## **UMC Health System**

# PEDIATRIC INSULIN DOSING PLAN

### **Patient Label Here**

|                           | 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   | ·                                     |                     |  |  |  |
|                           | Patient Care  |                                       |                     |  |  |  |
|                           | Pediatric Insulin Dosing Reference Order (Pediatric Insulin Dosing Reference Orders)  ☐ See Reference Text.   |                                       |                     |  |  |  |
|                           | POC Blood Sugar Check  AC & HS  AC & HS, and 0200 (no insulin coverage at 0200)  q2h  q6h   | ☐ AC & HS, and 0200<br>☐ q1h<br>☐ q4h |                     |  |  |  |
|                           | POC Urinalysis Automated w/o Microscopy  ☐ T;N, After each Void   |                                       |                     |  |  |  |
|                           | Communication   |                                       |                     |  |  |  |
|                           | Instruct Patient Instruct Patient On: Glucometer, Diabetic education  |                                       |                     |  |  |  |
|                           | Medications  Medication sentences are per dose. You will need to calculate a  | total daily dose if needed            |                     |  |  |  |
|                           | pediatric diabetic kit  1 ea, misc, kit, ONE TIME   | total daily dose it fleeded.          |                     |  |  |  |
|                           | Scheduled Insulin   |                                       |                     |  |  |  |
|                           | insulin glargine  |                                       |                     |  |  |  |
|                           | units, subcut, inj, Daily, (Same as Lantus)   | ☐ units, subcut, inj, BID, (S         | ame as Lantus)      |  |  |  |
|                           | insulin isophane (insulin NPH) ☐ units, subcut, inj, Daily  | units, subcut, inj, BID               |                     |  |  |  |
|                           | Carbohydrate Adjusted Insulin   |                                       |                     |  |  |  |
|                           | insulin aspart  □ Carb Ratio (see order comments), subcut, inj, as needed, PRN other, (same as Novolog)  Consumed Carbohydrate Grams to Insulin Ratio  Breakfast:grams giveunits  Lunch:grams giveunits  Dinner:grams giveunits  Bedtime:grams giveunits  |                                       |                     |  |  |  |
|                           | insulin aspart (insulin aspart Pen for Pediatric Education)  □ Carb Ratio (see order comments), subcut, inj, as needed, PRN glu Do Not Substitute - Needed for Education. A 4mm pen needle req Consumed Carbohydrate Grams to Insulin Ratio Breakfast:grams giveunits Lunch:grams giveunits Dinner:grams giveunits Bedtime:grams giveunits Continued on next page |                                       |                     |  |  |  |
| □то                       | Read Back   | ☐ Scanned Powerchart                  | ☐ Scanned PharmScan |  |  |  |
| Order Taken by Signature: |   |                                       | Time                |  |  |  |
| Physician Signature:      |   | Date                                  | Time                |  |  |  |

## **UMC Health System**

# PEDIATRIC INSULIN DOSING PLAN

**Patient Label Here** 

|                           | 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   |                               |                   |  |  |  |  |
|                           | Olidia a Ocale la collia  |                               |                   |  |  |  |  |
|                           | Sliding Scale Insulin insulin aspart  |                               |                   |  |  |  |  |
|                           | Sliding scale (see order comments), subcut, inj, as needed, PRN glishood Glucose levels:  70-150 mg/dL add no insulin  151-200 mg/dL unit(s)  201-250 mg/dL unit(s)  251-300 mg/dL unit(s)  301-350 mg/dL unit(s)  351-400 mg/dL unit(s)  401-450 mg/dL unit(s)  Greater than 451 mg/dL unit(s)  Insulin aspart (insulin aspart Pen for Pediatric Education)  Sliding Scale (see order comments), subcut, inj, as needed, PRN gl  Do Not Substitute - Needed for Education. A 4mm pen needle requi  Blood Glucose levels:  70-150 mg/dL add no insulin  151-200 mg/dL unit(s)  201-250 mg/dL unit(s)  301-350 mg/dL unit(s)  351-400 mg/dL unit(s)  351-400 mg/dL unit(s)  Greater than 451 mg/dL unit(s)  Greater than 451 mg/dL unit(s) | ucose levels - see parameters | me as Novolog)    |  |  |  |  |
|                           |   |                               |                   |  |  |  |  |
|                           | Laboratory  Basic Metabolic Panel (BMP)  ☐ Routine, T;N, q6h  |                               |                   |  |  |  |  |
|                           | T4 Free (Free T4)  Next Day in AM, T+1;0300, Comment: Draw on day of discharge  |                               |                   |  |  |  |  |
|                           | TSH ☐ Next Day in AM, T+1;0300, Comment: Draw on day of discharge   |                               |                   |  |  |  |  |
|                           | Comprehensive Metabolic Panel (CMP)  Next Day in AM, T+1;0300, Comment: Draw on day of discharge  |                               |                   |  |  |  |  |
|                           | Lipid Panel ☐ Next Day in AM, T+1;0300, Comment: Draw on day of discharge   |                               |                   |  |  |  |  |
|                           | C Peptide ☐ Next Day in AM, T+1;0300, Comment: Draw on day of discharge   |                               |                   |  |  |  |  |
|                           | Antithyroid Peroxidase Antibody  Next Day in AM, T+1;0300, Comment: Draw of day of discharge  |                               |                   |  |  |  |  |
|                           | Antithyroglobulin Antibody ☐ Next Day, T+1;0300, Comment: Draw on day of discharge  |                               |                   |  |  |  |  |
|                           | Islet Cell Antibody ☐ Next Day, T+1;0300, Comment: Draw on day of discharge   |                               |                   |  |  |  |  |
| □ то                      | ☐ Read Back   | ☐ Scanned Powerchart          | Scanned PharmScan |  |  |  |  |
| Order Taken by Signature: |   | Date                          | Time              |  |  |  |  |
| Physician Signature:      |   | Date                          | Time              |  |  |  |  |

## **UMC Health System**

# PEDIATRIC INSULIN DOSING PLAN

### **Patient Label Here**

|                           | PHYSICIAN 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   |                              |                                     |  |  |
|                           | Insulin Autoantibody ☐ Next Day, T+1;0300, Comment: Draw on day of discharge  |                              |                                     |  |  |
|                           | Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarboxylase 65 Antibodies)  Next Day, T+1;0300, Comment: Draw on day of discharge |                              |                                     |  |  |
|                           | Zinc Transporter 8 Antibody  Next Day, T+1;0300, Comment: Draw on day of discharge  |                              |                                     |  |  |
|                           | Celiac Disease Panel ☐ Next Day, T+1;0300, Comment: Draw on day of discharge  |                              |                                     |  |  |
|                           | Urinalysis ☐ Urine, Next Day in AM, T+1;0300, Comment: Draw on day of discharge   | ge                           |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   |                              |                                     |  |  |
|                           |   | -<br>-                       |                                     |  |  |
| □ то                      | ☐ Read Back   | Scanned Powerchart           | ☐ Scanned PharmScan                 |  |  |
| Order Taken by Signature: |   | Date                         |                                     |  |  |
| Physician Signature:      |   | Date                         | Time                                |  |  |

Version: 5 Effective on: 03/29/23