

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Diabetes Insulin Management

Version 5 01/31/19

General

- This order set must be used with an admission order set if patient not already admitted
- For critically ill patients with diabetes mellitus or nondiabetic hyperglycemia, use insulin therapy (eg, insulin infusion protocol) to achieve a target blood glucose between 140 and 180 mg/dL (7.8 and 10 mmol/L)

Nursing Orders

Point of Care Capillary Blood Glucose

- 4 times a day, before meals and at bedtime and prn symptoms of hypoglycemia
- 3 times a day, before meals and prn symptoms of hypoglycemia
- every 6 hours if NPO or clear diet and prn symptoms of hypoglycemia
- IF Glucose is less than or equal to 70 mg/dL: Initiate Hypoglycemia Treatment Protocol and notify provider
- Notify provider if patient is changed to NPO status for adjustment to insulin and IV fluid orders
- Notify provider if blood glucose greater than or equal to 350 mg/dL
- For Nutritional Insulin administration, patients with gastroparesis or inconsistent eating, dose can be administered up to 30 minutes after meal
- Do not give correction insulin at bedtime

Medications: Insulins

- CALCULATE Insulin Total Daily Dose on worksheet attached
- Discontinue all prior insulin and oral hypoglycemic agents

Basal Insulins (Type I needs basal insulin even while NPO)

insulin detemir (LEVEMIR)

- ___ unit subcutaneously once a day, at bedtime (Notify provider if glucose is less than 100 mg/dL prior to giving dose. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol)
- ___ unit subcutaneously once a day, in the morning (Notify provider if glucose is less than 100 mg/dL prior to giving dose. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol)
- ___ unit subcutaneously every 12 hours (Notify provider if glucose is less than 100 mg/dL prior to giving dose. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol)

Nutritional Insulin

insulin lispro (HUMALOG)

- ___ unit subcutaneously once a day with breakfast; (Hold if patient is NPO or if glucose is less than 70 mg/dL HOLD insulin, start Hypoglycemia Treatment Protocol and notify provider)
- ___ unit subcutaneously once a day with lunch; (Hold if patient is NPO or if glucose is less than 70 mg/dL HOLD insulin, start Hypoglycemia Treatment Protocol and notify provider)
- ___ unit subcutaneously once a day with dinner; (Hold if patient is NPO or if glucose is less than 70 mg/dL HOLD insulin, start Hypoglycemia Treatment Protocol and notify provider)

Initials _____

(place patient label here)

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Insulin Correction Level

insulin lispro (HUMALOG)

Low Dose Correction	Medium Dose Correction	High Dose Correction	Custom Dose Correction
<input type="checkbox"/> AC with meals* <input type="checkbox"/> NPO Q6Hour* *Check glucose at HS but DO NOT give insulin unless ordered. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol	<input type="checkbox"/> AC with meals* <input type="checkbox"/> NPO Q6Hour* *Check glucose at HS but DO NOT give insulin unless ordered. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol	<input type="checkbox"/> AC with meals* <input type="checkbox"/> NPO Q6Hour* *Check glucose at HS but DO NOT give insulin unless ordered. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol	<input type="checkbox"/> AC with meals* <input type="checkbox"/> NPO Q6Hour* *Check glucose at HS but DO NOT give insulin unless ordered. If glucose is less than 70 mg/dL, start Hypoglycemia Treatment Protocol
141-180 mg/dL 0 unit 181-220 mg/dL 2 units 221-260 mg/dL 3 units 261-300 mg/dL 5 units 301-350 mg/dL 7 units greater than 350 mg/dL: Call Provider	141-180 mg/dL 2 units 181-220 mg/dL 4 units 221-260 mg/dL 6 units 261-300 mg/dL 8 units 301-350 mg/dL 10 units greater than 350 mg/dL: Call Provider	141-180 mg/dL 4 units 181-220 mg/dL 7 units 221-260 mg/dL 10 units 261-300 mg/dL 13 units 301-350 mg/dL 15 units greater than 350 mg/dL: Call Provider	141-180 mg/dL ___ units 181-220 mg/dL ___ units 221-260 mg/dL ___ units 261-300 mg/dL ___ units 301-350 mg/dL ___ units greater than 350 mg/dL: Call Provider

Laboratory

Admission labs or labs to be obtained now:

- GLYC-HEMOGLOBIN (HGB A1C)
- Microalbumin/creatinine ratio, urine

Consults

- Consult to diabetes inpatient educator regarding: _____
- Consult to diabetes outpatient educator regarding: _____
- Consult to dietitian regarding: _____

Provider Signature: _____ Date: _____ Time: _____