

STANDING ORDER FOR HYPOGLYCEMIA BANNA HOSPITAL

Progress Note	Date time	Order for one day	Date time	Order for continuation
		<input type="checkbox"/> Admit..... <input type="checkbox"/> CBC ,BUN ,Cr, Elyte, BS <input type="checkbox"/> Serum lactate <input type="checkbox"/> Serum Cortisol <input type="checkbox"/> UA <input type="checkbox"/> DTX Stat =.....mg% <input type="checkbox"/> 50% Glucose 50 ml. IV Push <input type="checkbox"/> 10% DN/2 1000 ml IV rateml/hr <input type="checkbox"/> 5% DN/2 1000 ml IV rateml/hr <input type="checkbox"/> DTX next push Glucose 30 min=.....mg% <input type="checkbox"/> DTX q 1 hr. X 4 hr. ๙๙๓ keep 80-250mg% <input type="checkbox"/> CXR <input type="checkbox"/> EKG 12 leads		<input type="checkbox"/> Diet..... <input type="checkbox"/> Record V/S , I/O q̄ 4 hr <input type="checkbox"/> DTX premeal , hs Keep 80 – 250 mg% <input type="checkbox"/> If GCS drop ≥ 2 - Lack of Co - ordination - Sweat and Palpitation Please notify <u>Med</u>
Name of Patient	Age	H.N.	A.N.	
Department of Service	Ward/Bed	Attending Physician		