

(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: \_\_\_\_\_

**Pediatric-Diabetes Management**

**Version 6 5/29/2014**

**General**

- This pediatric order set is suggested for use in patients 1 month through 17 years of age and less than 50 kilograms
  - Patient Weight: \_\_\_\_\_

**Nursing Orders**

- Point of Care: Capillary Blood Glucose: before every meal, snack, at bedtime and at 0200
- Notify provider: if capillary blood glucose less than 80 mg/dL or greater than 350 mg/dL
- IF Capillary Blood Glucose is less than or equal to 70 mg/dL: Initiate Pediatric Hypoglycemia Treatment Protocol and Notify Provider
- Other: \_\_\_\_\_

**Diet**

- Regular Diet with 3 snacks a day
- Other: \_\_\_\_\_

**IV Fluids**

- Sodium Chloride 0.45% IV with 20 milliequivalent of K acetate + 13.6 millimoles KPhos (20 milliequivalents K) per liter \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Other: \_\_\_\_\_

**Medications**

Insulins: Scheduled Basal Insulins

Age less than 6 years

insulin detemir (LEVEMIR):

- 0.3 unit/kilogram per day subcutaneously at breakfast

Age 6-12 years

insulin detemir (LEVEMIR):

- 0.4 unit/kilogram per day subcutaneously at bedtime

Age greater than 12 years

insulin detemir (LEVEMIR):

- 0.5 unit/kilogram per day subcutaneously at bedtime

Custom Levemir Dosing

insulin detemir (LEVEMIR):

- \_\_\_ unit subcutaneously at breakfast
- \_\_\_ unit subcutaneously at bedtime

Insulin Correction Level (Suggested for age less than or equal to 12 years [pre-pubescent])

Carbohydrate and Pre-meal/snack Correction

insulin lispro (HUMALOG)

- 1 unit subcutaneously 3 times a day, with meals for every \_\_\_\_\_ gram carbohydrate AND give additional 1 unit for every 50mg/dL over 150 mg/dL three times a day with meals
- 1 unit subcutaneously as directed with snacks for every \_\_\_\_\_ gram carbohydrate AND give additional 1 unit for every 50mg/dL over 150 mg/dL as directed with snacks

0200 Correction

insulin lispro (HUMALOG)

Initials \_\_\_\_\_

(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

- Give additional 1 unit for every 50mg/dL over 200 mg/dL at 0200

Insulins - Corrective-Dose (Suggested for age 13 or greater [post-pubescent])  
Carbohydrate and Pre-meal/snack Correction

insulin lispro (HUMALOG)

- 1 unit subcutaneously 3 times a day, with meals for every \_\_\_\_ gram carbohydrate AND give additional 1 unit for every 50mg/dL over 100 mg/dL three times a day with meals
- 1 unit subcutaneously as directed with snacks for every \_\_\_\_ gram carbohydrate AND give additional 1 unit for every 50mg/dL over 100 mg/dL as directed with snacks

0200 Correction

insulin lispro (HUMALOG)

- Give additional 1 unit for every 50mg/dL over 150 mg/dL at 0200

**Insulins : Infusion Pump**

- Home Insulin Infusion Pump: Continue home settings

**Laboratory**

Admission labs or labs to be obtained now:

- Comprehensive metabolic panel
- Magnesium level, plasma
- Phosphorus level, plasma
- Hemoglobin A1c (HbA1c)
- Other: \_\_\_\_\_

Morning Draw:

- Basic metabolic panel
- Other: \_\_\_\_\_

**Consults**

- Provider to provider notification preferred.
- Consult to diabetes educator

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_