ALLERGIES

PACU DIABETES ORDERS

Treatment of Hypoglycemia (BG <70 mg/dL) or symptoms of hypoglycemia

- ☑ **Turn off** insulin infusion for any BG below goal (see OR & PreOp holding insulin protocol) **AND**
- ☑ Give 25 mL (1/2 amp) of 50% dextrose IV if BG 50-69 mg/dL **OR**
- ☑ Give 50 mL (1 amp) of 50% dextrose IV if BG < 50 mg/dL.
- ☑ Recheck BG every 20 minutes until BG ≥100 mg/dL
  → IF BG is <70 mg/dL repeat 25 mL (1/2 amp) 50% dextrose

☐ **Patient is to be admitted to the hospital or stay overnight on 4 South**

- Continue Operating & PreOp holding insulin infusion protocol with hourly blood glucose monitoring
- Call surgical team for post Op insulin orders

☐ **Patient will be discharged to home from the PACU**

- Discontinue insulin infusion upon arrival to PACU
- Check blood glucose (BG) on arrival and hourly until discharge

If BG>250 mg/dL - Call anesthesiologist for additional orders

☐ PATIENT RECEIVES INSULIN AS A ROUTINE MEDICATION AT HOME

- If BG>140 mg/dL administer Lispro (Humalog®) insulin every **3** hours using the algorithm below.

(Blood glucose is checked hourly but correction Lispro is given only every 3 hours)

	SubQ Correction Dose of Lispro (Humalog®)			
Blood Glucose (mg/dL)	**Patient ≤ 50 kg**	**Patient 51-70 kg**	**Patient 71-90 kg**	**Patient >90 kg**
141-199	0 unit	2 units	3 units	4 units
200-249	2 units	4 units	5 units	6 units
250-299	4 units	6 units	7 units	9 units
300-349	6 units	8 units	10 units	12 units
>349	7 units	9 units	12 units	14 units

- Restart routine prandial subQ insulin once patient is able to resume usual oral diet **and/or**
- Resume basal subQ insulin at next scheduled dose **or**
- Resume subQ insulin pump once patient awake and able to self manage his/her diabetes

(To have RN administer insulin at UWMC, you must complete Sub-Q insulin order form UH1807)

☐ NON-INSULIN TREATED PATIENT

Instruct patient at discharge to restart oral anti-diabetic agents **EXCEPT METFORMIN** once able to resume oral diet (provide patient with "How to Manage Your Diabetes Before and After Surgery" handout)

☐ FOR PATIENTS TAKING METFORMIN (CHECK ONE BELOW):

☐ **Procedure unlikely to alter renal function:** (e.g. Cataract or minor orthopedic procedures)

- Restart Metformin once patient is able to resume his/her usual oral diet

☐ **Procedure likely to alter renal function:** (e.g. upper GI procedure, procedure involved significant blood loss and/or IV contrast/aminoglycoside administration):

- Instruct patient to call primary care physician in 2 days before restarting Metformin

DATE	TIME	SERVICE

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN/NPI

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

PACU DIABETES ORDERS

U2628

UH2628 REV SEP 09

WHITE – MEDICAL RECORD

PHYSICIAN ORDER – YELLOW