

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



PM1139

Diabetic Flow Chart – Adult Insulin Sliding Scale

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DATE:			ALLE	RGIES	:				N N U (V OUT NPO OFF UNI DIALYS	H T O	HOL	IENT RE .D PER (ER – NU	ORDER			RR LT	LT RT LT RT	AR! THI	M GH				DOM!	
Checked	d 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
EATING 7-1 NPO 7-11-1 BLOOD GLU	GLUCOSE – FS NURSING 1–16–21																								
PRN BG TEST PI CHARGE CO RECORD AI DATE:																									
LESS THAN HYPOGLYC	70 EMIA PROTOCOL																								
150-200 = 2 201-250 = 3	OLIN R OR NOVOLOG CUNITS SUB Q CUNITS SUB Q CUNITS SUB Q																								
351–400 = 8 401–450 = 1	UNITS SUB Q UNITS SUB Q 0 UNITS SUB Q THAN 450 = 12 UNITS MD																								





Diabetic Flow Chart for Insulin Drip for Open Heart Surgery

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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																								





Diabetic Flow Chart for Insulin Drip for Open Heart Surgery

INITIALS/SIGNATURE/TITLE		INITIA	LS/SIG	NATUR	E/TITLI					OMIS	SION C	ODES						INJE	CTIC	ON S	ITES			
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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

	NATURE/TITLE INITIALS/SIGNATURE/TITLE												<u> </u>		<u> </u>								<u>J</u>	
INITIALS/SIGNATURE/TITLE		INITIA	LS/SIG	NATUR	E/TITLE	Ξ				OMISS	SION C	ODES						INJE	ECTIO	ON SI	TES			
DATE:		ALLE	RGIES					N N U (V OUT NPO OFF UNI DIALYS	H IT O	HOL	D PER (NOTES		RR LT	LT RT LT RT	ARN THI	M GH			ABI ABD		
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 4 IF BLOOD SUGAR: LESS THAN 80 = OFF 80-109 = 1.5 UNITS PER H 110-119 = 3 UNIT PER H 120-149 = 5 UNITS PER H 150-179 = 7 UNITS PER H																								
180-209 = 9 UNITS PER H 210-239 = 12 UNITS PER H 240-269 = 16 UNITS PER H 270-299 = 20 UNITS PER H 300-329 = 24 UNITS PER H 330-359 = 28 UNITS PER H																								
ABOVE 360 = 32 UNITS PER H																								





Diabetic Flow Chart for Hypoglycemia Treatment Protocol

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DATE:		ALLE	RGIES	:				N I	V OUT NPO OFF UNI DIALYS	H IT O	HOL	D PER	EFUSED ORDER URSES'			RR LT	LT RT LT RT	AR! THI	M IGH		A LT A RT			
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
DEXTROSE 50% IN WATER BRISTOJECT VIAL 12.5 G (25mL) IV PRN AS NEEDED FOR BG LESS THAN 70 IN CONSCIOUS PATIENT NOT ABLE TO TAKE PO. RECHECK BG 15 MINUTES AFTER TREATMENT AND PATIENT HAS NOT RETURNED TO BASELINE STATUS, REPEAT STEP 1. IF BG REMAINS LESS THAN 70 AFTE TREATMENT, CALL PHYSICIAN. ONCE BG IS GREATER THAN 70 AND PATIENT HAS RETURNED TO BASELINE STATUS, RECHECK BG Q H X 2 AND RESUME PREVIOUS BG MONITORING SCHEDULE.	:R																							
DEXTROSE 50% IN WATER BRISTOJECT VIAL 25 G (50mL) IV PRN AS NEEDED FOR BG LESS THAN 70 IN UNCONSCIOUS PATIENT WITH IV IN PLACE. DO NOT ATTEMPT TO FEED. RECHECK BG 15 MINUTES AFTER TREATMENT. IF BG REMAINS LESS THAN 70 AFTER TREATMENT AND PATIENT HAS NOT RETURNED TO BASELINE STATUS, REPEAT STEP IT BG REMAINS LESS THAN 70 AFTER TREATMENT OF AND PATIENT HAS NOT RETURNED TO BASELINE STATUS, REPEAT STEP ONCE BG IS GREATER THEN 70 AND PATIENT HAS RETURNED TO BASELINE STATUS, RECHECK BG QH X 2 AND RESUME PREVIOUS BG MONITORING SCHEDULE.	i:R																							





