UMC Health System

INSULIN DRIP PLAN NON DKA

Patient Label Here

	PHYSICIA	N ORDERS		
Diagnosi	sis			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	Patient Care			
	Insulin Drip Protocol ☐ ***See Reference Text***			
	LOW Target Blood Glucose ☐ 120 mg/dL	☐ 140 mg/dL		
	HIGH Target Blood Glucose 140 mg/dL 180 mg/dL	☐ 160 mg/dL		
	POC Blood Sugar Check q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without	out Physician approval.		
	Communication			
	Notify Provider (Misc) (Notify Provider of Results) Reason: Blood Glucose less than 60 mg/dL or greater than 200 mg/dL, also notify if two consecutive BG's less than 70 mg/dL.			
	Notify Provider (Misc) Reason: If other physicians order insulin subQ, IV, or in TPN, feedings are started, stopped, or changed, or if other physicans turn off drip for any reason.			
	Notify Provider (Misc) T;N, Reason: If multiplier remains stable for 8 consecutive hours, cons	sider transition to long acting ins	sulin	
	Notify Nurse (DO NOT USE FOR MEDS) Obtain Serum Blood Glucose if Accucheck is less than 40 mg/dL or greater than 450 mg/dL. However, do not wait for lab results to treat glucose level according to the orders for hypoglycemia			
	Medications			
	Medication sentences are per dose. You will need to calculate a total	al daily dose if needed.		
	insulin R 100 units/100 mL NS □ IV Insulin Drip Formula: (BG - 60) x 0.03 = number of UNITS insulin/hour BG = Current Blood Glucose			
	0.03 = "multiplier"			
	☐ Start at rate:units/hr glucose (D50) ☐ 25 g, IVPush, syringe, as needed, PRN low blood sugar If blood glucose is less than 60 mg/dL, administer 25 g D50W. Reched dL and contact provider. Continued on next page	ck level in 15 minutes. Repeat o	dose if still less than 60 mg/	
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician Signature		Date	Time	

UMC Health System

INSULIN DRIP PLAN NON DKA

Patient Label Here

PHYSICIAN ORDERS					
	Place an "X" in the Orders column to designate orders of choice	e AND an "x" in the specific ord	der detail box(es) where applicable.		
RDER	ORDER DETAILS				
	To determine the insulin glargine (Lantus) dose, average the last 8 hours of the insulin drip to units per hour. Multiply this times 20. ***If insulin glargine (Lantus) dose is greater than 60 units, the dose should be split in half and given BID. One injection should not be more than 60 units.***				
	insulin glargine □ units, subcut, inj, Daily Administer the initial dose of Lantus 2 hours PRIOR to discontinu 24 hours. □ units, subcut, inj, BID Administer the initial dose of Lantus 2 hours PRIOR to discontinu 24 hours.				
 ⊒ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
der Taken by Signature:		Date	Time		