

ORDERS FOR TREATMENT

STAT / NOW

CIRCLE NAME OF DRUG IF A

GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	DIABETES MELLITUS—ADULT SUBCUTANEOUS INSULIN CORRECTION DOSE (Page 1 of 3)																																																								
		(PLEASE CHECK ALL THAT APPLY)																																																								
		Admitting MD: _____ Attending MD: _____																																																								
		Team: _____ Sr. Resident: _____ Intern: _____																																																								
		<p>Insulin subcutaneous correction dose: Must choose low, medium, high or individualized Algorithm from choices below.</p> <ul style="list-style-type: none"> - All correction doses are given subcutaneously with insulin aspart (NOVOLOG). - Premeal correction dose Algorithm for hyperglycemia: to be administered in addition to scheduled insulin dose to correct premeal hyperglycemia. - Low dose Algorithm is for patients requiring less than 40 units of insulin/day. - Medium dose Algorithm is for patients requiring 40-80 units of insulin/day. - High dose Algorithm is for patients requiring more than 80 units of insulin/day. - Individualized Algorithm is for other dosing <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2"><input type="checkbox"/> Low dose Algorithm</th> <th colspan="2"><input type="checkbox"/> Medium dose Algorithm</th> <th colspan="2"><input type="checkbox"/> High dose Algorithm</th> <th colspan="2"><input type="checkbox"/> Individualized Algorithm</th> </tr> <tr> <th>Premeal Blood Glucose</th> <th>Additional Insulin</th> <th>Premeal Blood Glucose</th> <th>Additional Insulin</th> <th>Premeal Blood Glucose</th> <th>Additional Insulin</th> <th>Premeal Blood Glucose</th> <th>Additional Insulin</th> </tr> </thead> <tbody> <tr> <td>150 - 199</td> <td>2 units</td> <td>150 - 199</td> <td>2 units</td> <td>150 - 199</td> <td>3 units</td> <td>150 - 199</td> <td></td> </tr> <tr> <td>200 - 249</td> <td>3 units</td> <td>200 - 249</td> <td>4 units</td> <td>200 - 249</td> <td>5 units</td> <td>200 - 249</td> <td></td> </tr> <tr> <td>250 - 299</td> <td>5 units</td> <td>250 - 299</td> <td>7 units</td> <td>250 - 299</td> <td>9 units</td> <td>250 - 299</td> <td></td> </tr> <tr> <td>300 - 349</td> <td>7 units</td> <td>300 - 349</td> <td>10 units</td> <td>300 - 349</td> <td>13 units</td> <td>300 - 349</td> <td></td> </tr> <tr> <td>More than 349</td> <td>8 units</td> <td>More than 349</td> <td>12 units</td> <td>More than 349</td> <td>16 units</td> <td>More than 349</td> <td></td> </tr> </tbody> </table> <p>Bedside Blood Glucose Checks will be done four times daily (within 30 minutes prior to meals and before bedtime) unless otherwise indicated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not use insulin correction dose before bedtime. <input type="checkbox"/> Once daily (within 30 minutes prior to breakfast) <input type="checkbox"/> Twice daily (within 30 minutes prior to breakfast and evening meal) <input type="checkbox"/> Three times daily (within 30 minutes prior to meals) <input type="checkbox"/> _____ <input type="checkbox"/> If glucose is greater than 180mg/dL two consecutive times, move to next higher algorithm. <input type="checkbox"/> If glucose is greater than 180mg/dL two consecutive times, call physician. 	<input type="checkbox"/> Low dose Algorithm		<input type="checkbox"/> Medium dose Algorithm		<input type="checkbox"/> High dose Algorithm		<input type="checkbox"/> Individualized Algorithm		Premeal Blood Glucose	Additional Insulin	Premeal Blood Glucose	Additional Insulin	Premeal Blood Glucose	Additional Insulin	Premeal Blood Glucose	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	
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MeritCare Health System
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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 grams 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.
		Provider _____ Date ____/____/____ Time ____:____ Beeper # _____ Order not valid without signature, date and time
		<ul style="list-style-type: none"> ● For reference general insulin dosing recommendations: <ul style="list-style-type: none"> ● Patients with type 1 diabetes <p>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.</p> <ul style="list-style-type: none"> - When admitting a patient with type 1 diabetes, continue the same basal dose of insulin that the patient was taking at home. <u>If the patient will be NPO, use an insulin infusion rather than subcutaneous insulin.</u> 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, glucocorticoids, 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 <ul style="list-style-type: none"> - 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.)

