

Date:	Subcutaneous Insulin Orders
Time:	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)
1. Blood glucose monitoring (choose one of the following):	
<input type="checkbox"/> before each meal <input type="checkbox"/> before each meal and at bedtime <input type="checkbox"/> q6hr	
a. If blood glucose less than 50 mg/dL or 50 - 70 mg/dL with symptoms such as confusion, agitation, palpitations, tremors, sweatiness, or somnolence:	
i. Call MD for further instructions	
ii. Give 4 ounces of orange juice or 12.5 g D50W IV x 1 dose	
iii. Recheck blood glucose every 15 minutes after giving orange juice or D50W until new orders received	
b. If blood glucose 50 - 70 mg/dL but no symptoms:	
i. Call MD for further instructions and recheck blood glucose in 15 minutes	
ii. If blood glucose decreasing or if patient symptomatic, give 4 ounces of orange juice or 12.5 g D50W IV x 1 dose and obtain new orders for blood glucose monitoring from MD	
iii. If blood glucose increasing, obtain orders from MD for treatment and blood glucose monitoring	
2. Standard insulin regimens (select all that apply)	
<input type="checkbox"/> BASAL INSULIN — choose one of the following	
<input type="checkbox"/> insulin glargine (LANTUS) - consider 10 – 20% dose reduction if patient is a type 2 diabetic and NPO	
_____ units subcutaneously daily at _____ am	
_____ units subcutaneously daily at _____ pm (once daily bedtime injection is preferred)	
<input type="checkbox"/> insulin detemir (LEVEMIR) - consider 10 – 20% dose reduction if patient is a type 2 diabetic and NPO	
_____ units subcutaneously daily at _____ am	
_____ units subcutaneously daily at _____ pm	
<input type="checkbox"/> NPH insulin (HUMULIN N)	
_____ units subcutaneously daily at _____ am (only 1/2 of am dose if patient NPO in am)	
_____ units subcutaneously daily at _____ pm	
<input type="checkbox"/> PRE-MIXED INSULIN — choose one of the following	
<input type="checkbox"/> insulin lispro/insulin lispro protamine (HUMALOG MIX 75/25) - not recommended for patients who will be NPO	
_____ units subcutaneously within 15 minutes of each breakfast meal	
_____ units subcutaneously within 15 minutes of each lunch meal (not usually given at this time)	
_____ units subcutaneously within 15 minutes of each dinner meal	
<input type="checkbox"/> NPH insulin 70%/regular insulin 30% (HUMULIN 70/30) - not recommended for patients who will be NPO	
_____ units subcutaneously 30 minutes before each breakfast meal	
_____ units subcutaneously 30 minutes before each lunch meal (not usually given at this time)	
_____ units subcutaneously 30 minutes before each dinner meal	
<i>(Standard Insulin Regimens continued on next page)</i>	
MD Signature:	MD #:

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058420-B-1

Shands
at
the University of Florida
Gainesville, Florida 32610

Physician's Orders
(page 1 of 2)



RX0001

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Patient Identification #:

Date:	Subcutaneous Insulin Orders				
Time:	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)				
2. Standard insulin regimens (select all that apply) <i>(continued)</i>					
<input type="checkbox"/> NUTRITIONAL (PRANDIAL) INSULIN					
<input type="checkbox"/> Receiving oral diet (choose one of the following)					
<input type="checkbox"/> insulin aspart (NOVOLOG) – HOLD IF PATIENT NPO					
_____ units subcutaneously within 15 minutes of each breakfast meal					
_____ units subcutaneously within 15 minutes of each lunch meal					
_____ units subcutaneously within 15 minutes of each dinner meal					
<input type="checkbox"/> regular insulin (HUMULIN R) – HOLD IF PATIENT NPO					
_____ units subcutaneously 30 minutes before each breakfast meal					
_____ units subcutaneously 30 minutes before each lunch meal					
_____ units subcutaneously 30 minutes before each dinner meal					
<input type="checkbox"/> Receiving continuous enteral nutrition					
<input type="checkbox"/> regular insulin (HUMULIN R) _____ units subcutaneously q6hr (hold if tube feedings stopped)					
3. Correction insulin (optional)					
Blood glucose monitoring: <input type="checkbox"/> before each meal <input type="checkbox"/> before each meal and bedtime <input type="checkbox"/> q6hr					
Insulin type (choose one): <input type="checkbox"/> regular insulin (HUMULIN R) <input type="checkbox"/> insulin aspart (NOVOLOG)					
NOTE: If NUTRITIONAL and CORRECTION INSULIN ordered together, administer CORRECTION INSULIN WITH NUTRITIONAL INSULIN AT THE SAME TIME.					
NOTE: NUTRITIONAL and CORRECTION INSULIN should be the same insulin type.					
	Pre-meal blood glucose (mg/dL)	Insulin Administration Instructions			
	below 50	i. Call MD for further instructions ii. Give 4 ounces of orange juice or 12.5 g D50W IV x 1 dose iii. Recheck blood glucose every 15 minutes after giving orange juice or D50W until new orders received			
	50 – 70 with symptoms such as confusion, agitation, palpitations, tremors, sweatiness, or somnolence.				
	50 – 70 with no symptoms	i. Call MD for further instructions and recheck blood glucose in 15 minutes ii. If blood glucose decreasing or if patient symptomatic, give 4 ounces of orange juice or 12.5 g D50W IV x 1 dose and obtain new orders for blood glucose monitoring from MD iii. If blood glucose increasing, obtain orders from MD for treatment and blood glucose monitoring			
		<input type="checkbox"/> Low-dose scale (usually for thin type 1 diabetics)	<input type="checkbox"/> Medium-dose scale (usually for lean type 2 or overweight type 1 diabetics)	<input type="checkbox"/> High-dose scale (usually for overweight-obese type 2 diabetics)	<input type="checkbox"/> Individualized scale
	71 – 150	None	None	None	
	151 – 200	1 unit	1 unit	2 units	
	201 – 250	2 units	3 units	4 units	
	251 – 300	3 units	5 units	6 units	
	301 – 350	4 units	7 units	8 units	
	351 – 400	5 units	9 units	10 units	
	More than 400	7 units	11 units	12 units	
Administer insulin dose and notify MD					
MD Signature:			MD #:		

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Physician's Orders
(page 2 of 2)

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Distribution: Medical Record – **Be Sure to Fax to Pharmacy**
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Patient Name: _____ Patient Identification #: _____