Unique Plan Description: Insulin Subcutaneous Protocol Adult Subphase
Plan Selection Display: Insulin Subcutaneous Protocol Adult Subphase
PlanType: Medical
Version: 2
Begin Effective Date: 3/27/2014 16:00
End Effective Date: Current
Available at all facilities

Insulin Subcutaneous Protocol Adult Subphase

Vital Signs/Monitoring
- Notify Provider Laboratory Results
  - Notify physician when no active insulin orders on profile and, CBG > 300
- Notify Provider Laboratory Results
  - Notify physician for adjustments to active insulin orders when, CBG > 375
- Notify Provider Laboratory Results
  - Notify physician for, CBG < 60

Capillary Blood Glucose
  - AC and HS
    Comments: 30 minutes before each meal
  - Q0300
    Comments: If Dawn’s or Somogyi’s phenomenon is suspected
  - Obtain 15 minutes following any treatment for hypoglycemia, PRN Order
    Comments: Continue giving treatment for hypoglycemia (blood glucose < 60 mg/dL) per protocol until blood glucose > 60 mg/dL or physician makes alternative recommendation
  - Q6HR
    Comments: For patients who are NPO, on tube feeds, or on parenteral nutrition
  - Blood, Routine collect, AM LAB 1 time(s)

Hemoglobin A1c

Medications
- Physician Reminder: Evaluate patient to determine if oral glycemic agents should be suspended during hospitalization.(NOTE)*
- STEP 1: Choose either insulin glargine (Lantus) OR NPH insulin (Novolin N) as basal/long-acting insulin. (NOTE)*
  - Physician Reminder: Default insulin glargine dose = 10 units - please remember to change to desired dose. (NOTE)*
    insulin glargine-Lantus
      10 unit, SQ, Injection, QHS
      Comments: Do not hold dose even if NPO. Call physician if glucose < 70 mg/dL to determine if dose should be administered.
    NPH Insulin should be given twice daily (with breakfast and evening meal)(NOTE)*
    Physician Reminder: No default insulin NPH dose; please remember to enter desired dose.(NOTE)*
    insulin NPH SQ
      unit, SQ, Injection, BIDAC
      Comments: with breakfast and evening meal. Do not hold dose even if NPO.
    insulin NPH SQ
      unit, SQ, Injection, Q0700
      Comments: with breakfast. Do not hold dose even if NPO.
    insulin NPH SQ
      unit, SQ, Injection, Q1600
      Comments: with evening meal. Do not hold dose even if NPO.
  - STEP 2: Choose either insulin aspart (Novolog) OR regular human insulin (Novolin R) as immediate/fast acting insulin to cover meals(NOTE)*
    Use TIDAC option of dose if immediate/fast acting insulin dose is the same for breakfast, lunch and dinner. (NOTE)*
    Use the individual option of Breakfast, Lunch or Dinner if immediate/fast acting insulin dose is different or if all three are not needed.(NOTE)*
    Physician Reminder: No default insulin aspart dose; please remember to enter desired dose.(NOTE)*
    insulin aspart SQ-Novolog
      unit, SQ, Injection, TIDAC
      Comments: given with any supplemental insulin needed. Hold scheduled mealtime insulin when patient is NPO or blood glucose < 100 mg/dL.
unit, SQ, Injection, Q0700
Comments: given with any supplemental insulin needed. With breakfast; Hold mealtime insulin if patient is NPO or blood glucose < 100 mg/dL.

insulin aspart SQ-NovoLog
unit, SQ, Injection, Q1100
Comments: given with any supplemental insulin needed. With lunch; Hold mealtime insulin if patient is NPO or blood glucose < 100 mg/dL.

insulin aspart SQ-NovoLog
unit, SQ, Injection, Q1600
Comments: given with any supplemental insulin needed. With dinner; Hold mealtime insulin if patient is NPO or blood glucose < 100 mg/dL.

Physician Reminder: No default regular insulin dose; please remember to enter desired dose.(NOTE)*

insulin regular SQ
unit, SQ, Injection, TIDAC
Comments: given with any supplemental insulin needed. Hold scheduled mealtime insulin when patient is NPO or blood glucose < 100 mg/dL.

