



PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251/633-1000



PM1139

Diabetic Flow Chart – Adult Insulin Sliding Scale

INITIALS/SIGNATURE/TITLE		INITIALS/SIGNATURE/TITLE		OMISSION CODES														INJECTION SITES											
				I IV OUT R PATIENT REFUSED N NPO H HOLD PER ORDER U OFF UNIT O OTHER – NURSES' NOTES D DIALYSIS														LR LT ARM LA LT ABDOMEN RR RT ARM RA RT ABDOMEN LT LT THIGH RT RT THIGH											
DATE:		ALLERGIES:																											
Checked By:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06					
SCHEDULED BEDSIDE – GLUCOSE – FS NURSING EATING 7–11–16–21 NPO 7–11–16–21 BLOOD GLUCOSE MONITORING REPORT EXCEPTIONS TO PHARM. DATE:																													
PRN BG TEST PRN CHARGE CODE 9973 RECORD AND CHARGE ALL PRN BG DATE:																													
LESS THAN 70 HYPOGLYCEMIA PROTOCOL																													
GIVE NOVOLIN R OR NOVOLOG 150–200 = 2 UNITS SUB Q 201–250 = 3 UNITS SUB Q 251–300 = 4 UNITS SUB Q																													
301–350 = 6 UNITS SUB Q 351–400 = 8 UNITS SUB Q 401–450 = 10 UNITS SUB Q GREATER THAN 450 = 12 UNITS AND CALL MD																													



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Diabetic Flow Chart for Insulin Drip for Open Heart Surgery

INITIALS/SIGNATURE/TITLE		INITIALS/SIGNATURE/TITLE		OMISSION CODES														INJECTION SITES									
				I IV OUT R PATIENT REFUSED N NPO H HOLD PER ORDER U OFF UNIT O OTHER – NURSES' NOTES D DIALYSIS														LR LT ARM LA LT ABDOMEN RR RT ARM RA RT ABDOMEN LT LT THIGH RT RT THIGH									
DATE:		ALLERGIES:																									
Checked By:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06			
ALGORITHM 2 IF BLOOD SUGAR: LESS THAN 80 = OFF 80-109 = 0.5 UNITS PER H 110-119 = 1 UNIT PER H 120-149 = 1.5 UNITS PER H 150-179 = 2 UNITS PER H																											
180-209 = 3 UNITS PERH 210-239 = 4 UNITS PER H 240-269 = 5 UNITS PER H 270-299 = 6 UNITS PER H 300-329 = 7 UNITS PER H 330-359 = 8 UNITS PER H																											
ABOVE 360 = 12 UNITS PER H																											



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Diabetic Flow Chart for Insulin Drip for Open Heart Surgery

INITIALS/SIGNATURE/TITLE		INITIALS/SIGNATURE/TITLE		OMISSION CODES												INJECTION SITES											
				I IV OUT R PATIENT REFUSED N NPO H HOLD PER ORDER U OFF UNIT O OTHER – NURSES' NOTES D DIALYSIS												LR LT ARM LA LT ABDOMEN RR RT ARM RA RT ABDOMEN LT LT THIGH RT RT THIGH											
DATE:		ALLERGIES:																									
Checked By:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06			
ALGORITHM 3 IF BLOOD SUGAR: LESS THAN 80 = OFF 80-109 = 1 UNITS PER H 110-119 = 2 UNIT PER H 120-149 = 3 UNITS PER H 150-179 = 4 UNITS PER H																											
180-209 = 5 UNITS PERH 210-239 = 6 UNITS PER H 240-269 = 8 UNITS PER H 270-299 = 10 UNITS PER H 300-329 = 12 UNITS PER H 330-359 = 14 UNITS PER H																											
ABOVE 360 = 16 UNITS PER H																											



Diabetic Flow Chart for Insulin Drip for Open Heart Surgery

PHY00152pg19



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Diabetic Flow Chart for Hypoglycemia Treatment Protocol

[illegible]



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Diabetic Flow Chart for Hypoglycemia Treatment Protocol