Diabetic Flow Chart for Hypoglycemia Treatment Protocol

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DATE:			ALL	ERGIE	:S:				N U	IV OU NPO OFF U DIAL	JNIT	н н	ATIENT IOLD PE THER -	ER ORD	ER	TES		RR LT	RT Z		R		ABD ABD		
Checke	d 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
SOLR 1 MM AS NEEDE FOR BG LES PATIENT WI LESS THAN RECHECK B TREATMENT THAN 70 AF PATIENT HA BASELINE S IF BG REMA TREATMENT BG IS GREAA HAS RETUR RECHECK B PREVIOUS B GLUCOSE NEEDED FOR BG LESS PATIENT ABL GRAMS OF G SIERRA MIST RECHECK BG TREATMENT THAN 70 AFT PATIENT HAS BASELINE ST IF BG REMAIL BG REMAIL BG IS GREAT PATIENT HAS BASELINE ST Q1 H X 2 ANI BASELINE ST Q1 H X 2 ANI BASELINE ST Q1 H X 2 ANI	SS THAN 70 IN UNCONSCIOUS TH NO IV ACCESS. DO NOT D FEED. FIVE 0.5 MG IF CHILD																								

Rev. 10/10





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R PATIENT REFUSED N NO	Cardiovascular Surgery Pos	t Op Orders		rage	e 1 01 5
DATE: CHECKED BY: CHECKED BY: TIME: ID: COMMENTS OTOL 1500 1501 -2300 Chlorhexidine (PERIDEX) oral rinse 15 mL swab for one full minute, then suction BID with brushing teeth aspirin 300 mg suppository PR NOW and QAM while intubated Enteric coated aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 310g mg vappository PR NOW and 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 aspirin 162 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 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 aspirin 325 mg PO daily post extubation Hold for platelet count less than 100 actaminophen (TYLENGL) 650 mg PR or PO Q 4 H PRN pain acctaminophen (TYLENGL) 650 mg PR or PO Q 4 H PRN temp greater than 101 (max does acctaminophen 4000 mg per 24 H) ondansetron (ZOFRAN) 8 mg PO Q 8 H PRN nausea ondansetron (ZOFRAN) 4 mg IV Q 6 H PRN nausea entercolopramide (REGLAN) 10 mg IV QID AC & HS X 4 doses then metoclopramide (REGLAN) 10 mg IV QID AC & HS X 4 doses then metoclopramide (REGLAN) 10 mg IV QID AC & HS X 4 doses then metoclopramide (REGLAN) 10 mg IV QID AC & HS X 4 doses then metoclopramide (REGLAN) 10 mg IV QID AC & HS X 4 doses then metoclopramide	INIT/ISIGNATURE/TITLE	INIT/SIGNATURE/TITLE	OMISSION CODES	INJECTION CODES	PAIN SCALE
CHECKED BY: TIME : ID : COMMENTS TIME : ID			N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER	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	(0-10 SCALE) 10 UNBEARABL
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 reater than 101 (max dose acetaminophen 4000 mg per 24 H) ondansetron (ZOFRAN) 8 mg PO Q 8 H PRN nausea ondansetron (ZOFRAN) 8 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 X 4 doses then metoclopramide (REGLAN) 10 mg PO QID AC & HS KH Hold for platelet count less	DATE:	ALLERGIES:	!		
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. mitroglycerin 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 (ZOFRAN) 8 mg PO Q 8 H PRN nausea ondansetron (ZOFRAN) 4 mg IV Q 6 H PRN nausea etmazepam (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 & MS Hold for platelet count less	CHECKED BY:				TIME : ID : COMMENTS 2301 - 0700
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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 (ZOFRAN) 8 mg PO Q 8 H PRN nausea ondansetron (ZOFRAN) 4 mg IV Q 6 H PRN sleep (may repeat x 1) Post extubation metoclopramide (REGLAN) 10 mg IV QID AC & HS x 4 doses then 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	aspirin 300 mg supposito Q AM while intubated	ory PR NOW and	: :	: :	: :
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(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 (ZOFRAN) 8 mg PO Q 8 H PRN nausea ondansetron (ZOFRAN) 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			: :	: :	: :
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HS x 4 doses then metoclopramide (REGLAN) 10 mg PO QID AC & HS Hold for platelet count less				: :	: :
DHV00152 pg12	HS x 4 doses then metoc mg PO QID AC & HS H than 100	lopramide (REGLAN) 10			

