

Diabetes and Hyperglycemia Management [989]

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 consider discontinuing.

General

Discontinue Insulin Infusion

<input checked="" type="checkbox"/> Discontinue Insulin infusion	Routine, Once For 1 Occurrences If on an insulin infusion: * immediately administer long-acting subcutaneous insulin as ordered (intentional overlap with IV insulin infusion) * continue the IV insulin infusion and hourly glucose checks for 2 hours after the long-acting subcutaneous insulin was administered, then discontinue the IV insulin infusion * if transitioning off of the DKA insulin protocol, please also continue the two-bag IV fluids until the IV insulin infusion is turned off (2 hours after the subcutaneous insulin was administered)
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Finger Stick Blood Glucose (FSBG) Monitoring (MUST choose one) (Single Response) (Selection Required)

<input type="checkbox"/> Bedside glucose - for patients on diets	Routine, 4 times daily 0-30 minutes before meals and at bedtime 0-30 mins before meals and at bedtime (if on diet). Give correction insulin BEFORE MEALS ONLY, if needed.
<input type="checkbox"/> Bedside glucose - for patients on continuous enteral feeds, TPN or NPO	Routine, Every 4 hours Give correction insulin EVERY 4 HOURS, if needed.

Finger Stick Blood Glucose (FSBG) Monitoring - Additional 1 AM (Single Response)

For patients transitioning from insulin infusion to subcutaneous insulin regimen in the first 24 hours

<input type="checkbox"/> Bedside glucose - for patients transitioning from insulin infusion	Routine, Once For 1 Occurrences This additional bedside glucose is for transition from insulin infusion to subcutaneous insulin regimen. DO NOT TREAT WITH INSULIN. Notify ordering Provider if Blood Glucose below 70 mg/dL or greater than 300 mg/dL.
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Subcutaneous Insulin Dosing (choose all that apply)

Basal Insulin

<input type="checkbox"/> Custom Insulin glargine (Lantus)	
<input type="checkbox"/> insulin glargine (LANTUS) injection	subcutaneous, daily DO NOT HOLD glargine without a prescriber order. If glucose is less than 80mg/dL, call prescriber for possible dose change.
<input type="checkbox"/> insulin glargine (LANTUS) injection	subcutaneous, nightly DO NOT HOLD glargine without a prescriber order. If glucose is less than 80mg/dL, call prescriber for possible dose change.
<input type="checkbox"/> insulin glargine (LANTUS) injection	subcutaneous, every 12 hours at 0900, 2100 DO NOT HOLD glargine without a prescriber order. If glucose is less than 80mg/dL, call prescriber for possible dose change.
<input type="checkbox"/> Weight Based Insulin glargine (Lantus)	
<input type="checkbox"/> For insulin SENSITIVE patients (0.1 units/kg/day)	0.1 Units/kg/day, subcutaneous
<input type="checkbox"/> For AVERAGE patients (0.2 units/kg/day)	0.2 Units/kg/day, subcutaneous
<input type="checkbox"/> For insulin RESISTANT patients (0.3 units/kg/day)	0.3 Units/kg/day, subcutaneous
<input type="checkbox"/> Insulin NPH (NovoLIN-N, HumuLIN-N)	
<input type="checkbox"/> insulin NPH (HumuLIN-N)	subcutaneous, every 12 hours at 0900, 2100 If NPO give half dose of scheduled NPH or NPH/REG

<input type="checkbox"/>	insulin NPH (HumuLIN-N)	subcutaneous, daily with breakfast If NPO give half dose of scheduled NPH or NPH/REG
<input type="checkbox"/>	insulin NPH (HumuLIN-N)	subcutaneous, nightly If NPO give half dose of scheduled NPH or NPH/REG
<input type="checkbox"/>	Insulin 70/30 NPH and Regular Human (HumuLIN 70/30)	
<input type="checkbox"/>	insulin 70/30 NPH and regular human (HumuLIN 70/30)	subcutaneous, 2 times daily with meals If NPO give half dose of scheduled NPH/REG
<input type="checkbox"/>	insulin 70/30 NPH and regular human (HumuLIN 70/30)	subcutaneous, daily with breakfast If NPO give half dose of scheduled NPH/REG
<input type="checkbox"/>	insulin 70/30 NPH and regular human (HumuLIN 70/30)	subcutaneous, daily with dinner If NPO give half dose of scheduled NPH/REG

