZICON) injection	0.2 mg, intravenous, once, For 1 Doses
<input type="checkbox"/>	glucagon injection	1 mg, intramuscular, once, For 1 Doses

Neuro

<input type="checkbox"/>	haloperidol (HALDOL) tablet	oral, PRN, agitation, For 1 Doses Indication:
<input type="checkbox"/>	LORazepam (ATIVAN) injection	1 mg, intravenous, once, For 1 Doses
<input type="checkbox"/>	diazepam (VALIUM) injection	intravenous, once, For 1 Doses Indication:

IV Infusions

<input type="checkbox"/>	nitroglycerin infusion	1 mcg/min, intravenous, titrated
<input type="checkbox"/>	niCARdipine (CARDENE) infusion	2.5-15 mg/hr, intravenous, titrated
<input type="checkbox"/>	diltiazem (CARDIZEM) injection	2.5-15 mg/hr, intravenous, continuous
<input type="checkbox"/>	diltiazem (CARDIZEM) Bolus + Maintenance Doses	"Followed by" Linked Panel
<input type="checkbox"/>	Bolus Dose - diltiazem (CARDIZEM) injection	0.25 mg/kg, intravenous, once, For 1 Doses
<input type="checkbox"/>	Maintenance Dose - diltiazem (CARDIZEM) infusion	2.5-15 mg/hr, intravenous, continuous
<input type="checkbox"/>	DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, titrated
<input type="checkbox"/>	norepinephrine infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/>	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 Clinical Indications: Interpreting Physician: For Hyperkalemia
<input type="checkbox"/> ECG 12 lead	Routine, Once For 1 Occurrences Clinical Indications: Interpreting Physician: Repeat in one hour
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, 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
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, 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

Medications

furosemide (LASIX) injection intravenous, once, For 1 Doses

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

() 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
May repeat x 1 dose after 5 minutes if ECG changes persists.
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
Administer IV Push over 2-3 minutes. May repeat x 1 dose after 5 minutes if ECG changes persists. '
If a repeat dose is required a new order is needed. |

() 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
Administer IVPB over 30-60 minutes ONCE STAT. May repeat X 1 dose after 5 minutes if ECG changes persists.
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
Administer IV Push over 2-3 minutes ONCE STAT. May repeat X 1 dose after 5 minutes if ECG changes persists.
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)

() If eGFR/CrCl GREATER than 20 mL/min:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> POC Glucose STAT (Single Response) | |
| <input type="checkbox"/> Bedside glucose | STAT, Once |
| <input type="checkbox"/> If eGFR/CrCl GREATER than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (HMH ONLY) | "Followed by" Linked Panel |

[] dextrose 50% solution	<p>0-25 g, intravenous, once, For 1 Doses 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. POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered. POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered.</p>
[] insulin regular (HumuLIN-R, NovoLIN-R) injection	<p>5-10 Units, intravenous, once, For 1 Doses For HYPERKALEMIA treatment: Give 5 OR 10 units AFTER dextrose 50% is administered, based on POC Glucose value..</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: POC Glucose BETWEEN 70-140 mg/dL: Give 5 units insulin regular. Document on MAR a discrete dose of 5 units was administered. 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>[] If eGFR/CrCl GREATER than 20 mL/min - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (NOT HMH) "Followed by" Linked Panel</p>	
[] dextrose 50% solution	<p>0-25 g, intravenous, once, For 1 Doses 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. POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered. POC Glucose GREATER than 300 mg/dL: OMIT Dextrose 50%. Document on MAR that 0 g was administered.</p>
[] insulin regular (HumuLIN-R, NovoLIN-R) injection	<p>5-10 Units, intravenous, once, For 1 Doses For HYPERKALEMIA treatment: Give 5 OR 10 units AFTER dextrose 50% is administered, based on POC Glucose value..</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: POC Glucose BETWEEN 70-140 mg/dL: Give 5 units insulin regular. Document on MAR a discrete dose of 5 units was administered. 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>[] POC Glucose Post Insulin Administration (Single Response)</p>	
[] Bedside glucose	<p>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</p>
<p>[] Adult Hypoglycemia Standing Orders (Selection Required)</p>	

[] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders

Routine, Per unit protocol
HYPOglycemia is defined as glucose less than 70 mg/dL

If INITIAL bedside glucose is LESS than 40 mg/dL:
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.