INITIALS/SIGNATURE/TITLE		INITIALS/SIGNATURE/TITLE		OMISSION CODES														INJECTION SITES									
				I IV OUT R PATIENT REFUSED N NPO H HOLD PER ORDER U OFF UNIT O OTHER – NURSES' NOTES D DIALYSIS														LR LT ARM LA LT ABDOMEN RR RT ARM RA RT ABDOMEN LT LT THIGH RT RT THIGH									
DATE:		ALLERGIES:																									
Checked By:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06			
GLUCAGON (HUMAN RECOMBINANT) SOLR 1 MG SUBQ OR IM PRN AS NEEDED FOR BG LESS THAN 70 IN UNCONSCIOUS PATIENT WITH NO IV ACCESS. DO NOT ATTEMPT TO FEED. FIVE 0.5 MG IF CHILD LESS THAN 25KG. RECHECK BG 15 MINUTES AFTER TREATMENT. IF BG REMAINS LESS THAN 70 AFTER TREATMENT AND PATIENT HAS NOT RETURNED TO BASELINE STATUS, REPEAT STEP 1. IF BG REMAINS LESS THAN 70 AFTER TREATMENT, CALL PHYSICIAN. ONCE BG IS GREATER THAN 70 AND PATIENT HAS RETURNED TO BASELINE STATUS, RECHECK BG Q 1 H X 2 AND RESUME PREVIOUS BG MONITORING SCHEDULE.																											
GLUCOSE GEL 15 g PO PRN AS NEEDED FOR BG LESS THAN 70 IN CONSCIOUS PATIENT ABLE TO TAKE PO. GIVE 15 GRAMS OF GEL, then 120 mL of APPLE JUICE, SIERRA MIST OR 240 mL SKIM MILK RECHECK BG 15 MINUTES AFTER TREATMENT. IF BG REMAINS LESS THAN 70 AFTER TREATMENT AND PATIENT HAS NOT RETURNED TO BASELINE STATUS, REPEAT STEP 1. IF BG REMAINS LESS THAN 70 AFTER TREATMENT, CALL PHYSICIAN. ONCE BG IS GREATER THEN 70 AND PATIENT HAS RETURNED TO BASELINE STATUS, RECHECK BG Q 1 H X 2 AND RESUME PREVIOUS BG MONITORING SCHEDULE.																											



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Cardiovascular Surgery Post Op Orders

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INIT/SIGNATURE/TITLE		INIT/SIGNATURE/TITLE		OMISSION CODES	INJECTION CODES	PAIN SCALE
				R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER–NURSES NOTES	LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALIS RL RT VASTUS LATERALIS LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	<div> <div>---</div> <div>0</div> <div>No Pain</div> </div> <div> <div>----</div> <div></div> <div></div> </div> <div> <div>----</div> <div>(0–10 SCALE)</div> <div></div> </div> <div> <div>---</div> <div></div> <div></div> </div> <div> <div>---</div> <div>10 UNBEARABL</div> <div>PAIN</div> </div>
DATE:		ALLERGIES:				
CHECKED BY:				TIME : ID : COMMENTS 0701 – 1500	TIME : ID : COMMENTS 1501 – 2300	TIME : ID : COMMENTS 2301 – 0700
chlorhexidine (PERIDEX) oral rinse 15 mL swab for one full minute, then suction BID with brushing teeth				:	:	:
aspirin 300 mg suppository PR NOW and Q AM while intubated				:	:	:
Enteric coated aspirin 325 mg PO daily post extubation Hold for platelet count less than 100				:	:	:
aspirin 81 mg PO daily for Drs Citrin, Rihner, and Gupta patients only; post extubation Hold for platelet count less than 100				:	:	:
aspirin 325 mg PO daily post extubation Hold for platelet count less than 100				:	:	:
aspirin 162 mg PO daily post extubation Hold for platelet count less than 100				:	:	:
docusate (COLACE) 100 mg PO BID. Start when extubated.				:	:	:
nitroglycerin ointment 1 inch Q 6 H HOLD IF PATIENT ON IV nitroglycerin DRIP				:	:	:
acetaminophen 325 mg with hydrocodone 5 mg (NORCO 5) 1 to 2 tablets PO Q 4 H PRN pain				:	:	:
acetaminophen (TYLENOL) 650 mg PR or PO Q 4 H PRN temp greater than 101 (max dose acetaminophen 4000 mg per 24 H)				:	:	:
ondansetron (ZOFTRAN) 8 mg PO Q 8 H PRN nausea				:	:	:
ondansetron (ZOFTRAN) 4 mg IV Q 6 H PRN nausea				:	:	:
temazepam (RESTORIL) 15 mg PO Q HS PRN sleep (may repeat x 1) Post extubation				:	:	:
metoclopramide (REGLAN) 10 mg IV QID AC & HS x 4 doses then metoclopramide (REGLAN) 10 mg PO QID AC & HS Hold for platelet count less than 100				:	:	:



