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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: DKA Long-Acting Insulin

	PHYSICIAN ORDERS			
Diagnosi	Diagnosis			
Weight	t Allergies			
	Place an "X" in the Orders column to designate orders of choice AND ar	ı "x" in the specific orde	r detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	This plan is intended for the use of patient's ONLY in an intermediate critical			
	Patients without a history of insulin-requiring diabetes who are receiving less than 2 units/hour of IV insulin may not require transition to scheduled subcutaneous insulin.			
	Medications Medication sentences are per dose. You will need to calculate a total da	aily dose if needed		
	Insulin glargine should be given at least 2 hours before stopping insulin drip.	iny dose in needed.		
	Basal Insulin: Long-Acting Insulin			
	insulin glargine			
		units, subcut, inj, q12h		
	.Medication Management (Notify Nurse and Pharmacy)			
	Stop insulin infusion 2 hours after administration of first long-acting insulin			
	insulin, first discontinue DKA plan and THEN initiate DKA Post Infusion Ph	ase of Resolving DKA Pla	in.	
	Sliding Scale Insulin:			
	Low Dose Scale: Recommended for patients on less than 40 units of scheduled insulin/day.			
	Moderate Dose Scale: Recommended for patients on 40-100 units of scheduled insulin/day. High Dose Scale: Recommended for patients on more than 100 units of scheduled insulin/day.			
	For Patient on Regular Diet:			
	For Patient on Enteral Nutrition:			
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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Vital Signs ☐ Per Unit Standards		
	Strict Intake and Output		
	Patient Activity Up Ad Lib/Activity as Tolerated Assist as Needed Bedrest Bathroom Privileges	Bedrest Bedrest Up to Bedside C	Commode Only
	ICU Progressive Mobility Guidelines ***See Reference Text***		
	Communication		
	Notify Provider (Misc) Reason: If blood glucose decreases by more than 150 mg/dL per hou	r.	
	Notify Provider (Misc) Reason: If continuous enteral feeding, TPN, or IV insulin infusion is st	opped or interrupted.	
	Dietary		
	Oral Diet T;N, Carbohydrate Controlled (1200 calories) Diet T;N, Carbohydrate Controlled (2000 calories) Diet	T;N, Carbohydrate Contro	olled (1600 calories) Diet
	Medications		
	Medication sentences are per dose. You will need to calculate a tot For Patient on Regular Diet:	al daily dose if needed.	
	insulin aspart		
	Give 15 minutes before first bite of a meal.		
	For Patient on Enteral Nutrition:		
	insulin regular		
	units, subcut, inj, AC & nightly Give 15 minutes before first bite of a meal.		
<u> </u>	For Patient who is NPO or not eating, HOLD scheduled short/rapid-actin	a insulin	
	GI Prophylaxis		
	famotidine		
	20 mg, IVPush, inj, BID		
	Dilute to 2 mg/mL with NS. IV push over 2 min. 20 mg, PO, tab, BID		
	Laboratory		
	СВС	□ Next Day in AM, T+1;030	0, Every AM 1 days
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UMC Health System			
BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: DKA Post Insulin Infusion Phase		Patie	ent Label Here
	SUMMER		
PI	PHYSICIA lace an "X" in the Orders column to designate orders of choice AN	N ORDERS	detail box(es) where applicable
	RDER DETAILS		
	asic Metabolic Panel] Next Day in AM, T+1;0300, Every AM 3 days] Routine, T;N	Next Day in AM, T+1;0300,	Every AM 1 days
	Routine, T;N	□ Next Day in AM, T+1;0300,	Every AM 1 days
	Additional Orders		
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Physician Signature: Date Time			Time

BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Communication			
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electroly T;N, See Reference Sheet	rte Replacement Guidelines)	
	Check below to select the Aggressive Potassium, phosphate, and magnesium. May then uncheck any replacement orders not wanted.			
