PHYSICIAN’S ORDERS

ALLERGIES

I hereby authorize the pharmacy to dispense a generic equivalent unless the particular drug is checked.

PHYSICIAN

Physicians: Please draw a line through any orders not desired.

Hospital Regular Insulin Sliding Scale Protocol

Routine protocol dosing and monitoring are subcutaneous administration and four times daily (ACHS or Q6H) monitoring.

Note to Prescribing Physician: For patients currently receiving insulin as outpatients, please fill out number 1. If insulin regimen is unknown, see #5 below.

1. Add up all the insulin the patient takes in one day (short plus long acting) Total Insulin _______ Units
2. Weight of patient in Kilograms [1 KG=2.2 lb] Patient Wt. _______ Kg
3. Divide patient’s weight in Kg into the total insulin patient takes in one day _______ Units _______ Kg
4. Find the calculated Units/Kg in the table and check the box for the insulin coverage on that row.

<table>
<thead>
<tr>
<th>Units/Kg from #3</th>
<th>001-120</th>
<th>121-150</th>
<th>151-200</th>
<th>201-250</th>
<th>251-300</th>
<th>301-350</th>
<th>351-400</th>
<th>&gt;400</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.8</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>&lt;1.2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>&lt;1.5</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>&lt;2</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. NOTE: If patient is not currently being treated with insulin OR current insulin regimen is unknown, check the box corresponding to the <0.8 conversion factor (i.e., use the lowest scale).
6. Check blood glucose with bedside monitor 30 minutes before meals and at bedtime OR every six hours if patient not eating. Patient must receive insulin before beginning meals.
7. Once the meal tray is at bedside, administer human regular insulin subcutaneously according to the table above.
8. If the glucose result is >400 mg/dl or <40 mg/dl obtain stat serum glucose level from lab and call MD with the result.
9. Treat glucose <70mg/dL per protocol.

Hypoglycemia Protocol

I) Objective: To promptly reverse hypoglycemia in a consistent and therapeutically appropriate manner.

II) Definition: Hypoglycemia refers to the condition of a blood glucose level <70mg/dL by fingerstick or laboratory draw with or without symptoms i.e. shakiness, rapid heartbeat, sweating, confusion.

III) Treatment:
A. For a patient who is able to tolerate PO treatment, give 15 grams of quick-acting carbohydrate (4 oz. fruit juice, 4 oz. non-diet soda, or 8 oz. milk)
B. If the patient cannot take PO treatment due to unconsciousness or combativeness, give ½ to 1 amp D50 IV push or 1 mg glucagon injection IM.
C. Check fingerstick glucose level 15 minutes after treatment.
D. Repeat A through C until glucose level is ≥90mg/dL.

IV) Documentation: Notify M.D. regarding hypoglycemic episodes and document notification and treatment in patient’s medical record.

Medical Records

HOSPITAL
Healthcare System

PHYSICIAN’S ORDERS
FORM 1-1012 (495)