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PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	DKA and HYPEROSMOLAR - CLINICAL PATHWAY: DAY 1 — PAGE 1 of 2
		DATE: TIME: (Military Time)
		DIAGNOSIS: DKA and HYPEROSMOLAR
		ALLERGIES
		VS q 1 hour
		ACTIVITY: Bedrest
		ADMIT TO ICU / 2S
		ADMISSION WEIGHT
		NPO
		LABS - IF NOT DONE IN ER:
		STAT CBC with Diff, BMP, Lipid Profile
		STAT Serum Ketones, HgbAIC, UA
		ABGs
		CXR
		EKG
		Intake and Output
		Accuchek q 1 hour x first 12 hours, then q 2 hours for next 12 hours
		IV FLUIDS
		#1 - Bolus 1000 ml NS over 1 hour
		#2 - 1000 ml NS over next 2 hours
		#3 - 1000 ml NS over next 4 hours
		Change above fluids to D 5 1/2 NS or D 5 W if BS = 250 or less
		#4 - 1000 ml 1/2 NS or D 5 1/2 NS @ 150-200 ml / hour

FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____,MD Date _____
		Nurse's Signature / Title_____

Military Time > >

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PART OF THE MEDICAL RECORD

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PATIENT IDENTIFICATION

Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	DKA and HYPEROSMOLAR - CLINICAL PATHWAY: DAY 1 *(Continued)* PAGE 2 of 2
		DATE: **TIME:** (Military Time)
		OTHER IV ORDERS: **1.**
		2.
		MEDICATIONS:
		INSULIN: Regular Human Insulin
		_____ Units IV as Bolus followed by
		Regular Human Insulin - 100 units in 100ml NS (1 unit per 1 ml)
		_____ Units/Hour as Drip until BS 250 mg/dl then
		_____ Units/Hour as Drip to maintain BS in 150-250 range
		Continue for 24 hours
		OTHER MEDICATIONS:
		CONSULTATIONS:
		Case Management Consult
		Dietary Consult
		Diabetes Educator Consult

FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____,MD Date _____
		Nurse's Signature / Title_____

Military Time > >

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