**PHYSICIAN'S ORDER SHEET**

**UNCONTROLLED DIABETES - CLINICAL PATHWAY: DAY 1**

<table>
<thead>
<tr>
<th>Check (✓) Each Order As Transcribed</th>
<th>Check (✓) Pharmacy Orders</th>
</tr>
</thead>
</table>

**DATE:**   **TIME:**  

**DIAGNOSIS:** UNCONTROLLED DIABETES

**ALLERGIES**

**ACTIVITY:** OOB as tolerated

**ADMISSION WEIGHT**

**ADA Diet** ________ calories

**LABS - IF NOT DONE IN ER:**

1. CBC with Diff
2. BMP
3. HgbA1C
4. UA
5. Lipid Profile

**Additional labs / tests:**

Accuchek AC & HS

**Intake and Output**

**CONSULTS:**

1. Dietary
2. Diabetes Educator (Initiate Diabetes teaching)

**FAXED BY/TIME:**

**TIME NOTED:**

Doctor's Signature __________________________, MD Date __________

Nurse's Signature / Title ______________________

**PART OF THE MEDICAL RECORD**
### UNCONTROLLED DIABETES - CLINICAL PATHWAY: DAY 1 (continued)

**DATE:**                            **TIME:**

**MEDICATIONS:**

- Sliding scale coverage with Regular Human Insulin SQ
- 1/2 hour AC and HS SQ
- Blood Glucose Level (mg/dl) Insulin Dose (units)
  - 0 - 150
  - 151 - 200
  - 201 - 250
  - 251 - 300
  - 301 - 350
  - 351 - 400
  - > 401

**FAXED BY/TIME:**

**TIME NOTED:**

**PART OF THE MEDICAL RECORD**

**Doctor's Signature** _______________________________ MD  **Date** __________

**Nurse's Signature / Title** __________________________

**Use ball point pen only - press firmly**

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*WARNING: All orders will be fulfilled unless crossed out.*

*After each order is properly checked, fax order sheet to pharmacy whether or not orders involve medication.*