



UCSF Medical Center

UCSF Children's Hospital

Orders must be written in black or blue ink. Nurse transcribing orders will indicate the transcription by signing their name and classification, the date and time the transcribing is completed. When an order is discontinued, write "Discontinue" giving date and naming order.

**PLEASE FAX TO THE PHARMACY**

**OB SUBCUTANEOUS INSULIN ORDER SHEET**

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

Insulin allergy:  Yes  No

1.  a. **BLOOD GLUCOSE (BG) MONITORING:**  BEFORE meals and at bedtime  2AM  Fasting and 1 Hour Post - Prandial. Also as needed for Hypoglycemic symptoms.

b. Order Carbohydrate-controlled diet. Include  Morning snack  Afternoon snack  Bedtime snack

2. • If patient becomes NPO, **HOLD** nutritional dose of rapid-acting insulin and give correctional dose of rapid-acting insulin if BG >100 mg/dL. • If patient is NPO >4 hours call MD for IV Dextrose order.

**3. BASAL**

Patient Eating TIME	Breakfast	Lunch	Dinner	Bedtime
NPH				
Glargine (Lantus)*				
Pump Basal Rate				

\*Glargine (Lantus) cannot be mixed with any other insulin. It must be in its own syringe.

4. **FOOD COVERAGE** (Written as basic nutritional dose or carbohydrate ratio) (in units) (Add to high blood glucose correction) Aspart (Novolog) and Lispro (Humalog) are given immediately prior to patient eating (when tray is at bedside).

Check one:  ASPART (Novolog) – formulary approved human analog insulin

LISPRO (Humalog) Insulin  Other: \_\_\_\_\_

	BREAKFAST	LUNCH	DINNER	SNACKS
Insulin carb ratio or Basic nutritional dose	____ unit(s) per ____ gram	____ unit(s) per ____ gram	____ unit(s) per ____ gram	____ unit(s) per ____ gram

5. **BLOOD GLUCOSE CORRECTION (ADD OR SUBTRACT TO PRE-MEAL FOOD COVERAGE) (IN UNITS)**

Check one:  ASPART (Novolog) – formulary approved human analog insulin

LISPRO (Humalog) insulin  Other: \_\_\_\_\_

Blood Glucose Range	Adjust short-active insulin	Individualized Algorithm
< 60 mg/dL	2 units less	
60 - 80 mg/dL	1 unit less	
81 - 100 mg/dL	no change	
101 - 130 mg/dL	1 unit extra	
131 - 160 mg/dL	2 units extra	
161 - 190 mg/dL	3 units extra	
191 - 250 mg/dL	4 units extra	

If greater than 200 mg/dL, check urine for ketones and call MD

6. CALL MD FOR BG < 60 mg/dL OR > 200 mg/dL.

7. For BG < 60 mg/dL, use Hypoglycemia Protocol below. These hypoglycemia orders remain active for duration of SQ insulin administration.

For patient taking PO, give 20 gm of oral fast-acting carbohydrate per patient preference:

Give 4 glucose tablets (5 gram glucose/tablet). Repeat Q 15 min. until BG ≥ 100 mg/dL.

-OR-

Give 6 oz. fruit juice. Repeat Q 15 min. until BG ≥ 100 mg/dL.

Give 25 mL D50 IV push if patient cannot take PO. Repeat Q 15 min. until BG ≥ 100 mg/dL.

Check fingerstick glucose every 15 minutes and repeat above treatment until BG is ≥ 100 mg/dL.

8. Discontinue above monitoring and intervention orders when SQ insulin is discontinued.

Signature \_\_\_\_\_ M.D. # \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Pager # \_\_\_\_\_

FLAG CHART TO INDICATE NEW ORDER

Checked by \_\_\_\_\_ R.N. Time \_\_\_\_\_ Date \_\_\_\_\_

105-0131 (Rev. 09/07) WorkflowOne ORIGINAL - MEDICAL RECORD COPY YELLOW - NURSING COPY

**OB SUBCUTANEOUS INSULIN ORDER SHEET**