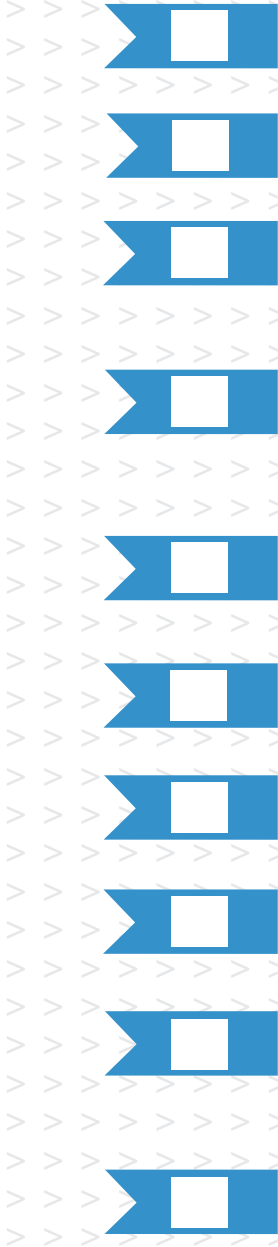


ADE Top 10 Checklist



1. Standardize concentrations and minimize dosing options where feasible.
2. Set dosing limits for insulin and opioids.
3. Set target glucose levels at 140-180 mg/dL in the hospitalized patient.
4. Eliminate "sliding scale" insulin as the sole method of glycemic management. Manage all patients with basal+bolus+correction if eating, and basal + correction if not.
5. Seek new insulin orders for any patient with a single episode of inpatient hypoglycemia (less than 70 mg/dL).
6. Coordinate meal and insulin times.
7. Implement pharmacist-driven warfarin management.
8. Use standard opioid equi-analgesic conversion tables.
9. Use standard order sets to avoid multiple concurrent prescriptions of opioids and sedatives.
10. Use effective tools to reduce over-sedation from opioids (e.g., risk assessment tools such as "STOP BANG" and sedation assessment tools such as the Richmond Agitation Sedation Scale or the Pasero Opioid-Induced Sedation Scale).