



PHYSICIAN'S ORDER SHEET
STANDING ORDERS FOR:
ICU ONLY

Check here if STAT
 medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

SLIDING SCALE INSULIN

Desired goal glucose range is from 80 - 130, or from _____ to _____

Time initiated _____

Initial Insulin Dose Schedule

- A
- B
- C
- D

Nutrition

- Tube Feeding
- TPN
- Oral Diet (Do not use the sliding scale at bedtime
 Give _____ units of NPH at bedtime
 (Starting dose ~ 25% of patient weight in Kg.)

Notify physician if blood glucose level remains >300 mg./dl or > _____ after giving 35 units of reg. insulin on schedule D.

Monitoring

1. Check glucose every 4 hr (either glucometer or lab) until stable. (3 values in the desired range). The checks can then be reduced to every 6 hr if on continuous feedings or every a.c. and at bedtime if on intermittent feedings or eating meals.
2. All insulin is regular human insulin given subcutaneously unless otherwise specified.
3. If potassium is low (less than 4 mEq/liter), follow potassium sliding scale protocol, as low potassium results in increased insulin resistance and may rapidly lower the potassium even further.

CAUTION: Clarify the potassium order with the physician if the Creatinine is equal to or greater than 2.

4. If glucose levels remain higher or lower than the goal range for 2 consecutive checks, nursing will automatically change to the appropriate sliding scale schedule, at the next check, until adequate glucose control has been achieved.
5. If on schedule C or D, or Glucose > 300 mg./dl for two days, notify the physician regarding adding routine long - acting insulin or starting an insulin drip. **(See bold area).**

If insulin drip is started, discontinue all previous subcutaneous insulin.

6. If patient has not required Sliding Scale Insulin for 24 hours, step down 1 insulin schedule.

7. The hospital "Hypoglycemia Protocol" should be initiated when blood sugar is less than 60 mg./dl.

CONFIDENTIAL INFORMATION

Glucose Range	Glucose Level (mg. / dl)	Insulin Schedule A Low Dose	Insulin Schedule B Medium Dose	Insulin Schedule C High Dose	Insulin Schedule D Very High Dose
0	FSBS < 60	Refer	To	Hypoglycemia	Protocol
1	60 - 100	0	0	0	0
2	100 - 125	0	0	0	2 units
3	126 - 150	0	0	2 units	6 units
4	151 - 175	1 unit	2 units	4 units	10 units
5	176 - 200	1 unit	2 units	6 units	14 units
6	201 - 225	2 units	4 units	8 units	18 units
7	226 - 250	2 units	4 units	10 units	22 units
8	251 - 275	4 units	6 units	12 units	26 units
9	276 - 300	4 units	6 units	14 units	30 units
10	301 - 325	6 units	9 units	16 units	35 units
11	326 - 350	6 units	9 units	18 units	35 units
12	351 - 375	8 units	12 units	20 units	35 units
13	376 - 400	8 units	12 units	22 units	35 units
14	> 400	10 units	15 units	24 units	35 units