

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 For 5 Days
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"/> electrolyte-A (PLASMA-LYTE A) bolus	500 mL, intravenous, once, For 1 Doses
<input type="checkbox"/> electrolyte-A (PLASMA-LYTE A) bolus	1,000 mL, intravenous, once, For 1 Doses
<input type="checkbox"/> albumin human 5 % bottle	12.5 g, intravenous, Administer over: 15 Minutes, once Indication:
<input type="checkbox"/> albumin human 5 % bottle	25 g, intravenous, Administer over: 30 Minutes, once Indication:
<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, Administer over: 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 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested Contact Physician if: BP & HR HOLD for: Other Heart Rate Hold for Heart Rate LESS than (in bpm): 55
<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 for Heart Rate GREATER than (in bpm): 100 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 BP & HR 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: HR HOLD parameters for this order: Contact Physician if:
<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 Allowance for Patient Preference:
<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 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. 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 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: 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, chest pain Allowance for Patient Preference:
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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, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> calcium gluconate IVPB	1 g, intravenous, Administer over: 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 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> desmopressin (DDAVP) injection	subcutaneous, once, For 1 Doses

Nausea and Vomiting - HMSL, HMWB

<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) injection	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.

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, Administer over: 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 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: 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 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
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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	intravenous, once, For 1 Doses
<input type="checkbox"/> diazepam (VALIUM) injection	intravenous, once, For 1 Doses Indication:

IV Infusions

<input type="checkbox"/> norEPIneprine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/> vasopressin (PITRESSIN) infusion	0.04 Units/min, intravenous, continuous
<input type="checkbox"/> DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
<input type="checkbox"/> epINEPHrine infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated

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 For 5 Days 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

<input type="checkbox"/> furosemide (LASIX) injection	intravenous, once, For 1 Doses
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If EKG changes are present, give intravenous calcium gluconate or calcium chloride (Single Response)

() Peripheral, Midline or Central Line (Single Response)

() IVPB - calcium gluconate - ONCE STAT Administer over 30 minutes	1 g, intravenous, Administer over: 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.
() 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)	
() IVPB - calcium chloride 10 % - ONCE STAT Administer over 30-60 minutes	1 g, intravenous, Administer over: 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.
() 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,

Undiluted sodium bicarbonate infusion NOT recommended UNLESS pH is LESS than 7.2 and serum bicarbonate is LESS than 20mEq/L.

[] sodium bicarbonate IV Bolus/Push	50 mEq, intravenous, once, For 1 Doses Administer over 15 minutes using syringe adapter if available. May be administered IV push in emergent situations.
[] sodium bicarbonate 75 mEq in 1/2NS 1000 mL	100 mL/hr, intravenous, continuous
[] sodium bicarbonate 150 mEq in sterile water 1,000 mL	100 mL/hr, intravenous, continuous
[] sodium bicarbonate infusion (UNDILUTED) 1 mEq/mL (250 mEq/250 mL)	intravenous, once, For 1 Doses

Dextrose and Regular Insulin (Single Response)

() If eGFR/CrCl GREATER than 20 mL/min:	
[] POC Glucose STAT (Single Response)	
() Bedside glucose	STAT, Once For 1 Occurrences Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
[] For Non-ESRD Patients - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (HMH HMSL 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	5-10 Units, intravenous, once, For 1 Doses For HYPERKALEMIA treatment: Give 5 OR 10 units AFTER dextrose 50% is administered, based on POC Glucose value.. POC Glucose LESS than 70 mg/dL: DO NOT give insulin. Implement the Adult HYPOglycemia Standing Orders, STAT and notify provider. 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. Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.

<input type="checkbox"/> For Non-ESRD Patients - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (NOT HMH HMSL)	"Followed by" Linked Panel
<input type="checkbox"/> 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>
<input type="checkbox"/> 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>Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.</p>
<input type="checkbox"/> POC Glucose Post Insulin Administration (Single Response) (Selection Required)	
<input type="checkbox"/> POC Glucose "And" Linked Panel	
<input type="checkbox"/> Bedside glucose	<p>Routine, Once, Starting H+30 Minutes For 1 Occurrences POC Glucose 1 of 3 after insulin is given:</p> <p>Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.</p>
<input type="checkbox"/> Bedside glucose	<p>Routine, Once, Starting H+60 Minutes For 1 Occurrences POC Glucose 2 of 3 after insulin is given:</p> <p>Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.</p>
<input type="checkbox"/> Bedside glucose	<p>Routine, Once, Starting H+120 Minutes For 1 Occurrences POC Glucose 3 of 3 after insulin is given:</p> <p>Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.</p>
<input type="checkbox"/> Adult Hypoglycemia Standing Orders (Selection Required)	
<input type="checkbox"/> Hypoglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	<p>Routine, Per unit protocol CLICK REFERENCE LINK TO OPEN ALGORITHM:</p>
<input type="checkbox"/> dextrose 50% intravenous syringe	<p>12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL For blood glucose between 41-69 mg/dL, give ½ cup juice if patient is able or dextrose 50% intravenous solution 12.5 g (25mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes until glucose is greater than 100 mg/dL. DO NOT give further insulin until ordered by a provider</p>
<input type="checkbox"/> dextrose 50% intravenous syringe	<p>25 g, intravenous, every 20 min PRN, low blood sugar, if blood glucose is less than or equal 40 mg/dL Recheck bedside glucose every 20 min until glucose greater than 100 mg/dL.</p>

[] glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
[] dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr
() If ESRD or on Dialysis or eGFR/CrCl LESS than 20 mL/min:	
[] POC Glucose STAT (Single Response)	
() Bedside glucose	STAT, Once For 1 Occurrences Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
[] For ESRD Patients - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (HMH HMSL 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 Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
[] For ESRD Patients - Dextrose 50% (D50) Followed By Insulin regular (HUMULIN) for Hyperkalemia Treatment (NOT HMH HMSL)	"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.