	Communication Order			
	Medications			
	Medication sentences are per dose. You will need to calculate a to	al daily dose if needed.		
	Replacement orders should only be used in patients with a serum creati GREATER than 0.5 mL/kg/hr	nine LESS than 2 mg/dL, and	urinary output	
	IV POTASSIUM CHLORIDE REPLACEMENT:			
	Select only ONE of the following potassium chloride replacement orders	- Aggressive or Non-Aggress	sive	
	AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses	for potassium levels 3.6 mMo	I/L to 3.9 mMoI/L:	
	potassium chloride □ 20 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 2 hr, K+ level 3.6 - 3.9 mMol/L If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCI ivpb Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.			
	potassium chloride ↓ 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is com Notify provider and check magnesium level if potassium deficiency do	pleted.	cement attempts.	
	potassium chloride □ 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCI ivpb, and CONTACT PROVIDER. Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.			
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement d potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is com Notify provider and check magnesium level if potassium deficiency do Continued on next page	lf K+ level 3.1 - 3.5 mMol/L pleted.		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY

- F	Phase: ELECTROLYTE MED PLAN - ICU ONLY			
	PHYSI			
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	potassium chloride 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L			
	If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and	CONTACT PROVIDER.		
	Repeat serum potassium level 2 hours after total replacement is c Notify provider and check magnesium level if potassium deficiency		ement attempts.	
	IV SODIUM PHOSPHATE REPLACEMENT: Use only when phospho	prous needs replacement		
	Select only ONE of the following sodium phosphate replacement ord	·	ve	
	AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for s			
	serum sodium level LESS than 145 mMol/L.		Ŭ	
	sodium phosphate 30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse	over 4 hr. For serum phosphorus	level 1 0 - 3 0 mg/dl	
	If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L			
	Repeat serum phosphorus level 6 hours after infusion completed.			
	sodium phosphate			
	☐ 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse If Phos level less than 1 mg/dL AND sodium level less than 145 m			
	Repeat serum phosphate level 6 hours after infusion completed.			
	NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Select both sodium phosphate orders to replace phos levels LESS than or equal to 2.5 mg/dL			
	sodium phosphate	over 4 br. For early pheepheric	lovel 1.0.5 mg/dl	
	30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 4 hr, For serum phosphorus level 1-2.5 mg/dL. If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol/L - Administer 30 mMol sodium phosphate.			
	Repeat serum phosphorus level 6 hours after infusion completed.			
	sodium phosphate			
	45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse over 6 hr, For serum phosphorus level LESS than 1 mg/dL. If Phos level less than 1 mg/dL AND sodium level less than 145 mMol/L - Administer 45 mMol sodium phosphate and notify provider.			
	Repeat serum phosphate level 6 hours after infusion completed.			
	IV MAGNESIUM REPLACEMENT:			
	magnesium sulfate 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr, For serum magnesium levels 1.6 - 1.9 mg/dL.			
	If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate.			
	Repeat serum magnesium level 2 hours after the infusion is completed. Continued on next page			
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: ELECTROLYTE MED PLAN - ICU ONLY

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	 magnesium sulfate 4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr, For serum magnesium levels equal to or LESS than 1.6 mg/dL. If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and NOTIFY PROVIDER if mag level is less than 1 mg/dL. Repeat serum magnesium level 2 hours after the infusion is completed. 		
	IV POTASSIUM PHOSPHATE REPLACEMENT:		
	Select only ONE of the following potassium phosphate replacement orders - Aggressive or Non-Aggressive. Nurse will contact provider for additional order IF potassium phosphate needed		
	AGGRESSIVE IV POTASSIUM PHOSPHATE - Use when only phosphorus needs replacement with hypernatremia. Replacement doses for serum phosphorus levels LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	 Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia. 		
	NON-AGGRESSIVE IV POTASSIUM PHOSPHATE REPLACEMENT - To replace phosphorus levels LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.		
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or equal to 2.5 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L, Use when only phosphorus needs replacement with hypernatremia.		
