Height_____________________
Weight_____________________
Allergies____________________

If appropriate for patient condition, please consider the following order sets:
Hydration Order for Reducing Risk of Radiocontrast Induced Nephrotoxicity Physician Order #683
Per Pre Anesthesia Testing Protocol Physician Order #009
Initiate Medical Staff Approved Urinary Catheter Protocol #967

In addition, if appropriate for this patient:
- Stop or hold therapeutic anticoagulation
- Stop heparin infusion 4 to 6 hours prior to surgery
- Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
- Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

General: Inpatient  Pre-op

Case Request

[ ] Case request operating room

Case Request
REQUIRED: Primary Provider_______________________
REQUIRED: Location_____________________________
REQUIRED: Procedure____________________________
REQUIRED: Pre-op Diagnosis_______________________
REQUIRED: Pre-op Risk Screen Complete?___________

Vital Signs

[ ] Vital signs

Routine, Per unit routine, Starting today, Pre-op

[ ] Frequent vital signs

Indication:
Q15 minutes x (# of occurrences):
Q30 minutes x (# of occurrences):
Q1 hour x (# of occurrences):
Q2 hours x (# of occurrences):
Q4 hours x (# of occurrences):
Then: Per unit routine
Pre-op, Until discontinued, Starting today

SAH, SCH, SFH, SJMC & Harrison Cardiac Pulse Monitoring (Pre-Op)

[ ] Pulse Oximetry

Routine, Once, Starting today
Keep O2 saturation greater than or equal to:
Pre-op

[ ] Continuous Pulse Oximetry

Routine, Until discontinued, Starting today
Keep O2 saturation greater than or equal to:
Pre-op

[ ] Cardiac monitoring

Routine, Until discontinued, Starting today, Pre-op

[ ] Other

Consent

[ ] Nursing communication

Routine, Once, Starting today For 1 Occurrences, Hospital consent form completed and signed in physician's office. Please place on chart., Pre-op

Provider Initial:_______________________
[ ] Consent form signed
  Routine, Once, Starting today For 1 Occurrences
  Indicate one of the following to confirm the patient/representative
  has given informed consent for blood products.
  Please place on chart., Pre-op

[ ] Other

**Diet**

[X] Diet NPO
  Diet effective midnight, Starting tomorrow at 12:01 AM
  NPO Except:
  Diet Comments:
  Pre-op

[ ] Other

**Nursing Interventions**

[ ] Instruct patient in PCA machine use
  Routine, Until discontinued, Starting today, Pre-op

[ ] Instruct patient in drain care and management
  Routine, Once, Starting today, Pre-op

[ ] Retention Catheter Panel
  [ ] Insert urinary retention catheter
    Routine, As needed, Starting today, Insert as needed for
    inability to void or feelings of discomfort or distention.
    Initiate Medical Staff Approved Urinary Catheter Protocol.,
    Pre-op

  [ ] Urinalysis with culture, if indicated, upon insertion
    Daily, Starting today with First Occurrence Include Now For
    2 Occurrences
    Obtain a UA-R upon insertion and repeat UA-R prior to 48
    hours post-insertion., Pre-op

[ ] Supplies to OR with patient
  Routine, Until discontinued, Starting today
  Cervical Supplies:
  Pre-op

[ ] Other

**Respiratory Interventions**

[X] Instruct patient in incentive spirometry use
  Routine, Until discontinued, Starting today, Pre-op

[ ] Oxygen therapy
  Routine, Continuous, Starting today
  Use protocol:
  O2 Delivery Method: Nasal cannula
  Titrate to saturation of: 92%
  Indications for O2: Hypoxemia
  Indicate LPM/FiO2:
  Pre-op

[ ] Other

**Special Preoperative Instructions**

[ ] Patient position in OR
  Routine, Until discontinued, Starting today
  Supplies:
  Pre-op

[ ] Apply device
  Routine, Once, Starting today
  Device: Cervical collar
  Type:
  Extremity:
  Extremity:
  Length:
  Pre-op

