

SLIDING SCALE INSULIN REGULAR PLAN

PHYSICIAN ORDERS

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

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Per Sliding Scale Insulin Frequency | <input type="checkbox"/> AC & HS   |
| <input type="checkbox"/> AC & HS 3 days                      | <input type="checkbox"/> TID       |
| <input type="checkbox"/> BID                                 | <input type="checkbox"/> q12h      |
| <input type="checkbox"/> q6h                                 | <input type="checkbox"/> q6h 24 hr |
| <input type="checkbox"/> q4h                                 | <input type="checkbox"/> q2h       |

Sliding Scale Insulin Regular Guidelines

- Follow SSI Regular Reference Text

Medications

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

70-139 mg/dL - 0 units

140-180 mg/dL - 2 units subcut

181-240 mg/dL - 3 units subcut

241-300 mg/dL - 4 units subcut

301-350 mg/dL - 6 units subcut

351-400 mg/dL - 8 units subcut

If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.

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TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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<b>UMC Health System</b>  <b>SLIDING SCALE INSULIN REGULAR PLAN</b>	<b>Patient Label Here</b>
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	<b>insulin regular (Blank Insulin Sliding Scale)</b> <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than ____mg/dL , initiate hypoglycemia guidelines and notify provider.  70-139 mg/dL - ____ units 140-180 mg/dL - ____ units subcut 181-240 mg/dL - ____ units subcut 241-300 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 subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat ____ units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.
<b>HYPOglycemia Guidelines</b>	
	<b>HYPOglycemia Guidelines</b> See Reference Text
	<b>glucose</b> <input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and able to swallow. See hypoglycemia guidelines.
	<b>glucose (D50)</b> <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and unable to swallow / NPO with IV access. See hypoglycemia guidelines.
	<b>glucagon</b> <input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters Use if patient is symptomatic and unable to swallow / NPO WITHOUT IV access. See hypoglycemia guidelines.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



**Adult Sliding Scale for Insulin Regular (Novolin R)**

<b>Blood Glucose (mg/dL)</b>	<b>LOW DOSE</b>	<b>MODERATE DOSE</b>	<b>HIGH DOSE</b>
<b>Less than 70</b>	Initiate HYPOglycemia Guidelines	Initiate HYPOglycemia Guidelines	Initiate HYPOglycemia Guidelines
<b>70 - 139</b>	0 units	0 units	0 units
<b>140 - 180</b>	2 units <b>subcut</b>	3 units <b>subcut</b>	4 units <b>subcut</b>
<b>181 - 240</b>	3 units <b>subcut</b>	4 units <b>subcut</b>	6 units <b>subcut</b>
<b>241 - 300</b>	4 units <b>subcut</b>	6 units <b>subcut</b>	8 units <b>subcut</b>
<b>301 - 350</b>	6 units <b>subcut</b>	8 units <b>subcut</b>	10 units <b>subcut</b>
<b>351 - 400</b>	8 units <b>subcut</b>	10 units <b>subcut</b>	12 units <b>subcut</b>
<b>Greater than 400</b>	Administer 10 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.	Administer 12 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.	Administer 14 units subcut, notify provider, and repeat POC blood sugar check in 1 hour. Continue to repeat 10 units subcut and POC blood sugar checks every 1 hour until blood glucose is less than 300 mg/dL, then resume normal POC blood sugar check and insulin regular sliding scale.

## Symptoms of HYPOglycemia

**Mild:**

- Diaphoretic
- Tachycardia
- Blurred Vision
- Sudden Weakness
- Shaking

**Moderate:**

- Dizziness
- Confusion
- Numbness of the lips
- Nausea/Vomiting
- Difficulty Swallowing

**Severe:** (May be combined with mild or moderate)

- Combative
- Seizures
- Loss of Consciousness

## HYPOglycemia Guidelines

### SYMPTOMATIC PATIENT ABLE TO SWALLOW

Blood Glucose Level	Treatment	Follow Up
If blood glucose is less than 70 mg/dL and patient is symptomatic	Give 6 oz. of juice or 1 tube (15 gms) of glucose gel	<ul style="list-style-type: none"> <li>• Recheck blood glucose in 15 – 20 minutes</li> <li>• Repeat treatment until blood glucose greater than 100 mg/dL</li> <li>• Contact provider if blood glucose is less than 70 mg/dL for two consecutive measurements and patient is symptomatic.</li> </ul>

### SYMPTOMATIC PATIENT UNABLE TO SWALLOW / NPO WITH IV ACCESS

Blood Glucose Level	Treatment	Follow Up
If blood glucose is less than 70 mg/dL and patient is symptomatic	Dextrose 50% as ordered IV*	<ul style="list-style-type: none"> <li>• Recheck blood glucose in 15 – 20 minutes</li> <li>• Repeat treatment until blood glucose greater than 100 mg/dL</li> <li>• Contact provider if blood glucose is less than 70 mg/dL for two consecutive measurements and patient is symptomatic</li> </ul>

### SYMPTOMATIC PATIENT UNABLE TO SWALLOW / NPO withOUT IV ACCESS

If blood glucose is less than 70 mg/dL and patient is symptomatic	Glucagon as ordered IM or Subcut*	<ul style="list-style-type: none"> <li>• Contact physician for further orders</li> <li>• Establish IV access</li> <li>• Recheck blood glucose every 15 – 20 minutes</li> </ul> <p style="text-align: center;"><b>Use aspiration precautions as glucagon may cause nausea and vomiting</b></p>
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\* Dextrose and glucagon administration must be documented on the MAR