STEP 3: Choose supplemental insulin protocol (low, moderate or high dose algorithm) based off the following calculation:(NOTE)*
1700 divided by Total Daily Dose of Insulin (Basal plus Mealtime insulin) Do not hold supplemental insulin when patient is NPO. Supplemental insulin to be used ONLY in conjunction with basal insulin and mealtime insulin regimens.(NOTE)*

insulin aspart (NOTE)*
insulin aspart SUPPLEMENTAL-LOW (correction factor >50).
supplemental scale, SQ, Injection, SUPP INSULIN
Comments: Give with scheduled mealtime insulin. Blood Glucose Value | Supplemental Insulin< 176 | 0 unit176 - 225 | 1 unit226 - 275
2 units276 - 325 | 3 units326 - 375 | 4 units> 375
5 units and call physician

insulin aspart SUPPLEMENTAL-MODERATE (correction factor 30-50).
supplemental scale, SQ, Injection, SUPP INSULIN
Comments: Give with scheduled mealtime insulin. Blood Glucose Value | Supplemental Insulin< 161 | 0 unit161 - 200 | 1 unit201 - 240
2 units241 - 280 | 3 units281 - 320 | 4 units> 320
5 units and call physician

insulin aspart SUPPLEMENTAL-HIGH (correction factor <30).
supplemental scale, SQ, Injection, SUPP INSULIN
Comments: Give with scheduled mealtime insulin. Blood Glucose Value | Supplemental Insulin< 145 | 0 unit145 - 175 | 1 unit176 - 205
2 units206 - 235 | 3 units236 - 265 | 4 units266 - 295
5 units296 - 325 | 6 units> 325 | 7 units and call physician

regular insulin (NOTE)*
insulin regular SUPPLEMENTAL-LOW (correction factor >50).
supplemental scale, SQ, Injection, SUPP INSULIN
Comments: Give with scheduled mealtime insulin. Blood Glucose Value | Supplemental Insulin< 176 | 0 unit176 - 225 | 1 unit226 - 275
2 units276 - 325 | 3 units326 - 375 | 4 units> 375
5 units and call physician

insulin regular SUPPLEMENTAL-MODERATE (correction factor 30-50).
supplemental scale, SQ, Injection, SUPP INSULIN
Comments: Give with scheduled mealtime insulin. Blood Glucose Value | Supplemental Insulin< 161 | 0 unit161 - 200 | 1 unit201 - 240
2 units241 - 280 | 3 units281 - 320 | 4 units> 320
5 units and call physician
insulin regular SUPPLEMENTAL-HIGH (correction factor <30).

**supplemental scale, SQ, Injection, SUPP INSULIN**

**Comments:** Give with scheduled mealtime insulin. Blood Glucose Value Supplemental Insulin

<table>
<thead>
<tr>
<th>Blood Glucose Value</th>
<th>Supplemental Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 145</td>
<td>0 unit</td>
</tr>
<tr>
<td>145 - 175</td>
<td>1 unit</td>
</tr>
<tr>
<td>176 - 205</td>
<td>2 units</td>
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<tr>
<td>206 - 235</td>
<td>3 units</td>
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<tr>
<td>236 - 265</td>
<td>4 units</td>
</tr>
<tr>
<td>266 - 295</td>
<td>5 units</td>
</tr>
<tr>
<td>296 - 325</td>
<td>6 units</td>
</tr>
<tr>
<td>&gt; 325</td>
<td>7 units and call physician</td>
</tr>
</tbody>
</table>

**Hypoglycemia Treatments (NOTE)**

**glucose oral solid**

16 gm, PO, Chew tab, PRN, PRN Other (see comment)

**Comments:** For blood glucose 50 - 60 mg/dL in patients able to take oral; Repeat in 15 minutes if BG still < 60 mg/dL.

**glucose oral gel**

1 app, PO, Gel, PRN, PRN Other (see comment)

**Comments:** Give 1 tube for blood glucose 50 - 60 mg/dL in patients unable to swallow well who do not have IV access; Repeat in 15 minutes if BG still < 60 mg/dL.

**dextrose 50% IV**

50 mL, IV, Injection, PRN, PRN Other (see comment)

**Comments:** Give 25 grams (50 mL) for blood glucose < 40 mg/dL; Repeat in 15 minutes if blood glucose still < 60 mg/dL.

**dextrose 50% IV**

18 mL, IV, Injection, PRN, PRN Other (see comment)

**Comments:** Give 9 grams (18 mL) for blood glucose 40 - 50 mg/dL; Repeat in 15 minutes if blood glucose still < 60 mg/dL.

**dextrose 50% IV**

15 mL, IV, Injection, PRN, PRN Other (see comment)

**Comments:** Give 7.5 grams (15 mL) for blood glucose 51-60 mg/dL; Repeat in 15 minutes if BG still < 60 mg/dL.

**Other**

Subphase Activated

*Report Legend:*

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase