

UCSF Medical Center



UCSF Children's Hospital

Orders must be written in black or blue ink. Nurse transcribing 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.

PLEASE FAX TO THE PHARMACY**OB SUBCUTANEOUS INSULIN ORDER SHEET**Insulin allergy: ☐ Yes ☐ No

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

1. ☒ 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: _____

2. • 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
	units	units	units	units
Pump Basal Rate	<input type="checkbox"/> Aspart (Novolog) <input type="checkbox"/> Lispro (Humalog)			

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

4. **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	unit(s) per gram	unit(s) per gram	unit(s) per gram	unit(s) per gram
Basic nutritional dose	units	units	units	units

5. **MEAL TIME CORRECTIONAL INSULIN (ADD OR SUBTRACT TO PRE-MEAL FOOD COVERAGE) (IN UNITS)** (Scale not to be used for between or after meal insulin coverage.)

Check one: ☐ ASPART (Novolog) – formulary approved human analog insulin

☐ LISPRO (Humalog) insulin ☐ Other: _____

Blood Glucose Range	Adjust Rapid-Acting Insulin	Individualized Algorithm
< 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

6. **ALWAYS CALL MD FOR BG < 60 mg/dL OR > 200 mg/dL.**

7. 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 4 glucose tablets (5 gram glucose/tablet). Repeat Q 15 min until BG ≥ 70 mg/dL.

-OR-

☒ Give 6 oz. fruit juice. 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.

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

Signature _____ M.D. # _____ Time _____ Date _____ Pager # _____

FLAG CHART TO
INDICATE NEW ORDER

Checked by _____ R.N. Time _____ Date _____

OB SUBCUTANEOUS INSULIN ORDER SHEET