	Laboratory		
	Potassium Level		
	Phosphorus Level		
	Magnesium Level		
	Sodium Level		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: POTASSIUM CHLORIDE REPLACEMENT PLAN

PL	LAN		
	PHYSICIAN O	RDERS	
	Place an "X" in the Orders column to designate orders of choice AND a	n "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Potassium Replacement Guidelines T;N, See Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a total d ORAL POTASSIUM REPLACEMENT	ally dose if needed.	
	 potassium chloride 40 mEq, PO, tab sa, as needed, PRN hypokalemia Use oral replacement if patient is asymptomatic and able to take ORAL so replacement if ordered. 	upplementation. If contraind	icated, give IV potassium
	If K+ level less than 3.1 mMol/L -Contact provider immediately as IV repla If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give each if needed.		part to prevent GI discomfort
	Repeat potassium level with next day labs.		
	IV POTASSIUM REPLACEMENT		
	potassium chloride □ 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed.		
	potassium chloride ☐ 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider Repeat serum potassium level 2 hours after total replacement is completed.		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: VTE PROPHYLAXIS PLAN

	PHYSICIA		
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	VTE Guidelines		
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindica cated	ations for VTE below and com	plete reason contraindi
	Contraindications VTE Active/high risk for bleeding Patient or caregiver refused Anticipated procedure within 24 hours	 Treatment not indicated Other anticoagulant orde Intolerance to all VTE che 	
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High Apply to: Right Lower Extremity (RLE), Length: Knee High Apply to: Left Lower Extremity (LLE), Length: Thigh High	Apply to: Bilateral Lower	emity (LLE), Length: Knee High Extremities, Length: Thigh High tremity (RLE), Length: Thigh High
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities Apply to Right Lower Extremity (RLE)	Apply to Left Lower Extre	emity (LLE)
	Medications Medication sentences are per dose. You will need to calculate a tot	tal daily dose if needed	
	VTE Prophylaxis: Non-Trauma Dosing	tal dally dose if fleeded.	
	 enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function 		
	heparin 5,000 units, subcut, inj, q12h	☐ 5,000 units, subcut, inj, q	8h
	rivaroxaban 🗌 10 mg, PO, tab, In PM		
	warfarin 5 mg, PO, tab, In PM		
	aspirin 🛛 81 mg, PO, tab chew, Daily	☐ 325 mg, PO, tab, Daily	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use on body weight.	heparin. Pharmacy will adjus	t enoxaparin dose based
	 enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight 		
	heparin 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing		
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl	LESS than 30 mL/min	
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ORDER OFFAILS ☐ 26 mg.subcdt, syinge, q2th Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min // Image:		PHYSICIA	N ORDERS	
Implementation Implementation Implementation Implementa		Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
Definition 2.5 mg, subout, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCI LESS than 30 mL/min	ORDER	ORDER DETAILS		
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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orc	ler detail box(es) where applicable.
ORDER			
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency	🗆 AC & HS	
	AC & HS 3 days		
	BID a6h	☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Aspart Guidelines		
	Follow SSI Aspart Reference Text		
	Medications Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed	
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)		
	🛛 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parame	ters	
	Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units		
	151-200 mg/dL - 1 units subcut		
	201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut		
	301-350 mg/dL - 4 units subcut		
	351-400 mg/dL - 6 units subcut		
	If blood glucose is greater than 400 mg/dL administer 10 units subcut.	notify provider, and repeat	POC blood sugar check in 90
	minutes. Continue to repeat 10 units subcut and POC blood sugar che		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sug	ar in 4 hours and then resum	e normal POC blood sugar check and
	insulin aspart sliding scale. D 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters		
	Low Dose Insulin Aspart Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	ate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units		
	151-200 mg/dL - 1 units subcut		
	201-250 mg/dL - 2 units subcut		
	251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut		
	351-400 mg/dL - 6 units subcut		
	If blood glucose is greater than 400 mg/dL administer 10 units subcut minutes. Continue to repeat 10 units subcut and POC blood sugar che		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar		
	insulin aspart sliding scale.		ů.