[ ] Nursing communication
  Routine, Until discontinued, Starting today, Pre-op

Provider Initial: ____________________________
# Inpatient Pre-op Orders: Used to have tests done pre-operatively day of surgery

## Pre-Anesthesia Testing Protocol

[X] Initiate Pre-Anesthesia Testing Protocol Physician Order #009  
[] Other

## Chemistry: Pre-Op Testing

- [ ] Basic metabolic panel  
  - Once, Starting today, Pre-op
- [ ] Comprehensive metabolic panel  
  - Once, Starting today, Pre-op
- [ ] hCG, serum, qualitative  
  - Once, Starting today, Pre-op
- [ ] Other

## Hematology: Pre-Op Testing

- [ ] CBC, no diff (hemogram)  
  - Once, Starting today, Pre-op
- [ ] Hematocrit  
  - Once, Starting today, Pre-op
- [ ] Other

## Coagulation: Pre-Op Testing

- [ ] Activated partial thromboplastin time  
  - Once, Starting today, Pre-op
- [ ] Protime-INR  
  - Once, Starting today, Pre-op
- [ ] Other

## Microbiology: Pre-Op Testing

- [ ] MRSA PCR Screen  
  - Once, Starting today
  - Contact precautions, if indicated, per MRSA Screening protocol, Pre-op
  - Specimen Source Required
- [ ] MRSA culture  
  - Once, Starting today
  - Culture suspected infection per protocol, Pre-op
  - Specimen Source Required

## Urine: Pre-Op Testing

- [ ] Urinalysis with culture, if indicated  
  - Once, Starting today, Pre-op
- [ ] Urine HCG  
  - Once, Starting today, Pre-op
- [ ] POCT pregnancy, urine  
  - Routine, Once, Starting today, Pre-op
- [ ] Other

Blood: Pre-Op Testing

- [ ] Type and screen  
  - Once, Starting today For 1 Occurrences, Pre-op
  - Has the patient been transfused within the last 90 days? ____ Required

Provider Initial: ____________________________
Ortho/Neuro Pre-Operative [3040574]
Ortho/Neuro Pre Operative  [3040574]

**PHYSICIAN ORDERS**

**PATIENT INFORMATION**

**Type and Crossmatch**
- Once, Starting today For 1 Occurrences, Pre-op
- Number of units to prepare: ____________ Required
- Reason for blood: ______________________ Required
- Blood product type needed: ____________ Required
- Patient has predonated autologous pRBCs? ______ Required
- Has the patient been transfused within the last 90 days? ______ Required
- Has the patient been pregnant within the past 90 days? ______ Required
- Expected transfusion date, if known: ______________________
- Location where transfusion will occur: ______________________

*Chest: Pre-Op Testing*

[ ] X-ray chest PA and lateral
- Routine, 1 time imaging, Starting today For 1
- Reason for Exam: ______________________ Required
- Is the patient pregnant? ______ Required
- Reason for Exam (USE SIGNS AND SYMPTOMS): ______________________
- Transport Mode: ______________________ Pre-op

[ ] X-ray chest AP portable
- Routine, 1 time imaging, Starting today For 1
- Reason for Exam: ______________________ Required
- Is the patient pregnant? ______ Required
- Reason for Exam (USE SIGNS AND SYMPTOMS): ______________________
- Transport Mode: ______________________
- Transport Mode: Bed

**Cardiac Studies: Pre-Op Testing**

[ ] ECG 12 lead unit performed
- Routine, Once, Starting today
- Reason for Exam (Signs & Symptoms): ______ Required
- Pre-op

**Ambulatory PAT Orders: Used to have tests done prior to day of surgery**

**Pre-Anesthesia Testing Protocol**

[ ] Initiate Pre-Anesthesia Testing Protocol Physician Order #009
- Routine, Clinic Performed, Pre-Admit Testing

**Pre-Admit Testing Chemistry**

[ ] Comprehensive metabolic panel
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

[ ] Basic metabolic panel
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

[ ] hCG, serum, qualitative
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

**Pre-Admit Testing Hematology**

[ ] CBC and differential
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

[ ] Hematocrit
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

**Pre-Admit Testing Coagulation**

[ ] Activated partial thromboplastin time
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

