

PATIENT IDENTIFICATION LABEL

	RN Initials
In-hospital hyperglycemia is defined as any glucose value greater than 140 mg/dl.	
Initial Orders <input checked="" type="checkbox"/> Serum blood glucose on admission, if not already done in ED <input checked="" type="checkbox"/> A1C if blood glucose greater than 140 mg / dL or if known diabetes and not done in last 3 months <input type="checkbox"/> Diabetes Educator Referral <input type="checkbox"/> Upon discharge, outpatient Diabetes Education Referral <input type="checkbox"/> Discontinue oral hypoglycemia agents and non-insulin injectable diabetes medications upon admission <input checked="" type="checkbox"/> Initiate / administer basal / bolus insulin, if insulin coverage is needed beyond 48 hours	
Diet: <input type="checkbox"/> Carbohydrate balanced <input type="checkbox"/> Cardiac <input type="checkbox"/> Other: _____	
Point of Care (POC) Blood Glucose Monitoring <input type="checkbox"/> Before each meal and at bedtime (if patient is eating) <input type="checkbox"/> Every 4 hours (if patient is not eating) <input type="checkbox"/> Every 6 hours (if patient is not eating) <input type="checkbox"/> If no history of diabetes and blood glucose is greater than 140 mg / dL, or patient is receiving Corticosteroids, Octreotide, Enteral Nutrition or Parenteral Nutrition, monitor blood glucose for 48 hours. If blood glucose remains greater than 140 mg / dL, reassess need for continued blood glucose monitoring.	
Glycemic Targets: <ul style="list-style-type: none"> • Premeal blood glucose 140mg / dL and random blood glucose less than 180 mg / dL • For patients with certain conditions, a target range of less than or equal to 200 mg / dL is acceptable 	
Scheduled Subcutaneous Insulin Dose. Insulin orders as calculated by MD. Starting insulin: calculate the total daily dose as follows: <ul style="list-style-type: none"> • If age is greater than or equal to 70 years and/or glomerular filtration rate is less than 60 mL per minute, calculate 0.2 to 0.3 units per kg of body weight • If blood glucose values are 140 to 200 mg / dL, calculate 0.4 units per kg of body weight per day • If blood glucose values are greater than 201 mg / dL, calculate 0.5 units per kg of body weight per day 	
Distribute total calculated dose as approximately 50% basal insulin and 50% nutritional (prandial) insulin <ul style="list-style-type: none"> • Give basal insulin once (glargine) or twice (NPH) daily, at the same time each day. • Give rapid acting (prandial) insulin (Humalog) in three equally divided doses before each meal. • Hold prandial (Humalog) insulin if patient is not able to eat. • Adjust insulin dose(s) according to the results of the POCT measurements. 	



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Hyperglycemia Orders (Non-Critical Care and Non-Pregnant)

Scheduled Subcutaneous Insulin Orders Continued				
	Breakfast	Lunch	Dinner	Bedtime
Basal Insulin Orders	Give patient _____ units <input type="checkbox"/> Glargine (Lantus) <input type="checkbox"/> NPH insulin <input type="checkbox"/> Humalog 75 / 25		Give patient _____ units <input type="checkbox"/> NPH insulin <input type="checkbox"/> Humalog 75 / 25	Give patient _____ units <input type="checkbox"/> Glargine (Lantus) <input type="checkbox"/> NPH insulin
Prandial Insulin Orders (Give with first bite of meal. Hold if NPO)	Give patient _____ units <input type="checkbox"/> Humalog (Not for use if Humalog 75 / 25 is selected above)	Give patient _____ units <input type="checkbox"/> Humalog*	Give patients _____ units <input type="checkbox"/> Humalog (Not for use if Humalog 75 / 25 is selected above)	Give patient _____ units <input type="checkbox"/> Humalog*
Supplemental/Correction Insulin				
* Hospital Formulary Product will be used for rapid acting insulin				
If a patient is able and expected to eat all or most of his/her meals, give Humalog* insulin before each meal and at bedtime according to the POC <input type="checkbox"/> Low Scale <input type="checkbox"/> Medium Scale <input type="checkbox"/> High Scale				
If a patient is not able to eat, give Humalog* insulin according to the Point of Care testing order <input type="checkbox"/> Low Scale <input type="checkbox"/> Medium Scale <input type="checkbox"/> High Scale				
Supplemental/Correction insulin scale – subcutaneously				
	(Low)	(Medium)	(High)	
BG (mg/dl)	Insulin-Sensitive	Usual	Insulin-Resistant	
141 – 180	2	4	6	
181 – 220	4	6	8	
221 – 260	6	8	10	
261 – 300	8	10	12	
301 – 350	10	12	14	
351 – 399	12	14	16	
Greater than or equal to 400 or less than 51	Notify physician of critical results for dosing			
Greater than 600	Obtain STAT plasma / serum glucose for critical result. Notify physician for further orders			



HYPERGLYCEMIA ORDERS (NON-CRITICAL CARE and NON-PREGNANT)

*** Adopted from the Endocrine Society 2012 Clinical Practice Guidelines***

Form No. 10450 (Rev 05/13, 7/13)

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Hypoglycemia Treatment: Defined as a blood sugar 70mg / dL or less with or without symptoms.

In a patient who is *alert and able to eat or drink*

Give 15 - 20 grams of carbohydrate as:

- ½ cup (4oz) fruit juice **-OR-** 1 cup (8oz) of skim milk
- Recheck blood glucose every 15 minutes, repeat treatment until result is greater than 70 mg / dL
- Notify physician before administering next dose of diabetic medication

In a patient who is NPO, has altered level of consciousness, tube fed or unable to swallow:

Has IV access:

- Administer 25 mL Dextrose 50% solution IV push bolus over two minutes
- Repeat finger stick blood glucose in 15 minutes
- Notify physician if glucose remains less than 70 mg / dL to determine if IV Dextrose is needed.
- Notify physician before administering next dose of diabetic medication

Has no IV access:

- Administer Glucagon 1 mg / dL subcutaneously or intramuscularly
- Repeat finger stick blood glucose in 15 minutes
- May repeat Glucagon once in 15 minutes, if blood glucose remains less than 70 mg / dL:
- Notify physician if glucose remain less than 70 mg / dL to determine if IV Dextrose is needed
- Notify physician before administering next dose of diabetic medication

Licensed Independent Practitioner Signature

Date

Time

Co-Signer (if appropriate)

Date

Time

RN Initials & Signature

Date

Time

