

UMC Health System HYPOGLYCEMIA GUIDELINES PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

HYPOglycemia Guidelines

HYPOglycemia Guidelines

- | | |
|--------------------------|---|
| <input type="checkbox"/> | ***See Reference Text*** |
| <input type="checkbox"/> | 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 is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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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TO
 Read Back

 Scanned Powerchart

 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

