



UNIT NUMBER

PT. NAME

BIRTHDATE

Orders must be written in black or blue ink. Nurse transcribing the orders will indicate the transcription by signing their name and classification, the date and time the transcribing is completed. When an order is discontinued, write "Discontinue" giving date and naming order.

DATE	TIME
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LOCATION

DATE

### ADULT SUBCUTANEOUS INSULIN ORDER SHEET

**ALLERGIES:** \_\_\_\_\_ **HT(cm)** \_\_\_\_\_ **Wt(kg)** \_\_\_\_\_

"√" in box indicates additional orders

- BLOOD GLUCOSE (BG) MONITORING: BEFORE meals and at bedtime.**  2 A.M.
- SCHEDULED INSULIN DOSE (in units)**

INSULIN	BREAKFAST	LUNCH	DINNER	BEDTIME
LISPRO (Humalog®)				
REGULAR				
NPH				
70/30				
ULTRALENTE				
OTHER				

- BEFORE MEAL(S) ADJUSTMENT WITH Regular or Lispro (Humalog®) Insulin:**  
To be administered in addition to **SCHEDULED** insulin dose.

INSULIN ( <i>check one</i> )	BREAKFAST	LUNCH	DINNER
LISPRO (Humalog®)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
REGULAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

BG Range	Default Value*	OR Individualized Value
<80 mg/dl	2 units less of Scheduled Regular or Lispro dose; Treat for hypoglycemia per protocol (see #6 below)	_____
80-100 mg/dl	1 unit less of Scheduled Regular or Lispro dose	_____
101-150 mg/dl	No adjustment (just give Scheduled insulin dose)	_____
151-200 mg/dl	+ 1 unit	_____
201-250 mg/dl	+ 2 units	_____
251-300 mg/dl	+ 3 units	_____
301-350 mg/dl	+ 4 units	_____
>350 mg/dl	+ 5 units; check urine for ketones. If (+), call HO.	_____

- BEFORE BEDTIME AND 2 A.M. (if checked in #1) HIGH BLOOD GLUCOSE CORRECTION Insulin:**  
To be administered if BG >200 mg/dl.  REGULAR OR  LISPRO (Humalog®) (*check one*)

BG Range	Default Value*	OR Individualized Value
201-250 mg/dl	1 unit	_____
251-300 mg/dl	2 units	_____
>300 mg/dl	3 units; If BG >350 mg/dl check urine for ketones. If (+), call HO.	_____

- Call House Officer (HO) for BG <80 mg/dl or >400 mg/dl.**
- For BG <80 mg/dl, use Hypoglycemia Protocol below:**
  - For patient who can take PO, give 20 g of fast acting carbohydrate:  
6 oz fruit juice or regular soda; 4 glucose tablets; 12 oz low fat milk
  - If patient cannot take PO, give 25 cc of D50 IV push.
  - Check fingerstick glucose q15 minutes and repeat above treatment until BG is >100 mg/dl.

**\*Use "Default Value" unless numbers entered in the "Individualized Value".**  
**NOTE: Regular and 70/30 insulin should generally be given 15-30 minutes prior to meal.**  
**LISPRO (Humalog®) should be given when meal is present.**

Signature \_\_\_\_\_ M.D. # \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Pager # \_\_\_\_\_

FLAG CHART TO INDICATE NEW ORDER  Checked by \_\_\_\_\_ R.N. Time \_\_\_\_\_ Date \_\_\_\_\_

602-562 (9/00) MEDICAL RECORD COPY

## Guidelines for subcutaneous insulin

### Indications for use of this form

- Patients with type 1 or type 2 diabetes already on insulin.
- New diagnosis of diabetes and needing insulin (usually type 1).
- Type 2 patients who are poorly controlled on oral agents at admission and require insulin therapy.
- Type 2 patients who are well controlled at home on oral agents but need to switch temporarily to insulin because of contraindications to using oral agents in the hospital or are now on treatments or have illnesses which cause them to be severely insulin resistant (e.g. steroid therapy, sepsis).

Note: Please use the insulin infusion form when patients are NPO for greater than 4 hrs or going for major surgery.

### General insulin dosing recommendations

#### A. Insulin sensitive patients (type 1 & some type 2)

Longer acting insulins (NPH, Lente, Ultralente) will provide basal insulin coverage; short acting insulins (Regular, Lispro) will covers meals and corrects for glucose values above target ( e.g. BG 100 to 150).

1. You can leave patient on their preadmission NPH, Lente or Ultralente doses. The Regular or Lispro doses may need adjustment taking into account that patient may not be eating (needs less); or patient may be infected, in pain or on glucocorticoids (need more).
2. If the patient is initiating SQ insulin therapy and is on insulin infusion, then use the prior 24 hr total insulin dosage to select new dosage (about 80 % of total). If this value is not available, you can estimate the total insulin requirement to be about 0.5-0.7 U/kg/24hr (half is basal and half for meals). This insulin can be divided into Regular before meals and NPH at bedtime or Ultralente twice daily with Lispro at meals.

For example, a 60kg person eating a "typical" hospital diet may need about 30 units insulin per 24hrs (0.5 units/kg/24hr) which can be given as follows:

#### Regular & NPH regimen

5 - 7 Units Regular premeals  
7 Units NPH bedtime

#### Lispro & Ultralente regimen

3 – 4 Units Lispro premeals  
7 Units Ultralente breakfast & dinner

The Lispro and Regular insulins need to be adjusted based on the glucose level.

#### B. Insulin resistant patients (type 2 & often any diabetic patient with infections, glucocorticoids etc.)

If already on insulin, use the outpatient regimen and adjust. When initiating insulin therapy for the first time, use the algorithms above recognizing that depending on the degree of resistance, you may need to adjust and give more insulin (typically 0.7-1.0 unit/kg/24hr)

**Note: individual insulin doses vary widely and adjustments should be made based on the bedside and laboratory glucose levels. If you have questions about individual dosing please call the endocrine fellow at 415 719 9125**