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INIT/SIGNATURE/TITLE	INIT/SIGNATURE/TITLE	OMISSION CODES	INJECTION CODES	PAIN SCALE
		R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER-NURSES NOTES	LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALIS RL RT VASTUS LATERALIS LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	--- 0 No Pain --- --- (0-10 SCALE) --- --- 10 UNBEARABLE PAIN
DATE:	ALLERGIES:			
CHECKED BY:	TIME : ID : COMMENTS 0701 - 1500	TIME : ID : COMMENTS 1501 - 2300	TIME : ID : COMMENTS 2301 - 0700	
pantoprazole (PROTONIX) 40 mg IV daily. May change to PO once extubated.	: : : : : :	: : : : : :	: : : : : :	
For magnesium less than 1.7 give magnesium oxide 400 mg PO BID x 4 doses	: : : : : : : :	: : : : : : : :	: : : : : : : :	
For magnesium 1.7 to 1.9 give magnesium oxide 400 mg PO BID x 2 doses	: : : : : : : :	: : : : : : : :	: : : : : : : :	
For calcium less than 1 give 1500 mg (OS CAL 500 mg x 3 tablets) PO ONE TIME ONLY	: : : : : : : :	: : : : : : : :	: : : : : : : :	
For calcium 1.1 to 1.3 give 1000 mg (OS CAL 500 mg x 2 tablets) PO ONE TIME ONLY	: : : : : : : :	: : : : : : : :	: : : : : : : :	
For potassium 3.6 to 3.9 give 20 mEq potassium powder packet in 240 mL H ₂ O or Juice; repeat K level next AM as scheduled	: : : : : : : :	: : : : : : : :	: : : : : : : :	
For Potassium less than 3.6 give 40 mEq powder packets in 240 ml H ₂ O or Juice; repeat K level in 4 H call MD if less than 3.6	: : : : : : : :	: : : : : : : :	: : : : : : : :	
enoxaparin (LOVENOX) 40 mg SUBQ Q 24 H (Pharmacy to renally dose if needed)	: : : : : : : :	: : : : : : : :	: : : : : : : :	
mupirocin (BACTROBAN) nasal ointment 2% in each nostril BID x 5 days If patient is D/C before completion of treatment make sure patient is instructed to continue application at home.	: : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : :	
Clean Incisions BID per wound protocol	: : : : : : : :	: : : : : : : :	: : : : : : : :	



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DATE: _____

ALLERGIES:

CHECKED BY:

TIME	ID	COMMENTS
0701	1500	

TIME : ID : COMMENTS
1501 - 2300

TIME : ID : COMMENTS
2301 - 0700

morphine sulfate 2 mg to 4 mg IV Q 1 H or 4 mg to 10 mg IM Q 3 H PRN pain

ENTER THE PAIN ASSESSMENT SCORE

PRIOR TO THE ADMINISTRATION OF PAIN

MEDICATION. DOCUMENT EACH

REASSESSMENT PAIN SCORE. PAIN IS

SCORED ON A 0 TO 10 SCALE. CIRCLE,

TIME, AND INITIAL THE PAIN SCORE.



