

SLIDING SCALE INSULIN ASPART PLAN

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

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 Aspart Guidelines

- Follow SSI Aspart Reference Text

Medications

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

insulin aspart (Low Dose Insulin Aspart Sliding Scale)

- 0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters

Low 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 - 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 checks every 90 minutes 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 aspart sliding scale.

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	<p>insulin aspart (High Dose Insulin Aspart Sliding Scale)</p> <p><input type="checkbox"/> 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.</p> <p>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</p> <p>If blood glucose is greater than 400mg/dL, administer 14 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, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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HYPOglycemia Guidelines

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UMC Health System HYPOGLYCEMIA GUIDELINES PLAN	Patient Label Here
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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.

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***
	glucose <input type="checkbox"/> 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.
	glucose (D50) <input type="checkbox"/> 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 <input type="checkbox"/> 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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