Mealtime Insulin (Single Response)

<input type="checkbox"/> Custom Mealtime Insulin lispro (AdmeLOG)		
<input type="checkbox"/>	Three times daily with meals - insulin lispro (AdmeLOG)	subcutaneous, 3 times daily with meals 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. 1 unit for every __ gm of CHOs and 1 unit for every ___ mg/dL of glucose GREATER than ___ mg/dL
<input type="checkbox"/>	Before Breakfast - insulin lispro (AdmeLOG)	subcutaneous, daily with breakfast 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.
<input type="checkbox"/>	Before Lunch - insulin lispro (AdmeLOG)	subcutaneous, daily before lunch 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.
<input type="checkbox"/>	Before Dinner - insulin lispro (AdmeLOG)	subcutaneous, daily before dinner 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.
<input type="checkbox"/>	With Snacks - insulin lispro (AdmeLOG) injection	subcutaneous, with snacks, high blood sugar 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.

Weight Based Insulin Lispro (AdmeLOG) (Single Response)

<input type="checkbox"/>	For insulin SENSITIVE patients (0.1 units/kg/day)	0.1 Units/kg/day, subcutaneous, 3 times daily with meals
<input type="checkbox"/>	For AVERAGE patients (0.2 units/kg/day)	0.2 Units/kg/day, subcutaneous, 3 times daily with meals
<input type="checkbox"/>	For insulin RESISTANT patients (0.3 units/kg/day)	0.3 Units/kg/day, subcutaneous, 3 times daily with meals

Tube Feed or TPN

<input type="checkbox"/>	For patients on Tube Feeds or TPN - Insulin NPH and Dextrose 10%	"And" Linked Panel
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<input type="checkbox"/> insulin NPH (HumuLIN-N) injection	subcutaneous, every 8 hours scheduled 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 40 mL/hour. HOLD next insulin dose and notify prescriber for further orders
<input type="checkbox"/> dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, for interruption in TPN or tube feeds Start D10W at the previous TPN or tube feed rate up to a maximum rate of 40 mL/hr. HOLD next insulin dose and notify prescriber for further orders.

Corrective Insulin

<input type="checkbox"/> Insulin Lispro (HUMALOG, ADMELOG) Corrective Insulin (Single Response)	
<input type="checkbox"/> Patient UNABLE to tolerate LISPRO	Routine, Once
<input type="checkbox"/> Low Dose Corrective Scale 0-5 units	0-12 Units, subcutaneous 41 - 69 mg/dL blood glucose: give 25 mL of dextrose 50% OR 4 ounce juice 0 - 40 mg/dL blood glucose: give 50 mL of dextrose 50%
	If patient is NPO, on tube feeds, or on TPN, change frequency to every 4 hours. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain Corrective Scale: LOW dose correction scale
<input type="checkbox"/> Medium Dose Corrective Scale 0-7 units	0-12 Units, subcutaneous 41 - 69 mg/dL blood glucose: give 25 mL of dextrose 50% OR 4 ounce juice 0 - 40 mg/dL blood glucose: give 50 mL of dextrose 50%
	If patient is NPO, on tube feeds, or on TPN, change frequency to every 4 hours. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. Corrective Scale: MEDIUM dose correction scale
<input type="checkbox"/> High Dose Corrective Scale 0-12 units	0-12 Units, subcutaneous 41 - 69 mg/dL blood glucose: give 25 mL of dextrose 50% OR 4 ounce juice 0 - 40 mg/dL blood glucose: give 50 mL of dextrose 50%
	If patient is NPO, on tube feeds, or on TPN, change frequency to every 4 hours. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. Corrective Scale: HIGH dose correction scale
<input type="checkbox"/> Custom Corrective Scale	
<input type="checkbox"/> insulin lispro (ADMELOG) injection	subcutaneous Define custom scale here ***
<input type="checkbox"/> Bedtime Correction Scale 0-4 units – only for persistent hyperglycemia (>250mg/dL)	
<input type="checkbox"/> insulin lispro (ADMELOG) injection	0-4 Units, subcutaneous, at bedtime Obtain bedside glucose (POC) at 0200 41 - 69 mg/dL blood glucose: give 25 mL of dextrose 50% OR 4 ounce juice 0 - 40 mg/dL blood glucose: give 50 mL of dextrose 50%
	Consider HS snack if poor PO intake. Corrective Scale: BEDTIME dose correction scale
<input type="checkbox"/> Bedside glucose	Routine, Daily at 0200 Obtain bedside glucose (POC) at 0200.

