

UCSF Medical Center

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(Check "✓" in box activates orders)

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

ADULT SUBCUTANEOUS INSULIN PUMP ORDER SET

Form to be completed by Endocrine Service only. Page 443-9125

1. Patient may use own insulin pump after patient changes pump reservoir and infusion set to insulin supplied by hospital pharmacy.

2. Blood Glucose monitoring ☒ Patient eating – Before Meals, bedtime, 2 am

3. Dietitian to provide menu listing the carbohydrate amount per food.

4. Insulin Pump Instructions:

a. Insulin type ☐ Aspart (Novolog) ☐ Lispro (Humalog) ☐ _____

b. Basal Rate

Start Time	Infusion Rate (units per hour)

c. 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**

d. High Glucose Correction _____ units per _____ mg/dL over target of _____ mg/dL meals

_____ units per _____ mg/dL over target of _____ mg/dL bedtime/2am

5. Patient to provide own infusion sets, reservoirs and batteries.

6. Patient to change infusion set every 72 hours or sooner if the BG level remains > 300mg/dL x2.

7. Check infusion site for infection or dislodgement every shift.

8. 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.

9. **Call MD for BG <70mg/dL and >300mg/dL.**

10. Preventing Diabetic Ketoacidosis on the Insulin Pump.

a. If the blood level remains greater than 300mg/dL x2, ask patient to change his infusion set.

11. Managing hypoglycemia on the Insulin Pump if BG < 70mg/dL: Check BG Q 15 minutes and repeat treatment until BG is ≥ 100mg/dL.

a. If Patient is alert and can take PO:

☒ Give 20 grams of oral fast acting carbohydrate per patient preference:

☒ **Give 4 glucose tablets** (5 gram glucose/tablet) or 6 ounces of fruit juice. Repeat Q 15 minutes and repeat treatment until BG ≥ 100mg/dL.

b. 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.

c. 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.

12. 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.

13. If insulin pump is discontinued, notify Endocrine Service at 443-9125.

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

ORDERS MUST INCLUDE LEGIBLE PROVIDER NUMBER, DATE, AND TIME

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

ADULT SUBCUTANEOUS INSULIN PUMP ORDER SET