

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.

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	UNCONTROLLED DIABETES - CLINICAL PATHWAY	: DAY 1 PAGE 1 of 2
	manscribed		DATE: TIME:	(Military Time)
			DIAGNOSIS: UNCONTROLLED DIABETES	
PATIENT IDENTIFICATION				
			ALLERGIES	
			ACTIVITY: OOB as tolerated	
			VS q 4 hours x 24 hours	
			ADMISSION WEIGHT	
			ADA Diet calories	
			LABS - IF NOT DONE IN ER:	
			1. CBC with Diff	
			2. BMP	
			3. HgbA1C	
			4. UA	
			5. Lipid Profile	
			Additional labs / tests:	
			Accuchek AC & HS	
			Intake and Output	
			CONSULTS: 1. Dietary	
FAXED BY/TIME:	TIME NOTED		2. Diabetes Educator (Initiate Diabetes t	eaching)
FAXED BY/IIME:	I IIWIE NOTED	į	-	ate
			Nurse's Signature / Title	

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Military Time > >



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	Lacii	Check (√) Pharmacy	UNCONTROLLED DIABETES - CLINICAL PATHWAY: DAY 1					
	Order As Transcribed	Orders	(continued		PAGE 2 of 2			
			DATE:	TIME:	(Military Time)			
		MEDICATIONS:						
			Sliding scale coverage with Regular Human Insulin SQ					
PATIENT IDENTIFICATION			1/2 hour AC and HS SQ					
			Blood Glucose Level (mg/dl) Insulin Dose (units)					
			0	- 150				
			1	51 - 200				
			2	01 - 250				
			2	51 - 300				
			3	01 - 350				
			3	51 - 400				
			>	401				
I DE								
EN.								
PA								
FAXED BY/TIME:	TIME NOTED	:	Doctor's Signat	ure,MD_Da	ate			
				ure / Title				

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