[ ] Protime-INR
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

**Pre-Admit Testing Urine**

[ ] Urinalysis with culture, if indicated
- Routine, Lab Collect, Expires: 6/30/15, Pre-Admit Testing

[ ] Pregnancy, urine (UCG)
- Routine, Clinic Collect, Expires: 6/30/15, Pre-Admit Testing
**PHYSICIAN ORDERS**

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Procedure/Order</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>POCT pregnancy, urine</td>
<td>Routine, Pre-Admit Testing</td>
</tr>
<tr>
<td>Type and screen</td>
<td>ASAP, Lab Collect, Expires: 6/30/15, Pre-Admit Testing</td>
</tr>
<tr>
<td>Chest: Pre-Admission Testing</td>
<td>Expiration: 6/30/15, Routine, Ancillary Performed, Pre-Admit Testing Requires</td>
</tr>
<tr>
<td>X-ray chest PA and lateral</td>
<td>Expires: 6/30/15, Routine, Ancillary Performed, Pre-Admit Testing Requires</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>SAH, SCH, SFH, SJMC &amp; HIGHLINE Cardiac Studies: Pre-Admission Testing</td>
<td></td>
</tr>
<tr>
<td>ECG 12 lead unit performed</td>
<td>Routine, Once, Starting today Reason for Exam: Required Pre-Admit Testing</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Harrison IP Cardiac Studies-Ortho Preop</td>
<td></td>
</tr>
<tr>
<td>Urinalysis with culture, if indicated</td>
<td>Routine, Lab Collect, Expires: 6/30/15</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>PAT Glucose Management</td>
<td></td>
</tr>
<tr>
<td>POCT hemoglobin</td>
<td>Routine, Pre-Admit Testing</td>
</tr>
<tr>
<td>POCT glucose</td>
<td>Routine, Pre-Admit Testing</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>VTE Prophylaxis: Pre-op</td>
<td></td>
</tr>
<tr>
<td>Place sequential compression device</td>
<td>Routine, Until discontinued, Starting today Stocking Type: Knee high Apply SCD's: Both legs Pre-op</td>
</tr>
<tr>
<td>Place TED hose</td>
<td>Routine, Until discontinued, Starting today Stocking type: Leg choice: Pre-op</td>
</tr>
<tr>
<td>Reason for No VTE Prophylaxis (Mech)</td>
<td>Reason for no VTE prophylaxis (mechanical): Note to provider: Reason required to be in in compliance with CMS SCIP guidelines</td>
</tr>
<tr>
<td>Highline Pre-op VTE Prophylaxis Mechnical</td>
<td></td>
</tr>
<tr>
<td>Place sequential compression device</td>
<td>Routine, Until discontinued, Starting today Stocking Type: Knee high Apply SCD's: Both legs Pre-op</td>
</tr>
<tr>
<td>Reason for No VTE Prophylaxis (Mech)</td>
<td>Reason for no VTE prophylaxis (mechanical): Required Note to provider: Reason required to be in in compliance with CMS SCIP guidelines</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Provider Initial:** ____________________________

Page 5 of 9

Ortho/Neuro Pre-Operative [3040574]
**Pre-op VTE Prophylaxis Pharmacological**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin (porcine) injection 5,000 units/mL</td>
<td>5,000 Units, SubCutaneous, Once, For 1 Doses, Pre-op</td>
<td>On admission to surgical unit Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enoxaparin (LOVENOX) syringe 30 mg</td>
<td>30 mg, SubCutaneous, Once, For 1 Doses, Pre-op</td>
<td>On admission to surgical unit Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enoxaparin (LOVENOX) syringe 40 mg</td>
<td>40 mg, SubCutaneous, Once, For 1 Doses, Pre-op</td>
<td>On admission to surgical unit Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for No VTE Prophylaxis (Pharm)**

Reason for no VTE prophylaxis (pharmacological): High risk of bleeding  
Note to provider: Reason required to be in compliance with CMS SCIP guidelines

