

**CRITICAL CARE  
PHYSICIAN'S ORDERS  
PILOT VIII**

Name

MR#

DOB

**ADULT  
INSULIN ORDERS  
\* FOR ICU ONLY**

Source

Request Date

Patient Identification

PHYSICIAN: Use ball point pen. Cross off and initial nonapplicable orders. Use the metric system when filling in blanks or writing additional orders. To reinstate or add additional orders after signing and dating this set, use blank Physician's Orders.

NURSE: Remove Nursing and Pharmacy copies. Retain Nursing copy. Check drugs needed, then forward Pharmacy copy, whether or not medications are ordered or appear on that page.

- 1) Start these orders on admission and continue until patient taking at least 50% of a full liquid diet or soft ADA diet.
- 2) Goal: Blood sugar between 100-150 mg/dl
- 3) Monitor Blood glucose: Q 1 hour (blood may be drawn with needleless device from central, arterial or peripheral line.  
May increase testing frequency to q 2-4 hours once readings are stable  
(i.e. unchanged infusion rate for 3 successive readings)
- 4) Solution: 100 units of REGULAR insulin in 100 cc NS  
25 ml of 50% Dextrose easily available
- 5) For patients with previously undiagnosed diabetes mellitus and who present with hyperglycemia: consult endocrinologist for diabetes workup and follow-up orders

**6) Prior to Starting IV Insulin infusion, Give IV bolus for BS > 240 as follows:**

Regular Insulin IV Bolus:

Blood Glucose	ONE time IV insulin Bolus
240-299 mg/dl	4 units regular insulin IVP
300-359 mg/dl	8 units regular insulin IVP
360 and above	12 units regular insulin IVP

**7) Initiate Insulin Infusion:** Choose either Type 1 or Type 2

Use only to START the Drip. NOT for Titration. See "Titration Schedule" below.

(Circle either Type 1 or Type 2 schedule below. previous reading)

Blood Glucose	Type 1 DM	Type 2 DM
80-119 mg/dl	0.5 units/hr	1.0 units/hr
120-179 mg/dl	1.0 units/hr	2.0 units/hr
180-239 mg/dl	2.0 units/hr	3.5 units/hr
240-299 mg/dl	3.5 units/hr	5.0 units/hr
300-359 mg/dl	5.0 units/hr	6.5 units/hr
360 and above	6.5 units/hr	8.0 units/hr

**8) Use Insulin Titration Scale for Ongoing Insulin Infusion:**

Use this Scale if Blood Glucose is **BELOW Desired Range** (Less than 90 mg/dl):

Blood Glucose	Action to be Taken
70 mg and Below	<input type="checkbox"/> STOP insulin drip <input type="checkbox"/> Administer 25 ml IV 50% dextrose <input type="checkbox"/> Call MD <input type="checkbox"/> Recheck blood glucose q 30 min until BG greater than 70 mg/dl <input type="checkbox"/> Restart insulin drip at half previous rate
71-90 mg/dl	<input type="checkbox"/> STOP insulin drip <input type="checkbox"/> Recheck blood glucose q 30 min until BG greater than 90 mg/dl <input type="checkbox"/> Restart insulin drip at half previous rate

Use this Scale if Blood Glucose is **IN Desired Range** (91-150 mg/dl):

\*\*Compare Current Blood Glucose To Last Blood Glucose and adjust accordingly:

Blood Glucose	BG <u>Lower</u> than Previous			BG <u>Higher</u> Than previous
	If current BG is 1-25 mg/dl lower than previous reading	If current BG is 26-30 mg/dl lower than previous reading	If current BG is lower than previous reading by more than 50 mg/dl	If current BG is higher than previous reading
Action to be Taken	Do not change rate	Decrease drip by 0.5 units/hr	Decrease drip rate by 25%	Do not change rate

Physician Signature/PID#

Date & Time

Nurse Signature

Date & Time



**CRITICAL CARE  
PHYSICIAN'S ORDERS  
PILOT VIII**

Name

MR#

DOB

**ADULT  
INSULIN ORDERS  
\* FOR ICU ONLY**

Source

Request Date

Patient Identification

PHYSICIAN: Use ball point pen. Cross off and initial nonapplicable orders. Use the metric system when filling in blanks or writing additional orders. To reinstate or add additional orders after signing and dating this set, use blank Physician's Orders.

NURSE: Remove Nursing and Pharmacy copies. Retain Nursing copy. Check drugs needed, then forward Pharmacy copy, whether or not medications are ordered or appear on that page.

Use this Scale if Blood Glucose is **ABOVE Desired Range** (Greater than 150 mg/dl):

\*\*Compare Current Blood Glucose To Last Blood Glucose and adjust accordingly:

Current Blood Glucose	BG <u>Lower</u> than Previous				BG <u>Higher</u> than Previous		
	151-200 mg/dl	Current BG is 1-25 mg/dl lower	Current BG is 26 - 50 mg/dl lower	Current BG is 51-100 mg/dl lower	Current BG is more than 100 mg/dl lower	Current BG is 1-25 mg/dl higher	Current BG is 26 -50 mg/dl higher
<input type="checkbox"/> Action To Be Taken	Increase rate by1.0 u/h	Increase rate by0.5 u/h	Decrease rate by1.0 u/h	Decrease rate by half	Increase rate by1.0 u/h	Increase rate by2.0 u/h	Increase rate by3.0 u/h
201-300 mg/dl	Current BG is 1-25 mg/dl lower	Current BG is 26 - 50 mg/dl lower	Current BG is 51-100 mg/dl lower	Current BG is more than 100 mg/dl lower	Current BG is 1-25 mg/dl higher	Current BG is 26 -50 mg/dl higher	Current BG is more than 50mg/dl higher
<input type="checkbox"/> Action To Be Taken	Increase rate by2.0 u/h	Increase rate by1.5 u/h	Increase by1.0 u/h	Increase by 0.5 u/h	Increase rate by1.0 u/h	Increase rate by2.0 u/h	Increase rate by3.0 u/h
Above 300 mg/dl	Current BG is 1-50 mg/dl lower	Current BG is 50 - 100 mg/dl lower	Current BG is more than 100 mg/dl lower		Current BG is 1-100 mg/dl higher		Current BG is more than 100 mg/dl higher
<input type="checkbox"/> Action To Be Taken	Increase rate by3.0 u/h	Increase rate by2.0 u/h	Decrease rate by1.0 u/h		Increase rate by2.0 u/h		Double the drip rate

Note: If blood glucose remains out of desired range (90-150 mg/dl) after 3 successive readings, may increase insulin infusion rate by 50%.  
If blood glucose remains greater than 300 mg/dl and has not decreased after three hourly increases in insulin drip, double the insulin rate.

9) Orders for transitioning from IV insulin to SQ Insulin:

1 Hour Prior to stopping drip:

Give: \_\_\_\_\_ SQ Units of Glargine/ NPH/ UltraLente (circle one) and **initiate Subcutaneous Insulin Orders, D6122 (9-03)**.

Physician Signature/PID#

Date & Time

Nurse Signature

Date & Time