INITIAL BED TYPE: ☐ Non-monitored Bed ☐ Telemetry ☐ ICU		
Principal Diagnosis:		
Allergies:		
Height (cm)	Weight (kg)	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.

000247

DO NOT USE	U	IU	QD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4	QOD

DIABETES AND HYPERGLYCEMIA MANAGEMENT ORDER SET

1. TARGET BLOOD GLUCOSE: Pre-meal = 100-140 mg/dL and Random = Less than 180 mg/dL

   Providers: If patient has active insulin / non-insulin ANTIHYPERGLYCEMIC orders, please review for discontinuation if appropriate (e.g. sulfonylureas).

2. GENERAL ORDERS

☑ If on an insulin infusion, discontinue infusion in 2-hour(s) after first basal (long-acting) insulin dose is administered

3. NURSING ORDERS

FINGER STICK BLOOD GLUCOSE (FSBG) MONITORING (MUST choose one)

☐ 4 times daily: 0-30 minutes before meals and at bedtime (for patients on diets)

☐ Every 4 hours (for patients on continuous enteral feeds, TPN or NPO)

☒ Once prior to transition from insulin infusion to subcutaneous insulin regimen. DO NOT TREAT WITH INSULIN. Notify provider if < 70 mg/dL or > 300 mg/dL

HYPOGLYCEMIA (Glucose LESS THAN 70 mg/dL) - Hypoglycemia Algorithm (see page 5)

☑ If blood glucose is **40 mg/dL or LESS**, give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider.

Physician's Signature	**Date / Time**
Physician's ID (Dictation) Number	Pager #

PATIENT LABEL

HOUSTON Methodist LEADING MEDICINE

Physicians Orders

Created 2012
Revised 2/2021
Chelsea N. Lopez, PharmD, BCCCP

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DIABETES AND HYPERGLYCEMIA MANAGEMENT ORDER SET

☑ If blood glucose is between **41-69 mg/dL**, give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider.

☑ If patient is NPO, unable to swallow safely or with no IV access, give glucagon 1 mg intramuscular. If blood glucose remains LESS than 70 mg/dL after 2 doses of D50 or glucagon send serum glucose level STAT. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL and notify provider.

☑ If blood glucose is LESS than 70 mg/dL start dextrose 10% infusion at 40 mL/hr and titrate by 10 mL/hr to keep glucose between 100 - 140 mg/dL. Notify provider when ANY of the following occur: dextrose 10% infusion is started, glucoses is less than 70 mg/dL while on dextrose 10% infusion, or when dextrose 10% infusion rate is greater than 100 mL/hr

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DIABETES AND HYPERGLYCEMIA MANAGEMENT ORDER SET

4. SUBCUTANEOUS INSULIN DOSING (choose all that apply)

	Breakfast	Lunch	Dinner	Bedtime
BASAL INSULIN	☐ Insulin Human NPH* _____ Units ☐ Insulin glargine (Lantus®) _____ Units ☐ Insulin Human NPH/REG* 70/30 _____Units		☐ Insulin Human NPH/REG* 70/30 _____Units	☐ Insulin Human NPH* _____Units ☐ Insulin glargine (Lantus®) ____Units
	*If NPO give half dose of scheduled NPH or NPH/REG. DO NOT HOLD glargine without a prescriber order			
MEALTIME INSULIN	☐ Insulin lispro (Admelog®)_____Units	☐ Insulin lispro (Admelog®) _____Units	☐ Insulin lispro (Admelog®) _____Units	
	If NPO or pre-meal glucose is less than 80 mg/dL, hold the dose of mealtime insulin. If pre-meal glucose is 80 – 100 mg/dL, give ½ dose of mealtime insulin. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. If corrective insulin dose is needed, add to mealtime insulin dose.			

TUBE FEED OR TPN	Insulin	Route	Dose	Frequency
	☐ Insulin Human NPH	subcutaneous	_____ Units	Every 8 hours
	☑ Start 10% Dextrose IV during any interruption in TPN or tube feeds at the previous TPN or tube feed rate up to a maximum rate of 40mL/hour. HOLD next insulin dose and notify prescriber for further orders			

CORRECTIVE INSULIN

☐ Insulin lispro (AdmeLOG®) Low Dose		☐ Insulin lispro (AdmeLOG®) Medium Dose		☐ Insulin lispro (AdmeLOG®) High Dose	
Glucose (mg/dL)	**Units**	**Glucose (mg/dL)**	**Units**	**Glucose (mg/dL)**	**Units**
70-140	0	70-140	0	70-140	0
141-220	1	141-180	1	141-180	2
221-260	2	181-220	2	181-220	4
261-280	3	221-240	3	221-240	5
281-300	4	241-260	4	241-260	7
Greater than 300	5 **Call MD**	261-280	5	261-280	9
		281-300	6	281-300	10
		Greater than 300	7 **Call MD**	Greater than 300	12 **Call MD**

