UMC Health System		Pa	atient Label Here
SLIDING SCALE INSULIN REGULAR PLAN			
	PHYSICIA	N ORDERS	
Diagnos			
Weight	Allergies		
	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			
	Patient Care		
	POC Blood Sugar Check Per Sliding Scale Insulin Frequency	🗆 AC & HS	
	AC & HS 3 days		
	BID	q 12h	
	│	📙 q6h 24 hr	
	Sliding Scale Insulin Regular Guidelines Follow SSI Regular Reference Text		
	Medications		
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.	
	insulin regular (Low Dose Insulin Regular Sliding Scale) □ 0-10 units, subcut, inj, AC & nightly, 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, BID, PRN glucose levels - see parameters		
	Low Dose Insulin Regular Sliding Scale	inte humanlurancia muidalinaa	
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	late nypoglycemia guidelines	and notity 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 hours. Continue to repeat 10 units subcut and POC blood sugar checl		
	Once the blood sugar is less than 300 mg/dL, repeat POC blood suga	r in 4 hours and then resume	normal POC blood sugar check and
	insutlin regular sliding scale. Continued on next page		
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Order Take	en by Signature:	Date	Time
	Signature:		
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Version: 7 Effective on: 12/01/21

UMC Health System

SLIDING SCALE INSULIN REGULAR PLAN

Patient Label Here

	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice ANE) an "x" in the specific orde	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	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, initia	ate hypoglycemia guidelines a	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, hours. Continue to repeat 10 units subcut and POC blood sugar checks. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar 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, initial 	s every 2 hours until blood glu in 4 hours and then resume	ucose is less than 300 mg/dL. normal POC blood sugar check and
	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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	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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	UMC Health System		
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51	LIDING SCALE INSULIN REGULAR PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific or	der detail box(es) where applicable.
ORDER	ORDER DETAILS		
	insulin regular (Moderate Dose Insulin Regular Sliding Scale) ☐ 0-12 units, subcut, inj, AC & nightly, PRN glucose levels - see parame Moderate Dose Insulin Regular Sliding Scale		
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	iate hypoglycemia guideline	s 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 subcu hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in insutlin regular scale.	cks every 2 hours until blood	l 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, init	iate hypoglycemia guideline	s 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		
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	If blood glucose is less than 70 mg/dL and patient is symptomatic, init 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	iate hypoglycemia guideline	s and notify provider.
	If blood glucose is greater than 400 mg/dL, administer 12 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 checks and insutlin regular scale. Continued on next page		
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UMC Health System

SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSICIAN ORI	DERS	
	Place an "X" in the Orders column to designate orders of choice AND an '	"x" in the specific orde	r detail box(es) where applicable.
ORDER	R 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 hy 	ypoglycemia 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 subcut, notify hours. Continue to repeat 10 units subcut and POC blood sugar checks ev Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours insutlin 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 hy 	very 2 hours until blood g rs and then resume norm	lucose is less than 300 mg/dL. al POC blood sugar checks and
	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		
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	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 hy	ypoglycemia guidelines a	and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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 400 mg/dL, administer 14 units subcut, notify hours. Continue to repeat 10 units subcut and POC blood sugar checks eve Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hour insulin regular sliding scale. Continued on next page	ery 2 hours until blood glu	ucose is less than 300 mg/dL.
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Sliding Scale Insulin Regular Plan



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SLIDING SCALE INSULIN REGULAR PLAN

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	PHYSIC	AN ORDERS	
	Place an "X" in the Orders column to designate orders of choice A	ND an "x" in the specific orc	ler detail box(es) where applicable.
ORDER	ORDER DETAILS		
	 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, ir 	itiate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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		
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	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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		
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	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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 400 mg/dL, administer 14 units subo hours. Continue to repeat 10 units subcut and POC blood sugar che Once blood sugar is less than 300 mg/dL, repeat POC blood sugar i insulin regular sliding scale. Continued on next page	cks every 2 hours until blood g	glucose is less than 300 mg/dL.
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Order Taken by Signature: Date Time		Time	
Physician	Signature:	Date	Time

SLIDING SCALE INSULIN REGULAR PLAN

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	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		
	0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initi	ate hypoglycemia guidelines	and notify provider.
	70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 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 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.		
	insulin regular (Blank Insulin Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters IIf blood glucose is less thanmg/dL , initiate hypoglycemia guidelines and notify provider.		
	70-150 mg/dL units 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 is greater than 400 mg/dL, administer units sub hours. Continue to repeat units subcut and POC blood sugar ch		
	Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in a insulin regular sliding scale.		
	HYPOglycemia Guidelines		
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Physician	Signature:	Date	Time
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HYPOGLYCEMIA GUIDELINES 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		
	Medications		
I	Medication sentences are per dose. You will need to calculate a total daily dose if needed. 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 glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines. 		
	 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 cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.		
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