

(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: _____

OB Type 1 Diabetes Post-Partum

Version 2 7/8/2014

Nursing Orders

- Point of Care Capillary Blood Glucose , fasting AM and 2 hours post prandial and as needed for signs and symptoms of hypo/hyperglycemia
- Point of Care Urine Dipstick for Ketones, if capillary blood sugar greater than 250 mg/dL

Notify provider

- IF decrease level of consciousness
- IF for blood glucose greater than 250 mg/dL
- IF Glucose is less than or equal to 70 mg/dL: Initiate Hypoglycemia Treatment Protocol and Notify Provider
- Other _____

Medications

Insulins: Rapid-acting

insulin lispro (HUMALOG)

- 0.05 unit/kilogram subcutaneously 3 times a day, with meals

Insulins - Corrective-Dose

insulin lispro (HUMALOG) subcutaneous correction level:

- Low Dose Correction:
 - 150-199 mg/dL 1 unit;
 - 200-249 mg/dL 2 unit;
 - 250-299 mg/dL 3 unit;
 - 300-349 mg/dL 4 unit;
 - 350- 399 mg/dL 5 unit

- Medium Dose Correction:
 - 150-199 mg/dL 2 unit;
 - 200-249 mg/dL 3 unit;
 - 250-299 mg/dL 5 unit;
 - 300-349 mg/dL 7 unit;
 - 350- 399 mg/dL 8 unit

- High Dose Correction:
 - 150-199 mg/dL 3 unit;
 - 200-249 mg/dL 4 unit;
 - 250-299 mg/dL 7 unit;
 - 300-349 mg/dL 10 unit;
 - 350- 399 mg/dL 12 unit

Insulins: Intermediate- and Long-acting

insulin detemir (LEVEMIR)

- ___ unit/kilogram subcutaneously 2 times a day
- ___ unit/kilogram subcutaneously once a day, at bedtime
- ___ unit subcutaneously 2 times a day

Provider Signature: _____ Date: _____ Time: _____