ORDEF	RS FOF	R TREATM	ENT						
STAT	/ NOW								
CIRCLE NA		RUG IF A NT IS NOT ACCI	EPTABLE						
DATE	TIME	DIA	BETES MEL	LITUS—ADULT	SUBCUTANEC	DUS INSULIN	CORRECTION	I DOSE (Page 1	of 3)
		(PLEASE CHECK ALL THAT APPLY)							
		Admitting	MD:			Attending	g MD:		
_		Team:		Sr. Resi	dent:		Intern:		
		below.						alized Algorithm	from choices
		- Preme dose - Low d - Mediu - High d	eal correction to correct pro ose Algorithm m dose Algor lose Algorithm	dose Algorithmemeal hyperglyon is for patients rithm is for patients is for patients in is for patients	cemia. requiring less the ents requiring 40 requiring more	mia: to be ad han 40 units o	ministered in a f insulin/day. nsulin/day.	d). ddition to schedi	uled insulin
				ithm is for other		I		1	
		□ Low dose A Premeal Blood Glucose	Algorithm Additional Insulin	☐Medium dos Premeal Blood Glucose	se Algorithm Additional Insulin	□High dose Premeal Blood Glucose	Algorithm Additional Insulin	□Individualize Premeal Blood Glucose	d Algorithm Additional Insulin
		150 - 199	2 units	150 - 199	2 units	150 - 199	3 units	150 - 199	
		200 - 249	3 units	200 - 249	4 units	200 - 249	5 units	200 - 249	
		250 - 299	5 units	250 - 299	7 units	250 - 299	9 units	250 - 299	
		300 - 349	7 units	300 - 349	10 units	300 - 349	13 units	300 - 349	
		More than 349	8 units	More than 349	12 units	More than 349	16 units	More than 349	
		Bedside Blood Glucose Checks will be done four times daily (within 30 minutes prior to meal before bedtime) unless otherwise indicated: Do not use insulin correction dose before bedtime. Once daily (within 30 minutes prior to breakfast) Twice daily (within 30 minutes prior to breakfast and evening meal) Three times daily (within 30 minutes prior to meals) If glucose is greater than 180mg/dL two consecutive times, move to next higher algorithm. If glucose is greater than 180mg/dL two consecutive times, call physician.						· algorithm.	nd
				ut signature. da		Date/	/Time	e:Beep	er #

MeritCare Health System
ORDERS FOR TREATMENT

CIRCLE NAME OF DRUG IF A
GENERIC EQUIVALENT IS NOT ACCEPTABLE

DIABETES MELLITUS — ADULT SUBCUTANEOUS INSULIN CORRECTION DOSE (Page 2 of 3)
(PLEASE CIRCLE/ CHECK ALL THAT APPLY)
General rule: order the patient's usual dose of glargine (Lantus) or detemir (Levemir)
glargine (LANTUS)units subcutaneous at(patient's home scheduled time) (write time on above line)
OR
2. Insulin detemir(LEVEMIR)units subcutaneous at (patient's home scheduled time (write time on above lihe)
OR
3. Order the patient's usual basal insulin pump rate: Set insulin pump rate atUnits per hour
Initiate Diabetes Mellitus - Hypoglycemia orders.
1. Is patient responsive?:
NO and has IV access: give 25 grams 50% dextrose IV, check blood glucose, and CALL MD.
NO and has no IV access: give glucagon 1 mg IM, check blood glucose, establish IV access, and
CALL MD.
YES: Go to # 2.
2. Check blood glucose:
Blood glucose less than 70: YES and able to take food: give 15-30 grams carbohydrate* and recheck blood
glucose in 15 minutes. Go to #3.
YES, nothing by mouth, and has IV access: give 25 grams 50% dextrose IV and
recheck blood glucose in 15 minutes. Go to #3.
YES, nothing by mouth, has no IV access, does not have liver failure: give
glucagon 1mg IM, establish IV access, and recheck blood glucose in 15
minutes. Go to #3. CALL MD.
YES, nothing by mouth, has no IV access, has liver failure: establish IV access
and CALL MD.
NO: re-evaluate.
Provider
Orders not valid without signature, date and time

MeritCare Health System
ORDERS FOR TREATMENT

STAT	/ NOW
 U .,	,

CIRCLE NAME OF DRUG IF A
GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	DIABETES MELLITUS — ADULT SUBCUTANEOUS INSULIN CORRECTION DOSE (Page 3 of 3)						
		(PLEASE CHECK ALL THAT APPLY) 3. Recheck blood glucose:						
		Blood glucose less than 70: YES and able to take food: repeat 15-30 grams carbohydrate* and CALL MD.						
		YES and nothing by mouth: repeat 25 grams 50% dextrose IV and CALL MD.						
		NO, able to take food, and meal or snack due in more than 1 hour: give 15-30 gram						
		carbohydrate*.						
		NO, able to take food, and meal or snack due in less than 1 hour: serve meal or						
		snack as scheduled.						
		* Sources of 15 grams carbohydrate: 4 oz. fruit juice or 8 oz. skim milk or 4 oz. soda pop (NOT diet) or 1 slice						
		bread or 1 tablespoon honey or 15 grams glucose gel or 3 glucose tablets.						
		ProviderDate//Time:Beeper # Order not valid without signature, date and time						

For reference general insulin dosing recommendations:

Patients with type 1 diabetes

This patient must have insulin to prevent ketosis. Even if the patient is not eating, the patient will need at least basal insulin (NPH/glargine/detemir) to prevent ketosis.

- When admitting a patient with type 1 diabetes, continue the same basal dose of insulin that the patient was taking at home. If the patient will be NPO, use an insulin infusion rather than subcutaneous insulin. The prandial insulin (Regular/insulin aspart) may require adjustment depending on the patient's situation. If the patient is eating much less the prandial insulin will need to be reduced. Many hospitalized patients are under significant metabolic stress (infection, glucocortoids, etc.) and may require larger doses of prandial insulin despite eating less.
- If a patient is newly diagnosed the usual daily insulin requirement is 0.5 0.7 unit/kilogram/day. Half or 50% should be given as basal insulin and the remainder as prandial insulin.
- Patients with type 2 diabetes
 - If the patient is using insulin at home, continue the outpatient regimen and adjust as needed.
 - If the patient has not been using insulin previously, the usual total daily insulin requirement is
 0.4 1 unit/kilogram/day.
 - Individual insulin doses vary widely and adjustments should be made based on bedside blood glucose levels and also consider eating status, metabolic stress (infection, glucocorticoids, etc.)