

UNIT NUMBER

PT. NAME

BIRTHDATE

DO NOT TRANSCRIBE ITALICIZED TEXT ADJACENT TO ORDERS

(Check "✓" in box activates orders)

LOCATION

DATE

ADULT SUBCUTANEOUS INSULIN PUMP ORDER SET
Form to be completed after consult with Endocrine Service. Page 443-9125

- Patient may use own insulin pump after patient changes pump reservoir and infusion set to insulin supplied by hospital pharmacy.
- Blood Glucose monitoring Patient eating – Before Meals, bedtime, 2 am
- Dietitian to provide menu listing the carbohydrate amount per food.
- Insulin Pump Instructions:
 - Insulin type Aspart (Novolog) Lispro (Humalog) _____
 - Basal Rate

Start Time	Infusion Rate (units per hour)

- Carbohydrate Ratio _____ units per _____ grams of carbohydrates **Breakfast**
 _____ units per _____ grams of carbohydrates **Lunch**
 _____ units per _____ grams of carbohydrates **Dinner**
 _____ units per _____ grams of carbohydrates **Snack**
- High Glucose Correction _____ units per _____ mg/dL over target of _____ mg/dL meals
 _____ units per _____ mg/dL over target of _____ mg/dL bedtime/2am

- Patient to provide own infusion sets, reservoirs and batteries.
- Patient to change infusion set every 72 hours or sooner if the BG level remains > 300mg/dL x2.
- Check infusion site for infection or dislodgement every shift.
- Verify with patient the insulin pump's basal rate and insulin reservoir amount every shift. If the patient cannot demonstrate his/her pump settings and boluses, notify Endocrine Service at 443-9125.
- Call MD for BG <70mg/dL and >300mg/dL.**
- Preventing Diabetic Ketoacidosis on the Insulin Pump.
 - If the blood level remains greater than 300mg/dL x2, ask patient to change his infusion set.
- Managing hypoglycemia on the Insulin Pump if BG < 70mg/dL: Check BG Q 15 minutes and repeat treatment until BG is ≥ 100mg/dL.
 - If Patient is alert and can take PO:
 - Give 20 grams of oral fast acting carbohydrate per patient preference:
Give one dose of 20 grams glucose PO or 6 ounces of fruit juice or milk. Repeat Q 15 minutes until BG ≥100mg/dL.
 - If patient is not able to take PO but is alert :
 - Give 25mL of D50W IV push.** Repeat Q 15 minutes until BG ≥100mg/dL.
 - If patient is incoherent/unconscious
 - Give 25mL of D50W IV push.** Repeat Q 15 minutes until BG ≥100mg/dL.
 - Temporarily disconnect pump tubing from the infusion set or turn off pump.
- Disconnect the insulin pump from the infusion set for xrays, CT scan, MRI, bone density, and radiation treatment. The infusion set can remain in place provided it is not metal.
- If insulin pump is discontinued, notify Endocrine Service at 443-9125.

If patient is receiving Extraneal, Gamimune N, Octagam, D-xylose, WinrhoD SDF, Hepagam B, Orencia, or Adept adhesion reduction solution, do not use glucose meter for BG checks. All BGs must be sent to the laboratory.

Signature _____ Provider No. _____ Date _____ Time _____ Pager _____

ORDERS MUST INCLUDE LEGIBLE PROVIDER NUMBER, DATE, AND TIME

Orders checked by _____ R.N. Date _____ Time _____