Physician Orders ADULT: Insulin Sliding Scale Plan

Initiate Orders Phase
Non Categorized
  R  Powerplan Open

Care Sets/Protocols/PowerPlans
  ☐ Initiate Powerplan Phase
    Phase: Insulin SENSITIVE Sliding Scale Phase, When to Initiate: __________________________
  ☐ Initiate Powerplan Phase
    Phase: Insulin STANDARD Sliding Scale Phase, When to Initiate: __________________________
  ☐ Initiate Powerplan Phase
    Phase: Insulin STANDARD Sliding Scale Phase, When to Initiate: __________________________

Insulin SENSITIVE Sliding Scale Phase
Care Sets/Protocols/PowerPlans
  ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)*

Insulin STANDARD Sliding Scale Phase
Care Sets/Protocols/PowerPlans
  ☐ Insulin STANDARD Sliding Scale Plan(SUB)*

Insulin RESISTANT Sliding Scale Phase
Care Sets/Protocols/PowerPlans
  ☐ Insulin RESISTANT Sliding Scale Plan(SUB)*

________________________________   ___________________________   ______________________________________  __________
Date                                Time                               Physician’s Signature                           MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order