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DIABETES AND HYPERGLYCEMIA MANAGEMENT ORDER SET

5. **LABS**

- ☐ Hemoglobin A1C
- ☐ Lipid Panel

6. **CONSULTS**

- ☐ Diabetes/Endocrinology - please call 713-441-0006
- ☐ Diabetes Educator
- ☐ Nutrition Services
- ☐ Ambulatory referral to HM Weight Management – Diabetes Education

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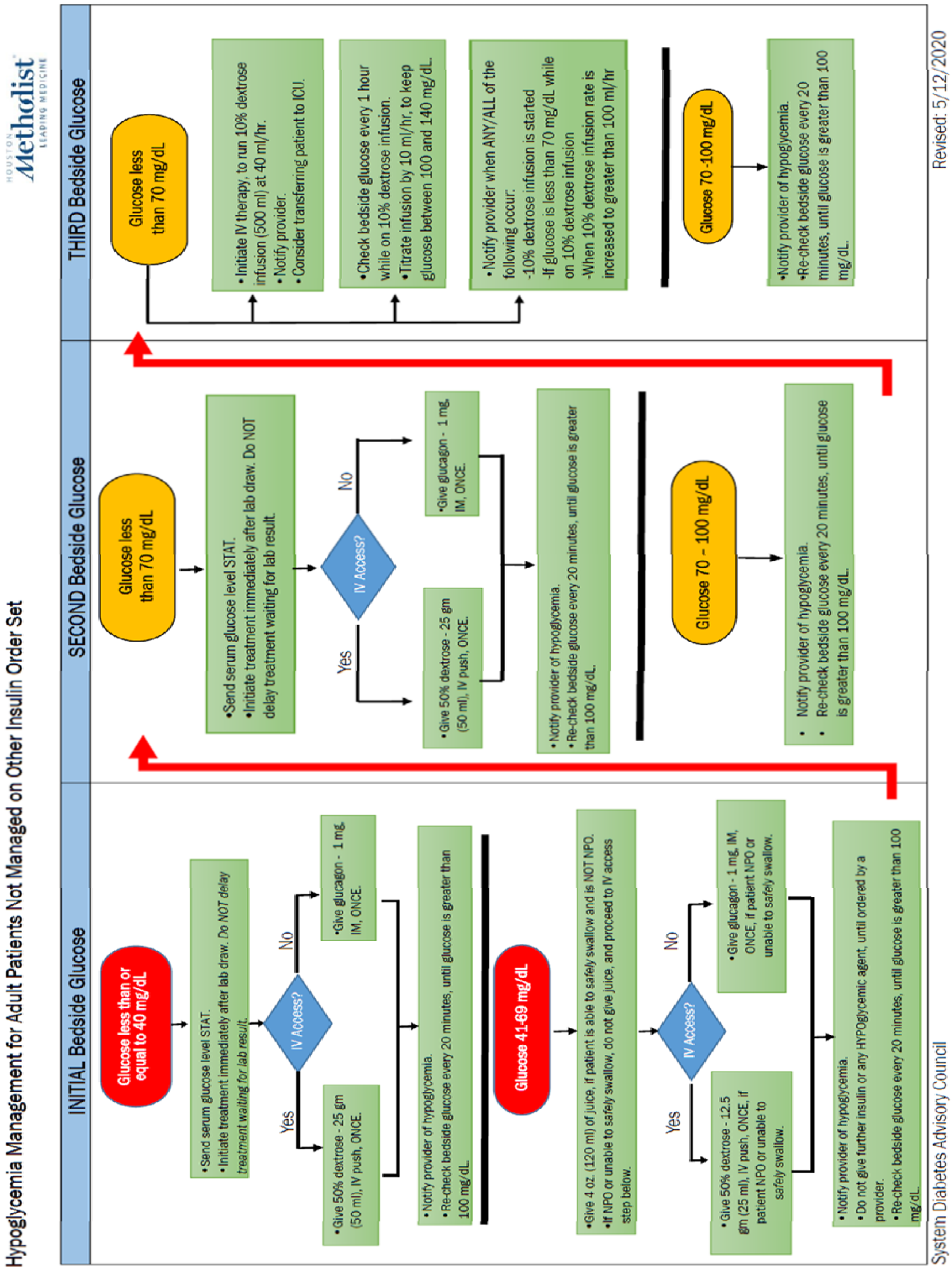

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