Hypoglycemia Management

Hypoglycemia Management (Single Response)

(X) Adult Hypoglycemia Standing Orders (Selection Required)

<input checked="" type="checkbox"/> Hypoglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	Routine, Per unit protocol CLICK REFERENCE LINK TO OPEN ALGORITHM:
<input checked="" type="checkbox"/> dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, 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
<input checked="" type="checkbox"/> dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, 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
<input checked="" type="checkbox"/> glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
<input checked="" type="checkbox"/> dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL For use after administration of dextrose 50% x 2 and subsequent glucose value LESS than 70 mg/dL. Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr

Labs

Laboratory

<input type="checkbox"/> Hemoglobin A1c	Once
<input type="checkbox"/> Lipid panel	Once

Consults

Consults HMM

<input type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Diabetes and Hyperglycemia Please call Inpatient Diabetes/Hyperglycemia Management Service 713-441-0006
<input type="checkbox"/> Consult Diabetes Educator	Reason for Consult:
<input type="checkbox"/> Consult Nutrition Services	Reason For Consult? Purpose/Topic:

Ambulatory referral to HM Weight Management -
Diabetes Education

Internal Referral
Select type of services needed and number of hours
requested: Initial Comprehensive Diabetes Ed - up to 10 hrs
and all 9 ADA core topics
Indicate any special needs requiring Individual or Customized
Education:
For Diabetes related Medical Nutrition Therapy (MNT), please
select type needed: Nutrition Consultation (IBT or MNT per
RD discretion)
I hereby certify that I am managing this patient's Diabetes
condition and that the above prescribed training is a
necessary part of management. Yes
Let me know if the patient declines service or is unable to be
contacted? Yes

Consults HMTW

Consult Nutrition Services

Reason For Consult?
Purpose/Topic:

Consult to Diabetes Educator

Reason for Consult:

Ambulatory referral to HM Weight Management -
Diabetes Education

Internal Referral
Select type of services needed and number of hours
requested: Initial Comprehensive Diabetes Ed - up to 10 hrs
and all 9 ADA core topics
Indicate any special needs requiring Individual or Customized
Education:
For Diabetes related Medical Nutrition Therapy (MNT), please
select type needed: Nutrition Consultation (IBT or MNT per
RD discretion)
I hereby certify that I am managing this patient's Diabetes
condition and that the above prescribed training is a
necessary part of management. Yes
Let me know if the patient declines service or is unable to be
contacted? Yes

Consults - NOT HMH or HMTW

Consult Diabetes Educator

Reason for Consult:

Consult Nutrition Services

Reason For Consult?
Purpose/Topic:

Ambulatory referral to HM Weight Management -
Diabetes Education

Internal Referral
Select type of services needed and number of hours
requested: Initial Comprehensive Diabetes Ed - up to 10 hrs
and all 9 ADA core topics
Indicate any special needs requiring Individual or Customized
Education:
For Diabetes related Medical Nutrition Therapy (MNT), please
select type needed: Nutrition Consultation (IBT or MNT per
RD discretion)
I hereby certify that I am managing this patient's Diabetes
condition and that the above prescribed training is a
necessary part of management. Yes
Let me know if the patient declines service or is unable to be
contacted? Yes