**IV Fluids: Pre-op**

**Pre-op IV Fluids**

<table>
<thead>
<tr>
<th>Fluid</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>lactated ringers infusion</td>
<td>125 mL/hr, IntraVENous, Continuous, Pre-op</td>
<td>If renal failure patient use 0.9% sodium chloride (Normal Saline) Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium chloride 0.9% (NS) infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-op, Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lidocaine (XYLOCAINE) 1 % local injection</td>
<td>0.5-2 mL, SubCutaneous, As needed, local anesthetic for IV access, Pre-op, Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications: Pre-op**

**Pre-op Other Medications**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol sulfate 2.5 mg/3 mL (0.083 %) nebulizer solution</td>
<td>2.5 mg, Nebulization, Every 2 hour PRN, wheezing, Pre-op</td>
<td>Give prior to surgery Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>famotidine (PEPCID) IV syringe</td>
<td>20 mg, IntraVENous, at 300 mL/hr, Once, For 1 Doses, Pre-op</td>
<td>Give prior to surgery Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Harrison pharmacy consult- SCIP antibiotics**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ceFAZolin (ANCEF) IV</td>
<td>1 g, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>To be given by anesthesia within 60 minutes of incision and within 120 minutes for Vancomycin Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ceFAZolin (ANCEF) IV - (for patients greater than 80 kg)</td>
<td>2 g, IntraVENous, Once, For 1 Doses, Pre-op (for patients greater than 80 kg)</td>
<td>To be given by anesthesia within 60 minutes of incision and within 120 minutes for Vancomycin Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-op Clindamycin 600 mg - Vancomycin 1 g Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PHYSICIAN ORDERS**

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Provider Initial:</th>
<th>PHYSICIAN ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ortho/Neuro Pre-Operative</strong></td>
<td></td>
</tr>
<tr>
<td>[ ] clindamycin (CLEOCIN) IV syringe 600 mg, IntraVEnous, Once, For 1 Doses, Pre-op IF PCN allergic plus Documented Beta-Lactam Allergy. To be given by anesthesia within 60 minutes of incision and within 120 minutes for Vancomycin. Routine</td>
<td></td>
</tr>
<tr>
<td>[ ] vancomycin (VANCOCIN) IVPB 250 mL (base) 1,000 mg, IntraVEnous, for 60 Minutes, Once, For 1 Doses, Pre-op IF PCN allergic plus Documented Beta-Lactam Allergy. To be given by anesthesia within 60 minutes of incision and within 120 minutes for Vancomycin. (Clinical Indication required). Indication for Use: (trough goal in parenthesis): Routine</td>
<td></td>
</tr>
</tbody>
</table>

| () Pre-op Clindamycin 900-Vanco Panel |  |
| [ ] clindamycin (CLEOCIN) IV syringe 900 mg, IntraVEnous, Once, For 1 Doses, Pre-op To be given by anesthesia within 60 minutes of incision, and within 120 minutes for Vancomycin. ( If PCN Allergic PLUS Documented Beta-Lactam Allergy) For patients greater than 100 kg. Routine |  |
| [ ] vancomycin IVPB 1 g, IntraVEnous, Once, For 1 Doses, Pre-op To be given by anesthesia within 60 minutes of incision, and within 120 minutes for Vancomycin. ( If PCN Allergic PLUS Documented Beta-Lactam Allergy). Indication for Use: (trough goal in parenthesis): Routine |  |

**Glucose Management Preop**

| [ ] Hemoglobin A1c Once, Starting today, Pre-op |  |
| [ ] POCT glucose Routine, 4 times daily before meals and at bedtime, Starting today, Pre-op |  |

