Stell, Dan
MR 8413758
DOB 5/27/xx

Example: Protocol driven SC Insulin Order Set – (Institutional insulin choices will vary.)

1. **Diagnosis:** ☐ Uncontrolled (glucose > 180 mg / dL) –or– ☐ Controlled
Diabetes type: ☒ T1DM ☐ T2DM –☐ Stress/situational hyperglycemia

2. **Glycemic Target (pre-meal)** ☐ 90 – 130 mg/dL ☒ 100 – 150 mg / dL (hypoglycemia risk factors)

3. **Monitoring** ☐ HbA1c (order if not available in last 30 days and no recent transfusion.)
POC Glucose testing ☒ q ac & hs (eating) ☐ q 6 hours (tube feeding or NPO) ☐ Other_____

4. **Any diet ordered needs to meet constant carbohydrate standard (see separate orders for specific diet.)**

5. ☒ **Discontinue all other anti-hyperglycemic agents (recommended in most situations.)**

6. **Consultation and Education - <u>all</u> patients: education protocol per nursing**
☐ Glycemic team consult (pager ___) ☐ Nutritionist consult (ext ____) ☐ Diabetes Educator consult (pager ____)

7. **Estimate Total Daily Dose (TDD) of insulin (dose patient would need with <u>full</u> nutritional intake.)**

Total Daily Dose _____ units (see reverse for assistance in estimating TDD)

8. **<u>Basal</u> Glargine (Lantus®) dose** 8 **units q** ☒ **HS** ☐ **AM**
Or ☐ **NO basal insulin (do not use this option in Type 1 DM or if glucose consistently above target range!)**
Dosing guidance: 50% x TDD (NPO or eating) 40% x TDD (tube feeding)
Give basal glargine insulin even if patient is NPO (when dosed by protocol). Don't mix glargine with other insulin.

9. **<u>Nutritional</u> Insulin:** *Dosing guidance: **if NPO** or clear liquids = **NO nutritional insulin***
***If eating** full meals: 50% of TDD in 3 divided doses of **lispro (Humalog ®) {q AC}** - 60% of TDD if bolus TF*
*If on full dose **continuous tube feedings**: 60% of TDD in 4 divided doses of **Regular insulin {q 6 hours}***
REDUCE DOSE ESTIMATE for REDUCED or UNCERTAIN NUTRITION

☒ Lispro (Humalog ®) insulin SC with: (for eating patients)	4 units Breakfast	4 units Lunch	4 units Dinner	
☐ Regular insulin SC q 6 hours: (for continuous enteral nutrition)	_____units 0600	_____units 1200	_____units 1800	_____units 2400
☐ Give NO scheduled nutritional SC insulin (patients with no significant nutrition)				

Hold nutritional insulin if nutrition is interrupted (e.g. NPO status for tests, tube feeds are interrupted, etc.).
If a patient has an order for a diet, but it is suspected that the patient may not tolerate a meal (based on pre-meal nursing assessment), give the nutritional insulin *after* the patient has attempted to eat, in proportion to the amount of the meal consumed.
Insulin administration times: Lispro: within 15 minutes of eating Regular: 30 minutes before eating

10. **<u>Correction</u> Insulin:** ☒ **Correction dose insulin as per scale indicated below** ☐ **No correction insulin**
Regular insulin SC q 6 hours **if NPO or continuous tube feeding**, Insulin **lispro** q ac & HS if **eating or on bolus tube feeds**. To be administered in addition to scheduled insulin dose to correct pre-meal hyperglycemia.

Glucose	☐ Low Dose TDD ≤ 40 units/day	☐ Medium Dose TDD 40-80 units /day	☒ High Dose TDD >80 units/day	☐ Other	☐ Bedtime (if eating, lispro)
< 70 mg/dl	Follow hypoglycemia protocol, give half of scheduled nutritional amount				
70-175 mg/dl	No change	No change	No change		0
176-200 mg/dl	+1 units	+2 units	+4units		0
201-225 mg/dl	+2 units	+4 units	+6 units		1 unit lispro
226-250 mg/dl	+3 units	+6 units	+8 units		2 units lispro
251-300 mg/dl	+4 units	+8 units	+10 units		3 units lispro
301-350 mg/dl	+5 units	+10 units	+12 units		4 units lispro
351-400 mg/dl	+6 units	+12 units	+14 units		5 units lispro
> 400 mg/dl	*Give same amount as in above row and notify ordering physician.*				

11. **Hypoglycemia Protocol for all patients with suspected hypoglycemia or glucose < 70 mg/dL**
If patient can take PO, give 15 grams of fast acting carbohydrate (4oz fruit juice/non diet soda, 8oz low fat milk, or 3 glucose tablets)
If patient cannot take PO, give 25ml of D50 as IV push: if no IV access, administer glucagon 1 mg IM.
Check finger capillary glucose q15 minutes and repeat above if BG<80: Examine regimen, recent nutritional intake, and risk factors for hypoglycemia. **Modify baseline regimen if appropriate.**

Signature / ID # Q Smith **Date / Time** 4/12/xx