

Tell, Dianne
MR 3413758
DOB 7/27/xx

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

- Diagnosis:** Uncontrolled (glucose > 180 mg / dL) -or- Controlled
Diabetes type: T1DM T2DM Stress/situational hyperglycemia
- Glycemic Target (pre-meal)** 90 – 130 mg/dL 100 – 150 mg / dL (hypoglycemia risk factors)
- 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 _____
- Any diet ordered needs to meet constant carbohydrate standard (see separate orders for specific diet.)
- Discontinue all other anti-hyperglycemic agents (recommended in most situations.)
- Consultation and Education - all patients: education protocol per nursing**
 Glycemic team consult (pager ___) Nutritionist consult (ext ___) Diabetes Educator consult (pager ___)
- Estimate Total Daily Dose (TDD) of insulin (dose patient would need with full nutritional intake.)**

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

- Basal Glargine (Lantus®) dose** 10 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.

- Nutritional 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

<input checked="" type="checkbox"/> Lispro (Humalog ®) insulin SC with: (for eating patients)	<u>4</u> units Breakfast	<u>4</u> units Lunch	<u>4</u> units Dinner	
<input type="checkbox"/> Regular insulin SC q 6 hours: (for continuous enteral nutrition)	_____ units 0600	_____ units 1200	_____ units 1800	_____ units 2400
<input type="checkbox"/> 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

- Correction 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	<input type="checkbox"/> Low Dose TDD ≤ 40 units/day	<input checked="" type="checkbox"/> Medium Dose TDD 40-80 units /day	<input type="checkbox"/> High Dose TDD >80 units/day	<input type="checkbox"/> Other	<input type="checkbox"/> 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.				

- 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 # D Scott Date / Time 4/12/xx