If INITIAL bedside glucose is between 41-69 mg/dL:
If patient is able to swallow and is NOT NPO, may give 4 oz (120 mL) of juice
If patient is NPO or unable to swallow and has IV access, give 50% Dextrose, 12.5 gm, 25 mL intravenous push ONCE
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.

If SECOND bedside glucose is LESS than 70 mg/dL:
If second bedside glucose is LESS than 70 mg/dL, 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.

If SECOND bedside glucose is between 70-100 mg/dL:
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.

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.

If THIRD bedside glucose is between 70-100 mg/dL:
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.

CLICK REFERENCE LINKS TO OPEN ALGORITHM AND ORDERS:

[] dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL 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 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 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 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)	STAT, Once
() 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)	"Followed by" Linked Panel
[] dextrose 50% solution	0-25 g, intravenous, once, For 1 Doses For HYPERKALEMIA treatment: Give PRIOR to administration of insulin: POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider. POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered. 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 For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered.. POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider. For ESRD Patients: 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)	"Followed by" Linked Panel
[] dextrose 50% solution	0-25 g, intravenous, once, For 1 Doses For HYPERKALEMIA treatment: Give PRIOR to administration of insulin: POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider. POC Glucose BETWEEN 71 - 300 mg/dL: Give Dextrose 50% 25 g. Document on MAR a discrete dose of 25 g was administered. 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
For HYPERKALEMIA treatment: Give AFTER dextrose 50% is administered..

POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider.

For ESRD Patients:
POC Glucose GREATER than 70 mg/dL: Give 5 units insulin regular

POC Glucose Post Insulin Administration (Single Response)

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 (Selection Required)

[] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders

Routine, Per unit protocol
HYPOglycemia is defined as glucose less than 70 mg/dL

If INITIAL bedside glucose is LESS than 40 mg/dL:
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.

If INITIAL bedside glucose is between 41-69 mg/dL:
If patient is able to swallow and is NOT NPO, may give 4 oz (120 mL) of juice
If patient is NPO or unable to swallow and has IV access, give 50% Dextrose, 12.5 gm, 25 mL intravenous push ONCE
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.

If SECOND bedside glucose is LESS than 70 mg/dL:
If second bedside glucose is LESS than 70 mg/dL, 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.

If SECOND bedside glucose is between 70-100 mg/dL:
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.

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.

If THIRD bedside glucose is between 70-100 mg/dL:
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL.

CLICK REFERENCE LINKS TO OPEN ALGORITHM AND ORDERS:

<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 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 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 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 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 Administer over 10 minutes. 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). Aerosol Delivery Device: Hand-Held Nebulizer
<input type="checkbox"/> sodium polystyrene sulfonate (KAYEXALATE) suspension	30 g, oral, once, For 1 Doses Hold for acute abdominal pain or abdominal issues. Do not give if patient is going to dialysis in the next 2 hours.
<input type="checkbox"/> sodium zirconium cyclosilicate (LOKELMA) packet	10 g, oral, once, For 1 Doses

Labs

Recheck one hour after intervention

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

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood 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 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 Specimen Source: Urine 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 Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: 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)	"And" Linked Panel For those with iodine allergies, please order the panel with Readi-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
Device:
Device:
Titrate to keep O2 Sat Above: 92%
Indications for O2 therapy: |
| <input type="checkbox"/> BIPAP | STAT, Once
CPAP:
Mode:
Resp Rate (breaths/min):
IPAP (cm H2O):
EPAP (cm H2O):
FiO2:
O2 Bleed In (L/min):
Device Interface: |

Rehab

Consults

Ancillary Consults

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

Additional Orders