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Cardiovascular Surgery Post Op Orders

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Cardiovascular Surgery Post	•			
INIT/ISIGNATURE/TITLE	INIT/SIGNATURE/TITLE	R PATIENT REFUSED N NPO U OFF UNIT D DIALYSIS I IV OUT H HOLD PER ORDER O OTHER-NURSES NOTES	INJECTION CODES LD LT DELTOID RD RT DELTOID LG LT GLUTEUS RG RT GLUTEUS LL LT VASTUS LATERALI RL RT VASTUS LATERALI LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL LA LT ABDOMEN RA RT ABDOMEN	' '
DATE:	ALLERGIES:			
CHECKED BY:		TIME : ID : COMMENTS 0701 - 1500	TIME : ID : COMMENTS 1501 - 2300	TIME : ID : COMMENTS 2301 - 0700
pantoprazole (PROTON change to PO once extub	IX) 40 mg IV daily. May pated.	: :	: :	: : : : : : : : : : : : : : : : : : : :
For magnesium less than oxide 400 mg PO BID x	n 1.7 give magnesium 4 doses	: :	: :	: : : : : :
For magnesium 1.7 to 1. magnesium oxide 400 m	9 give g PO BID x 2 doses	: : : : : : : : : : : : : : : : : : : :	: : : : : :	: : : : : : : : : : : : : : : : : : : :
For calcium less than 1 g (OS CAL 500 mg x 3 tal ONE TIME ONLY	give 1500 mg blets) PO	: : : : : : : : : : : : : : : : : : : :	: : : : : :	: : : : : : : :
For calcium 1.1 to 1.3giv (OS CAL 500 mg x 2 tal PO ONE TIME ONLY	ve 1000 mg blets)	: :	: :	: :
For potassium 3.6 to 3.9 powder packet in 240 ml level next AM as schedu	L H ₂ 0 or Juice; repeat K	: : : : : : : : : : : : : : : : : : : :	: : : : : :	: :
For Potassium less than 3 packets in 240 ml H ₂ 0 or in 4 H call MD if less tha	Juice; repeat K level	: : : : : : : : : : : : : : : : : : : :	: :	: : : : : : : : : : : : : : : : : : : :
enoxaparin (LOVENOX (Pharmacy to renally dos	() 40 mg SUBQ Q 24 H se if needed)		: :	: :
mupirocin (BACTROBA each nostril BID x 5 days	aN) nasal ointment 2% in	: :	: :	: :
If patient is D/C before c make sure patient is instrapplication at home.	ompletion of treatment			
Clean Incisions BID per	wound protocol	: :		