<input type="checkbox"/> 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
	Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
<input type="checkbox"/> POC Glucose Post Insulin Administration (Single Response) (Selection Required)	
<input type="checkbox"/> POC Glucose "And" Linked Panel	
<input type="checkbox"/> Bedside glucose	Routine, Once, Starting H+30 Minutes For 1 Occurrences POC Glucose 1 of 3 after insulin is given:
	Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
<input type="checkbox"/> Bedside glucose	Routine, Once, Starting H+60 Minutes For 1 Occurrences POC Glucose 2 of 3 after insulin is given:
	Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
<input type="checkbox"/> Bedside glucose	Routine, Once, Starting H+120 Minutes For 1 Occurrences POC Glucose 3 of 3 after insulin is given:
	Check POC glucose every 30 minutes after insulin given for 2 occurrences, followed by hourly for 1 occurrence.
<input type="checkbox"/> Adult Hypoglycemia Standing Orders (Selection Required)	
<input type="checkbox"/> Hypoglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	Routine, Per unit protocol CLICK REFERENCE LINK TO OPEN ALGORITHM:
<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 For blood glucose between 41-69 mg/dL, give ½ cup juice if patient is able or dextrose 50% intravenous solution 12.5 g (25mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes until glucose is greater than 100 mg/dL. 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 less than or equal 40 mg/dL Recheck bedside glucose every 20 min until glucose greater than 100 mg/dL.
<input type="checkbox"/> glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
<input type="checkbox"/> dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr

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"/> NT-proBNP	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 T	STAT For 1 Occurrences
<input type="checkbox"/> Uric acid	STAT For 1 Occurrences

Repeating Labs

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

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
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<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: Not recommended for chronic Foley catheter patient or ESRD patient due to concerns of colonization
<input type="checkbox"/>	Sputum culture	Once, Sputum
<input type="checkbox"/>	Respiratory Pathogen Panel with COVID-19 (Selection Required)	
<input type="checkbox"/>	Respiratory pathogen panel with COVID-19 RT-PCR	Once, Nasopharyngeal, Swab
<input type="checkbox"/>	Isolation (Selection Required)	Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021. Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance.
<input type="checkbox"/>	Airborne Isolation	
<input type="checkbox"/>	Airborne isolation status	Include eye protection
<input type="checkbox"/>	Contact Isolation	
<input type="checkbox"/>	Contact isolation status	Include eye protection
<input type="checkbox"/>	Influenza antigen	"And" Linked Panel
<input type="checkbox"/>	Influenza antigen	Once, Nasopharyngeal
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.	@LASTLAB(MRSAPCR)@
<input type="checkbox"/>	MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.	Routine, Until discontinued, Starting S
<input type="checkbox"/>	MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval.	@LASTLAB(MRSAPCR)@
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	This patient has a positive MRSA PCR result within the last 7 days.	@LASTLAB(MRSAPCR)@
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	

Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Nares

Cardiology

Cardiology

- Pv duplex venous lower extremity - bilateral STAT, 1 time imaging, Starting S at 1:00 AM
- ECG 12 lead STAT, Once
Clinical Indications:
Interpreting Physician:
- ECG 12 lead Routine, Every 4 hours For 2 Occurrences
Clinical Indications:
Interpreting Physician:
- Echocardiogram complete w contrast and 3D if needed STAT, 1 time imaging, Starting S at 1:00 AM

Imaging

CT

- CT Head Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1
- CT Chest W Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1
- CT Angiogram PE Chest STAT, 1 time imaging, Starting S at 1:00 AM For 1
- CT Abdomen Pelvis W/WO Contrast (Omnipaque) **"And" Linked Panel**

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

- CT Abdomen Pelvis W Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1
- iohexol (OMNIPAQUE) 300 mg iodine/mL 30 mL, oral, once
oral solution

- CT Stroke Brain Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1
- CTA Head Neck Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1

X-ray

- Chest 1 Vw Portable STAT, 1 time imaging, Starting S at 1:00 AM For 1
- Abdomen 1 Vw Portable STAT, 1 time imaging, Starting S at 1:00 AM For 1

Respiratory

Respiratory

- Oxygen therapy STAT, Continuous
Device:
Device:
Titrate to keep O2 Sat Above: 92%
Indications for O2 therapy:
- BIPAP STAT, Once
CPAP:
Mode:
Resp Rate (breaths/min):
IPAP (cm H2O):
EPAP (cm H2O):
FI02:
O2 Bleed In (L/min):
Device Interface:

Consults

Ancillary Consults

- Pacemaker consult Reason for Consult: Interrogation
Special instructions: With changes as needed