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN ASPART PLAN		
	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN ASPART PLAN				
	PHYSICI	AN ORDERS			
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)				
	0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parar	neters			
	Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	-				
	If blood glucose is greater than 400 mg/dL, administer 12 units subc minutes. Continue to repeat 10 units subcut and POC blood sugar of				
	dL. Once blood sugar is less than 300 mg/dL, repeate POC blood s				
	insulin aspart sliding scale. 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70mg/dL and patient is symptomatic, in	itiate hypoglycemia guidelines a	and notify provider.		
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subc minutes. Continue to repeat 10 units subcut and POC blood sugar of				
	dL. Once blood sugar is less than 300 mg/dL, repeate POC blood s				
	insulin aspart sliding scale. 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Aspart Sliding Scale				
	If blood glucose is less than 70mg/dL and patient is symptomatic, in	itiate hypoglycemia guidelines a	and notify provider.		
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units subc minutes. Continue to repeat 10 units subcut and POC blood sugar of				
	dL. Once blood sugar is less than 300 mg/dL, repeate POC blood s				
	insulin aspart sliding scale. Continued on next page				
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN ASPART PLAN			
	PHYSICIAN ORDE	RS		
	Place an "X" in the Orders column to designate orders of choice AND an "x"	in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
ORDER ORDER DETAILS O-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 3131-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check insulin aspart sliding scale. O-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 251-300 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 251-300 mg/dL - 3 units subcut 251-300 mg/dL - 1 units subcut 251-300 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut <l< td=""></l<>				
	351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale. insulin aspart (High Dose Insulin Aspart Sliding Scale) 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.			
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN ASPART PLAN		
	PHYSICIA		
			er detail box(es) where applicable.
ORDER	ORDER DETAILS		. ,
ORDER	PRDER ORDER DETAILS □ 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 5 units subcut 201-250 mg/dL - 10 units subcut 201-250 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 10 units subcut 301-400 mg/dL - 0 units 116 bood glucose is greater than 400mg/dL, and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 0 un		
П то	If blood glucose is less than 70 mg/dL and patient is symptomatic, init 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut If blood glucose is greater than 400mg/dL, administer 14 units subcut, minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sug insulin aspart sliding scale. Continued on next page	notify provider, and repeat P ecks every 90 minutes until bl	OC blood sugar check in 90 ood glucose is less than 300 mg/
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN ASPART PLAN			
	PHYSICIAN	ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	R ORDER DETAILS			
	 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initia 	te hypoglycemia guidelines a	and notify provider.	
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut			
	If blood glucose is greater than 400mg/dL, administer 14 units subcut, r minutes. Continue to repeat 10 units subcut and POC blood sugar chec dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood suga insulin aspart sliding scale.	ks every 90 minutes until blo	bod glucose is less than 300 mg/	
	insulin aspart (Blank Insulin Aspart Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than mg/dL, initiate hypoglycemia guideline	s and notify provider.		
	70-150 mg/dL units subcut 151-200 mg/dL units subcut 201-250 mg/dL units subcut 251-300 mg/dL units subcut 301-350 mg/dL units subcut 351-400 mg/dL units subcut			
	If blood glucose greater than 400 mg/dL, administer units subcut, no minutes. Continue to repeat units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar insulin aspart sliding scale.	ecks every 90 minutes until b	lood glucose is less than 300 mg/	
	HYPOglycemia Guidelines			
	HYPOglycemia Guidelines			
	 glucose 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucos able to swallow. See hypoglycemia Guidelines. Continued on next page 	se is less than 70 mg/dL and	l patient is symptomatic and	
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	PHYSICIA	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order o	detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symtpomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.				
