

SISTERS OF CHARITY HOSPITAL • Buffalo, NY   
  SISTERS OF CHARITY HOSPITAL ST. JOSEPH Campus • Cheektowaga, NY  
 KENMORE MERCY HOSPITAL • Kenmore, NY   
  MERCY HOSPITAL • Buffalo, NY   
  MERCY HOSPITAL • Orchard Park division Orchard Park, NY

**Allergies & Sensitivities**
 No Known Allergies                       (Indicates automatic order. MD to draw line through order to discontinue)

**Adult Glycemic Control Insulin Orders**

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Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRESCRIBER ORDERS**

- Patient Weight: \_\_\_\_\_ kg.
- Notify MD for change in insulin dosing if: Patient is NPO, Enteral Feeding is stopped or rate is changed, TPN is ordered or rate is changed, Steroid Therapy is ordered, dose is changed or medication is stopped
- Initiate Hypoglycemic Protocol if glucose is less than 70 mg/dL and hold insulin/ until dose confirmed by MD
- Do not stop IV Insulin Infusion until 2 hours after subcutaneous long acting insulin has been given

**BASAL SCHEDULED INSULIN**

- Glargine (Lantus)** \_\_\_\_\_ units SQ at: \_\_\_\_\_
- NPH**     ACB dose: \_\_\_\_\_ units SQ     HS dose: \_\_\_\_\_ units SQ     \_\_\_\_\_ units SQ q \_\_\_\_\_ Hours
- Other Insulin \_\_\_\_\_

**NUTRITIONAL SCHEDULED INSULIN      Combine with Correction Insulin when indicated**

Nutritional Insulin Order	Breakfast	Lunch	Supper
<input checked="" type="checkbox"/> Hold dose if meal will be missed <input checked="" type="checkbox"/> Hold insulin dose if patient has poor appetite. Administer insulin after patient has consumed at least 50% of the meal.			
<input type="checkbox"/> <b>Aspart (NovoLog)</b> with meal	_____ units SQ	_____ units SQ	_____ units SQ
<input type="checkbox"/> <b>Regular Insulin</b> (30 minutes prior to meals)	_____ units SQ	_____ units SQ	_____ units SQ

**CORRECTION INSULIN      Combine with Nutritional Insulin when indicated**

- Monitor fingerstick glucose: Follow Dosing Scale Below
- QAC and QHS     Do not administer correction insulin at HS
- Every 4 hours
- Every 6 hours for NPO patient/Continuous feeds
- Other \_\_\_\_\_     Cover     Do Not Cover
- OB patients:**     Fasting     2 hours after meals  
**Call MD if results greater than 140 mg/dL**

- Aspart (NovoLog) SQ**                      *Recommended frequency ac and hs or q 4 hours*
- Regular SQ**                                      *Recommended frequency is q 6 hours for NPO patient/continuous feeds*

SCALE (check ONE box ONLY)	<input type="checkbox"/> <b>Low dose</b> Elderly, renal or hepatic dysfunction, patients new to insulin or total daily dose of insulin less than 30 units		<input type="checkbox"/> <b>Moderate dose</b> Patients with total daily dose of insulin 30 – 50 units		<input type="checkbox"/> <b>High dose</b> Patients with total daily dose of greater than 50 units, obesity, infection, steroids, or post surgery		<input type="checkbox"/> <b>Patient Specific</b>	
	Administration Times	Dosing AC	Dosing HS	Dosing AC	Dosing HS	Dosing AC	Dosing HS	Dosing AC
Finger Stick Results: <b>151- 200 mg/dL</b>	0 units	0 units	2 units	0 units	8 units	4 units	_____ units	_____ units
<b>201- 250 mg/dL</b>	2 units	0 units	4 units	2 units	12 units	8 units	_____ units	_____ units
<b>251- 300 mg/dL</b>	3 units	2 units	6 units	4 units	16 units	10 units	_____ units	_____ units
<b>301- 350 mg/dL</b>	4 units	3 units	8 units	6 units	20 units	14 units	_____ units	_____ units
<b>351- 400 mg/dL</b>	5 units	4 units	10 units	8 units	24 units	18 units	_____ units	_____ units
<b>Greater than 400 mg/dL</b>	6 units Call MD	Call MD	12 units Call MD	Call MD	28 units Call MD	Call MD	_____ units Call MD	_____ units Call MD

 Discontinue all Previous Insulin Orders

Prescriber Signature: \_\_\_\_\_