

UCSF Children's Hospital

at UCSF Medical Center

UNIT NUMBER

PT. NAME

BIRTHDATE

OB SUBCUTANEOUS INSULIN ORDER SHEET

(Check "√" in box activates order)

Insulin allergy: Yes No

DATE: _____ TIME: _____

LOCATION

DATE

- a. **BLOOD GLUCOSE (BG) MONITORING:** BEFORE meals and at bedtime 2AM Fasting and 1 Hour Post - Prandial. Also as needed for Hypoglycemic symptoms. For between and after meal hyperglycemia (>200mg/dL) call MD. Order Carbohydrate-controlled diet with snacks. Other diet: _____
- If patient becomes NPO, **HOLD** nutritional dose of rapid-acting insulin and give correctional dose of rapid-acting insulin if BG >100 mg/dL. • If patient is NPO >4 hours call MD for IV Dextrose order and frequency of BG monitoring.

3. BASAL INSULIN DOSE

Patient Eating TIME	Breakfast	Lunch	Dinner	Bedtime
NPH	units	units	units	units
Glargine (Lantus)*	units	units	units	units

*Glargine (Lantus) cannot be mixed with any other insulin. It must be in its own syringe.

- FOOD COVERAGE** Written as basic nutritional dose or carbohydrate ratio. Administer in addition to correctional insulin below. Aspart (Novolog) and Lispro (Humalog) are given immediately prior to patient eating (when tray is at bedside).

Check one: ASPART (Novolog) – formulary approved human analog insulin
 LISPRO (Humalog) Insulin Other: _____

	BREAKFAST	LUNCH	DINNER	SNACKS
Insulin carb ratio or Basic nutritional dose	____ unit(s) per ____ gram	____ unit(s) per ____ gram	____ unit(s) per ____ gram	____ unit(s) per ____ gram
	units	units	units	units

- MEAL TIME CORRECTONAL INSULIN IN UNITS** (Add or subtract to PRE-MEAL food coverage) (this scale not to be used for between or after meal hypoglycemia)
OR (only 1 can be checked!)
 POST PRANDIAL CORRECTONAL INSULIN IN UNITS (Only to be checked if the patient does not get pre-meal fingersticks and insulin coverage)
Check one: ASPART (Novolog) – formulary approved human analog insulin
 LISPRO (Humalog) insulin Other: _____

Note: If patient is receiving Extraneal, Gamimune N 5%, Octagam, D-xylose, WinrhoD SDF Liquid, Hepagam B, Orenzia, or Adept adhesion reduction solution, do not use glucose meter for BG checks. All BGs must be sent to the laboratory.

Blood Glucose Range	Adjust Rapid-Acting Insulin (for pre-meal only)	Individualized Algorithm (for pre- or post-meal coverage)
< 60 mg/dL	2 units less	units
60 - 80 mg/dL	1 unit less	units
81 - 100 mg/dL	no change	units
101 - 130 mg/dL	+ 1 unit	units
131 - 160 mg/dL	+ 2 units	units
161 - 190 mg/dL	+ 3 units	units
191 - 250 mg/dL	+ 4 units	units

If greater than 200 mg/dL, check urine for ketones and call MD

- ALWAYS CALL MD FOR BG < 60 mg/dL OR > 200 mg/dL.**
- For BG < 60 mg/dL, use Hypoglycemia Protocol below. These hypoglycemia orders remain active for duration of SQ insulin administration.

For patient taking PO, give 20 gm of oral fast-acting carbohydrate per patient preference:

- Give 20 grams glucose PO. Repeat Q 15 min until BG ≥ 70 mg/dL.
- OR-** Give 6 oz. fruit juice or milk. Repeat Q 15 min. until BG ≥ 70 mg/dL.
- Give 25 mL D50 IV push if patient cannot take PO. Repeat Q 15 min until BG ≥ 70 mg/dL.
- Check fingerstick glucose every 15 minutes until BG is ≥ 70 mg/dL.

- Discontinue above monitoring and intervention orders when SQ insulin is discontinued.

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

ORDERS MUST INCLUDE LEGIBLE PROVIDER NUMBER, DATE, AND TIME

Orders checked by (name) _____ Date _____ Time _____

(Specify title, i.e., RN, LVN, etc.)

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