	 glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic AND has NO IV access. See hypoglycemia guidelines. 	and cannot swallow OR if patie	nt has altered mental status		
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	PHYSICIA	NORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency AC & HS 3 days BID q6h q4h	☐ AC & HS ☐ TID ☐ q12h ☐ q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines Follow SSI Regular Reference Text		
	Medications		
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed. insulin regular (Low Dose Insulin Regular Silding Scale) 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters Low Dose insulin Regular Silding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 301-350 mg/dL - 4 units subcut 31400 mg/dL - 6 units subcut 351-400 mg/dL - 6 units subcut If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check insulin regular sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 161 blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN				
	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
ORDER	0-10 units, subcut, inj, TID, PRN glucose levels - see parameters				
	Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut				
	351-400 mg/dL - 6 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale. 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale. 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut				
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	insulin regular (Moderate Dose Insulin Regular Sliding Scale)	amotore			
	Moderate Dose Insulin Regular Sliding Scale	ameters			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.				
	70-150 mg/dL - 0 units				
	151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units su hours. Continue to repeat 10 units subcut and POC blood sugar Once blood sugar is less than 300 mg/dl, repeat POC blood suga insutlin regular scale.	checks every 2 hours until blood	glucose is less than 300 mg/dL.		
	0-12 units, subcut, inj, BID, PRN glucose levels - see parameters				
	Moderate Dose Insulin Regular Sliding Scale				
	If blood glucose is less than 70 mg/dL and patient is symptomatic	, initiate hypoglycemia guidelines	and notify provider.		
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut				
	201-250 mg/dL - 3 units subcut				
	251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut				
	351-400 mg/dL - 10 units subcut				
	If blood glucose is greater than 400 mg/dL, administer 12 units su hours. Continue to repeat 10 units subcut and POC blood sugar Once blood sugar is less than 300 mg/dl, repeat POC blood sugar insutlin regular scale. 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale	checks every 2 hours until blood	glucose is less than 300 mg/dL.		
	If blood glucose is less than 70 mg/dL and patient is symptomatic	, initiate hypoglycemia guidelines	and notify provider.		
	70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut				
	301-350 mg/dL - 7 units subcut				
	351-400 mg/dL - 10 units subcut				
		hout notify provider and report	DOC blood auger aback in 2		
	If blood glucose is greater than 400 mg/dL, administer 12 units su hours. Continue to repeat 10 units subcut and POC blood sugar Once blood sugar is less than 300 mg/dl, repeat POC blood suga insutlin regular scale.	checks every 2 hours until blood	glucose is less than 300 mg/dL.		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
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ORDER	ORDER DETAILS □ 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 301-350 mg/dL - 10 units 313-300 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut astrin regular scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar checks and insufin regular scale. □ 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 0 units 151-200 mg/dL - 10 units 151-200 mg/dL - 10 units 151-200 mg/dL - 2 units subcut 251-300 mg/dL - 10 unit		
	Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insuttin regular scale. insulin regular (High Dose Insulin Regular Sliding Scale) □ 0-14 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider. 70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale. Continued on next page		
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN C		
	Place an "X" in the Orders column to designate orders of choice AND a	an "x" in the specific order	detail box(es) where applicable.
ORDER	ORDER DETAILS		
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	HVPOglycomia Guidelines		
	HYPOglycemia Guidelines HYPOglycemia Guidelines		
	See Reference Text		
	glucose □ 15 g, PO, gel, as needed, PRN glucose levels - see parameters If 6 ounces of juice is not an option, may use glucose gel if blood glucose able to swallow. See hypoglycemia Guidelines. Continued on next page	e is less than 70 mg/dL and p	atient is symptomatic and
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BRIDGING DIABETIC KETOACIDOSIS (DKA) PLAN - Phase: SLIDING SCALE INSULIN REGULAR PLAN

- F	Phase: SLIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	glucose (D50) 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.		
 glucagon 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines. 			
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