| () Hypoglycemia Protocol Panel Preop |  |
| [ ] Hypoglycemia Protocol (Blood glucose less than 70 mg/dL) Routine, As needed, Starting today. 1. If patient awake and able to take PO-give 4 oz of clear regular soda (i.e. Sprite) 2. If patient awake and unable to take PO-give 25 ml 50% dextrose in water (D50W) IV push 3. If patient obtunded (due to hypoglycemia)-give 50 ml 50% dextrose in water (D50W) IV push 4. Recheck blood glucose in 15 minutes. If blood glucose less than 70 mg/dL, repeat above treatment. Recheck blood glucose every 30 minutes until greater than or equal to 80 mg/dL. 5. If glucose remains less than 70 mg/dL after 2 doses of soda/dextrose, then notify provider, Pre-op |  |
| [ ] dextrose 50 % IV 25-50 mL, IntraVEnous, As needed, low blood sugar, Pre-op 1. If patient awake and unable to take PO-give 25 ml 50% dextrose in water (D50W) IV push. 2. If patient obtunded (due to hypoglycemia)-give 50 ml 50% dextrose in water (D50W) IV push. Routine |  |
| [ ] Insulin Regular Corrcion Scale (Novolin R) Preop (Single Response) CHOOSE ONE |  |

Provider Initial: ____________________
<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Units</th>
<th>Subcutaneous</th>
<th>Admin Instructions</th>
<th>Pre-op Instructions</th>
<th>Blood Sugar Range</th>
<th>Total Daily Dose</th>
<th>Insulin Scale</th>
<th>Administration</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) insulin regular (NOVOLIN R) injection (LOW DOSE SUB-Q SCALE)</td>
<td>2-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) insulin regular (NOVOLIN R) injection (MEDIUM DOSE SUB-Q SCALE)</td>
<td>3-15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) insulin regular (NOVOLIN R) injection (HIGH DOSE SUB-Q SCALE)</td>
<td>4-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Insulin Aspart Correction Scale (Novo Log) Preop (Single Response)**

CHOOSE ONE
<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Units per Dose</th>
<th>Subcutaneous</th>
<th>Needed</th>
<th>High Blood Sugar</th>
<th>Pre-op</th>
<th>Check Frequency</th>
<th>Unit Increase</th>
<th>NPO Check Frequency</th>
<th>Blood Sugar Limits</th>
<th>Total Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin aspart (NovoLOG) injection (LOW DOSE SUB-Q SCALE)</td>
<td>2-10 Units, Subcutaneous, As needed, high blood sugar, Pre-op</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
<td>Blood Sugar [mg/dL] Low Dose - Total Daily Dose Under 40 Units/Day</td>
<td>150-200</td>
<td>2 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>201-250 4 units</td>
<td>6 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>301-350 8 units</td>
<td>Over 350-Notify MD 10 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Will this be administered via an insulin pump? Routine</td>
<td></td>
</tr>
<tr>
<td>Insulin aspart (NovoLOG) injection (MEDIUM DOSE SUB-Q SCALE)</td>
<td>3-15 Units, Subcutaneous, As needed, high blood sugar, Pre-op</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
<td>Blood Sugar [mg/dL] Medium Dose - Total Daily Dose 40 - 80 Units/Day</td>
<td>150-200</td>
<td>3 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>201-250 6 units</td>
<td>9 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>301-350 12 units</td>
<td>Over 350-Notify MD 15 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Will this be administered via an insulin pump? Routine</td>
<td></td>
</tr>
<tr>
<td>Insulin aspart (NovoLOG) injection (HIGH DOSE SUB-Q SCALE)</td>
<td>4-18 Units, Subcutaneous, As needed, high blood sugar, Pre-op</td>
<td>If fingerstick blood glucose over 180 mg/dL for 2 consecutive checks increase correction insulin scale to next higher dose. If NPO check blood glucose every 6 hours</td>
<td>Blood Sugar [mg/dL] High Dose - Total Daily Dose Over 80 Units/Day</td>
<td>150-200</td>
<td>4 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>201-250 8 units</td>
<td>11 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>301-350 15 units</td>
<td>Over 350-Notify MD 18 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Will this be administered via an insulin pump? Routine</td>
<td></td>
</tr>
</tbody>
</table>

---

Date: ________ Time: ________ Printed Name of Ordering Provider: ____________________________________________________________

Provider Signature: ____________________________________________________________

Date: ________ Time: ________ RN Acknowledged: ____________________________________________________________

Provider Initial: ________________