

Allergies: _____

Admission/ Dosing Weight (Fill in weight) _____ Kg

GOAL Blood Glucose (BG) = 80 - 150 mg/ dL – OR – _____

- Hemoglobin A1C (GHGB) – if not drawn on this admit

BASAL SCHEDULED INSULIN:

- **BASAL INSULIN with SubQ Glargine (Lantus):**

Therapy is initiated for AM/ AC breakfast BG greater than 150 mg/ dL and continues until discontinued by physician order.

When initiated, write date and initial on insulin flow sheet and notify pharmacist. Administer Basal Insulin daily at 0900.

√	WT (KG)	SubQ Glargine (Lantus) Dose
<input type="checkbox"/>	50 KG or less	6 units
<input type="checkbox"/>	51 – 70 KG	8 units
<input type="checkbox"/>	71 - 90 KG	13 units
<input type="checkbox"/>	91 - 110 KG	20 units
<input type="checkbox"/>	111 KG or more	28 units

- Discontinue above basal insulin order if physician orders scheduled long-acting insulin (e.g. glargine) or intermediate-acting insulin (e.g. NPH, Regular U500, Novolin 70/30).

- OR -

- NO above BASAL INSULIN (must check box to activate)

SCHEDULED INSULIN:

- Other Insulin: _____

CORRECTION INSULIN SLIDING SCALE DOSE and BG MONITORING:

- **BG AC/ HS and cover with SubQ Lispro (Humalog) Insulin**

If patient is eating (at minimum ½ clear liquid tray at each meal), or eating and on bolus enteral nutrition, check BG at AC/ HS and cover with correction insulin sliding scale. If correction coverage needed at HS, recheck BG at 0300 and cover with correction insulin sliding scale, if needed.

- **BG every 6 hours and cover with SubQ Regular Insulin**

If patient is NPO, taking sips of clear liquids throughout the day, or on TPN or continuous enteral nutrition, then check BG every 6 hours and cover with correction insulin sliding scale.

CORRECTION INSULIN SLIDING SCALE DOSE: (Correction insulin is in addition to scheduled SubQ insulin):

(Check box/ fill in to activate) If no box checked, then initiate Dose Algorithm based on weight (check appropriate box):

√		131 - 150 mg/ dL	151 - 180 mg/ dL	181 - 240 mg/ dL	241 - 300 mg/ dL	301 - 350 mg/ dL	Greater than 350 mg/ dL
<input type="checkbox"/>	Low Dose Algorithm (weight <70 KG or < 40 units/ day)	0	2 units	4 units	6 units	8 units	10 units & call physician
<input type="checkbox"/>	Moderate Dose Algorithm (weight 70-85 KG or 41-80 units/ day)	2 units	4 units	6 units	8 units	10 units	12 units & call physician
<input type="checkbox"/>	High Dose Algorithm (weight >85 KG or >80 units/ day)	3 units	6 units	9 units	12 units	15 units	18 units & call physician
<input type="checkbox"/>	Patient Specific Algorithm						

MANAGING COMPLICATIONS:

- If BG 40 mg/ dL or less repeat BG X 1, administer Dextrose 50% 25 mL IV over 2 minutes. Obtain stat BG lab draw (GLU). Do not delay treatment for lab draw. Recheck BG every 15 minutes until BG greater than 100 mg/ dL. Notify physician with laboratory confirmation
- If BG 41 – 70 mg/ dL, repeat BG X 1, administer 15 g carbohydrate snack or Dextrose 50% 25 mL IV over 2 minutes if NPO. Recheck BG every 15 minutes until BG greater than 100 mg/ dL. Notify physician
- If BG greater than 400 mg/ dL, repeat BG X 1. Obtain stat BG lab draw (GLU) and cover per sliding scale. Notify physician with laboratory confirmation

Physician Signature

Date

Time



SUBQ SLIDING SCALE INSULIN ORDERS

P0158C (Rev 1209) White - Chart Yellow - Pharmacy

BASAL INSULIN (GLARGINE) DOSING GUIDELINES AND RECOMMENDATIONS

- Consider prandial insulin and basal insulin if patient on insulin prior (to admission or previous days)
- *Patient Specific* Basal Insulin Recommendation:
Basal insulin = 40 - 50% of Total Daily Dose (TDD)
 - Calculate TDD = amount of insulin administered over the last 24 hours.
(40 - 50% of TDD should be ordered as glargine administered daily at 0900)
- *General* Basal Insulin Recommendation (when patient specific history not available or unclear):
Basal insulin = 40 - 50% of TDD
 - TDD = 0.2 - 0.3 units/ kg/ day (hypoglycemia risk factors, insulin naïve patients)
 - TDD = 0.4 units/ kg/ day (most patients)
 - TDD = 0.5 - 0.6 units/ kg/ day (overweight to obese patients)
(40 - 50% of TDD should be ordered as glargine administered daily at 0900)

HYPOGLYCEMIA MANAGEMENT

Patients who experience hypoglycemia will be treated as follows

Blood Glucose (BG) 40 mg/ dL or less

- Repeat BG X 1
- Immediately give Dextrose 50% 25 mL IV over 2 minutes
- Obtain STAT Lab BG (GLU)
 - Key Point → A STAT Lab should be drawn per lab policy, unless physician orders specify otherwise.
DO NOT DELAY TREATMENT for lab draw
- Repeat BG every 15 minutes and treat per protocol based on BG level until BG greater than 100 mg/ dL
- Notify physician with laboratory confirmation

Blood Glucose (BG) 41 – 70 mg/ dL

Treat as appropriate

Patient able to eat:

- Repeat BG X 1
- Give 15 g carbohydrate
- Recheck BG every 15 minutes until BG greater than 100 mg/ dL
- Give 15 g carbohydrate snack until BG greater than 100 mg/ dL
- Notify physician

Patient unable to eat (NPO):

- Repeat BG X 1
- Give Dextrose 50% 25 mL IV over 2 minutes
- Recheck BG every 15 minutes until BG greater than 100 mg/ dL
- Repeat Dextrose 50% 25 mL IV until BG greater than 100 mg/ dL
- Notify physician