

**PHYSICIAN'S ORDERS  
DIABETIC ORDERS**

768-22.18 (10-2008)

**PLEASE ADDRESS INSULIN DRIPS ON STANDARD PHYSICIAN'S ORDER SHEET**

TODAY'S ORDER DATE: \_\_\_\_\_

TIME ORDERED: \_\_\_\_\_ AM / PM

NEW ORDER

CHANGE TO EXISTING ORDER

HgbA1C

PATIENT HAS NO INSULIN REQUIREMENTS

**CAUTION: HIGH-ALERT DRUG**  
(Requires a double-check)

**PRANDIAL INSULIN REGIMENS / MEALTIME**  Subcutaneous

Insulin	Breakfast	LUNCH	DINNER	BEDTIME	OTHER: _____ AM / PM
Lispro (HumaLOG) (Give with meals)	Units	Units	Units	Units	Units
Regular (HumuLIN R) (Give 30mm prior to meals)	Units	Units	Units	Units	Units
HumaLOG MIX 75/25 (Give with meals)	Units	Units	Units	Units	Units
HumuLIN MIX 70/30 (Give 30 min prior to meals)	Units	Units	Units	Units	Units
Other: _____	Units	Units	Units	Units	Units

**BASAL / LONG-ACTING INSULIN REGIMENS**  Subcutaneous

Giargine (LantUS)	Units	Units	Units	Units	Units
NPH (HumuLIN N)	Units	Units	Units	Units	Units
Other: _____	Units	Units	Units	Units	Units

**HIGH-POTENCY INSULIN** \*\*\*\* HumuLIN U-500\*\*\* (this insulin is 5 times more concentrated than Regular insulin)

\_\_\_\_\_ UNITS = \_\_\_\_\_ mL SC \_\_\_\_\_ (MUST be ordered in units AND mLs per policy)

**SUBCUTANEOUS SLIDING SCALE REGIMENS:**

REGULAR INSULIN WILL BE GIVEN UNLESS INSULIN LISPRO (HumaLOG) SPECIFIED HERE: \_\_\_\_\_

FREQUENCY:  AC AND HS  Q 6 HOURS  X 48° PER STROKE PROTOCOL  OTHER: \_\_\_\_\_

Glucose level (mg/dL)	<input type="checkbox"/> Low Dose Regimen	<input type="checkbox"/> Medium Dose Regimen	<input type="checkbox"/> High Dose Regimen	<input type="checkbox"/> Very High Dose Regimen	<input type="checkbox"/> Other
< 70	Hypoglycemia Protocol and call Physician	Hypoglycemia Protocol and call Physician	Hypoglycemia Protocol and call Physician	Hypoglycemia Protocol and call Physician	
70 – 140	0	0	0	0	
141 – 200	2 units	3 units	5 units	6 units	
201 – 250	4 units	6 units	10 units	15 units	
251 – 300	6 units	9 units	14 units	18 units	
301 – 350	8 units	12 units	17 units	21 units	
351 – 400	10 units	16 units	20 units	25 units	
> 400	Call Physician	Call Physician	Call Physician	Call Physician	

**\*\*CALL PHYSICIAN IF PATIENT'S FOOD INTAKE, TUBE FEEDING RATE, TPN/PPN RATE, OR IV DEXTROSE RATE HAS CHANGED\*\***

**SUPPLEMENTAL (ONE-TIME) DOSES: Give \_\_\_\_\_ UNITS of \_\_\_\_\_ insulin SC / IV NOW.**

**FOR BLOOD SUGARS < 70 MG/DL: \*\*\*SEE REVERSE SIDE FOR HYPOGLYCEMIA PROTOCOL\*\*\***

If clinically symptomatic and BS is > 70, follow the above protocol. Some poorly controlled patients may have symptomatic hypoglycemia with above-normal blood glucose levels.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

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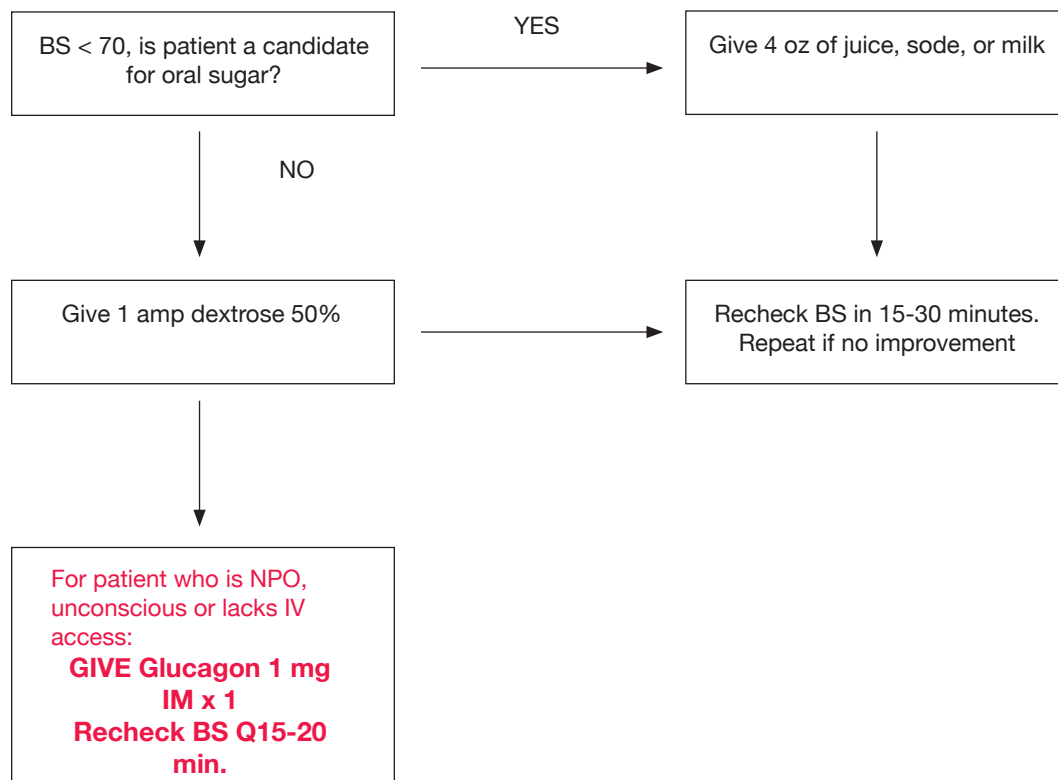
# HYPOGLYCEMIA PROTOCOL

## (FOR BLOOD SUGAR LESS THAN 70 MG/DL)

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For patients with the following symptoms of hypoglycemia, draw a stat fingerstick glucose:

- Slurred speech
- Rapid heart rate
- Weakness
- Nervousness/Tremors
- Headache
- Sweating (cool)
- Confusion/Disorientation
- Hungar
- Coma



If clinically symptomatic and BS is < 70, follow the above protocol. Some poorly-controlled patients may have symptomatic hypoglycemia with above-normal blood glucose levels.

1. American Diabetes Association. Standards of Medical Care in Diabetes – 2008. *Diabetes Care*. 2008;31:S12-S54.
2. American Sociaety of Health-System Pharmacists (ASHP). Professional practice recommendations for safe use of insulin in hospitals–2005. Available at: [http://www.ashp.org/s\\_ashp/docs/files/Safe\\_Use\\_of\\_Insulin.pdf](http://www.ashp.org/s_ashp/docs/files/Safe_Use_of_Insulin.pdf).