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		R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER–NURSES NOTES	LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALIS RL RT VASTUS LATERALIS LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	--- 0 No Pain --- --- (0–10 SCALE) --- --- 10 UNBEARABLE PAIN
DATE:	ALLERGIES:			
CHECKED BY:		0701 – 1500 TIME : VOL : ID : INF	1501:– 2300 TIME : VOL : ID : INF	2301 – 0700 TIME : VOL : ID : INF
Ringers Lactate 1000 mL with 20 mEq KCI at 30 mL per H				
Ringer’s Lactate 1000 mL PRN mean PAP less than or equal to 22. Notify surgeon if greater than 1 L volume needed.				
tobramycin IV x 48 hours. Give first dose NOW. Pharmacy to calculate dose & frequency.				
cefazolin (ANCEF) ____g IV Q ____ H x ____ total doses First dose due: _____				
vancomycin (VANCOCIN) ____ g IV Q ____ H x ____ total doses. First dose due: _____				
neosynephrine (PHENYLEPHRINE) 20 mg per 250 mL NS. Titrate to keep SBP greater than 90				
nitroprusside (NIPRIDE) 50 mg per 250 mL D5W Titrate to keep SBP less than 150 (may double concentrate drip)				
niCARDipine (CARDENE) 25 mg in 250 mL D5W titrate to keep systolic BP less than 150. (May double concentrate drip)				
epinephrine 2.5 mg per 250 mL NS Titrate to keep SBP greater than 90 or cardiac index above or equal to 2 (may double concentrate drip)				
VIA CENTRAL LINE For K less than 3.2 give 40 mEq KCI in 100 mL sterile water over 2 H Repeat level, call MD if level less than 3.2				
VIA CENTRAL LINE For K 3.2 or greater, but less than 3.7 give potassium 40 mEq in 100 mL sterile water IV over 2 H Repeat level in 2 H				
VIA CENTRAL LINE For K 3.7 or greater, but less than 3.9 give 20 mEq KCI in 100 mL sterile water over 1 H Repeat level in 2 H				
		Total 0701 – 1500	Total 1501 – 2300	Total 2301 – 0700
		24 Hour Total		



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		R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER-NURSES NOTES	LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALIS RL RT VASTUS LATERALIS LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	--- 0 No Pain --- --- (0-10 SCALE) --- --- 10 UNBEARABLE PAIN
DATE:	ALLERGIES:			
CHECKED BY:	<div> <div>0701 - 1500</div> <div>TIME : VOL : ID : INF</div> </div> <div> <div>1501 - 2300</div> <div>TIME : VOL : ID : INF</div> </div> <div> <div>2301 - 0700</div> <div>TIME : VOL : ID : INF</div> </div>			
VIA CENTRAL LINE For magnesium= 1.8 to 1.9 give 16 mEq (2 g) magnesium sulfate in 50 mL SW IV over 2 H Repeat Mg in AM as scheduled				
VIA CENTRAL LINE For magnesium= 1.6 to 1.7 give 24 mEq (3 g) magnesium sulfate in 50 mL D5W IV over 3 H Repeat Mg in AM as scheduled or PRN arrhythmias				
VIA CENTRAL LINE For magnesium= 1.3 or less give 32 mEq (4 g) magnesium sulfate in 100 mL SW IV over 4 H Repeat Mg level; if less than 1.3 call MD				
VIA CENTRAL LINE For magnesium= 1.4 to 1.5 give 32 mEq (4 g) magnesium sulfate in 100 mL SW IV over 4 H; Repeat Mg level after infusion				
VIA CENTRAL LINE For calcium less than 1 give 2 g calcium chloride IV in 100 mL NS over 1 H; Repeat Ca in AM				
VIA CENTRAL LINE For calcium 1 to 1.3 give 1 g calcium chloride in 100 mL NS over 1 H; Repeat Ca in AM				
Albumin 5% infuse 500 mL For volume replacement; May repeat 500 mL if needed for volume replacement.				
nitroglycerin 50 mg per 250 mL D5W drip at 3 to 5 mL per H or _____				
regular Insulin 100 Units per 100 mL NS as per insulin protocol				
		Total 0701 - 1500	Total 1501 - 2300	Total 2301 - 0700
				24 Hour Total