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Page 3 of 5 Cardiovascular Surgery Post Op Orders INIT/ISIGNATURE/TITLE INIT/SIGNATURE/TITLE OMISSION CODES INJECTION CODES PAIN SCALE R PATIENT REFUSED LD LT DELTOID --- 0 No Pain N NPO RD RT DELTOID U OFF UNIT LG LT GLUTEUS RG RT GLUTEUS D DIALYSIS IV OUT LL LT VASTUS LATERALIS ----(0-10 SCALE) H HOLD PER ORDER RL RT VASTUS LATERALIS O OTHER-NURSES NOTES LV LT VENTRAGLUTEAL RV RT VENTRAGLUTEAL --- 10 UNBEARABL LA LT ABDOMEN RA RT ABDOMEN PAIN ALLERGIES: DATE: TIME : ID : COMMENTS TIME : ID : COMMENTS TIME: ID: COMMENTS CHECKED BY: 0701 - 15001501 - 23002301 - 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 OFPAIN 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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Cardiovascular Surgery Post	Op Orders					ı			1 a	ige + 0	1 3		
INIT/ISIGNATURE/TITLE	INIT/SIGNATURE/TITLE	OM	IISSIO	N CO	DES	INJ	ECTIO	N COD	DES	\bot	PAII	N SCA	ALE
		R PAT N NPG U OFF D DIA I IVO H HOD	O F UNIT LYSIS OUT LD PE	S R ORI		RL RT LV LT	COUNTY OF THE PROPERTY OF THE	TOID TEUS TEUS TUS LA TUS LA TRAGI TRAGI	TERALIS ITERALIS JUTEAL JUTEAL	-	0 I	10 SC	ALE)
DATE:	ALLERGIES:												
CHECKED BY:		TIME :	0701 :			TIME	:1501: : VOL			1	2301 - 1 VOL		
Ringers Lactate 1000 ml 30 mL per H	L with 20 mEq KCI at	THVIL .	 							THVIL	I		. 1111
Ringer's Lactate 1000 m or equal to 22. Notify su volume needed.	L PRN mean PAP less than rgeon if greater than 1 L						 	 			 		
tobramycin IV x 48 hou Pharmacy to calculate do	rs. Give first dose NOW. ose & frequency.		 	į į				!	 - -		 		
cefazolin (ANCEF)	g IV Q H x total doses	5	 		 		 	 	 		 -		
vancomycin (VANCOC) x total doses. First dose due:	(N) g IV Q H			 			 	 	 				
neosynephrine (PHENY mL NS. Titrate to keep S	LEPHRINE) 20 mg per 250 SBP greater than 90												
nitroprusside (NIPRIDE Titrate to keep SBP less (may double concentrate											i i		
niCARdipine (CARDEN titrate to keep systolic BI concentrate drip)	E) 25 mg in 250 mL D5W P less than 150. (May double							 					
epinephrine 2.5 mg per 2 Titrate to keep SBP grea above or equal to 2 (may	250 mL NS ter than 90 or cardiac index double concentrate drip)		 - 				: 	: 	 		 		
VIA CENTRAL LINE For K less than 3.2 give 100 mL sterile water ove Repeat level, call MD if	40 mEq KCI in er 2 H level less than 3.2												
VIA CENTRAL LINE For K 3.2 or greater, but 40 mEq in 100 mL steril Repeat level in 2 H	less than 3.7 give potassium e water IV over 2 H		 - - -										
VIA CENTRAL LINE For K 3.7 or greater, but KCI in 100 mL sterile w Repeat level in 2 H	less than 3.9 give 20 mEq ater over 1 H				 						 		
		Т	otal 07	01 – 1	500	Т	Cotal 15	01 – 23	300	Tot	tal 2301	- 070	00
										2	24 Hour	Total	

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Cardiovascular Surgery Post	Op Orders		Pa	age 5 of 5
INIT/ISIGNATURE/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	1 1 '
DATE:	ALLERGIES:			
CHECKED BY:		9701 - 1500 TIME: VOL: ID: INF	.1501:- 2300 TIME: VOL: ID: INF	2301 - 0700 TIME: VOL: ID: INF
VIA CENTRAL LINE For magnesium= 1.8 to 1 magnesium sulfate in 50 Repeat Mg in AM as sch VIA CENTRAL LINE	1.9 give 16 mEq (2 g) mL SW IV over 2 H eduled	THE VOL ID INT	THAL YOU ID IN	THRE. VOL : ID : INF
For magensium = 1.6 to 1 magnesium sulfate in 50	1.7 give 24 mEq (3 g) mL D5W IV over 3 H leduled or PRN arrhythimias			
VIA CENTRAL LINE For magensium= 1.3 or 1 magnesium sulfate in 10 IV over 4 H Repeat Mg 1	ess give 32 mEq (4 g) 0 mL SW level; if less than 1.3 call MD			
VIA CENTRAL LINE For magnesium= 1.4 to 1 magnesium sulfate in 10 Mg level after infusion	1.5 give 32 mEq (4 g) 0 mL SW IV over 4 H; Repeat			
VIA CENTRAL LINE For calcium less than 1 g calcium chloride IV in 10 Repeat Ca in AM	give 2 g 00 mL NS over 1 H;			
VIA CENTRAL LINE For calcium 1 to 1.3 give chloride in 100 mL NS o Repeat Ca in AM	e 1 g calcium over 1 H;			
Albumin 5% infuse 500 For volume replacement needed for volume replacement	mL ; May repeat 500 mL if cement.			
nitroglycerin 50 mg per 2 3 to 5 mL per H or	250 mL D5W drip at			
regular Insulin 100 Units insulin protocol	s per 100 mL NS as per			
		Total 0701 1500	Total 1501 – 2300	Total 2201 0700
		Total 0701 - 1500	10tai 1501 – 2500	Total 2301 - 0700