

Example 10 — Transition from IV Insulin to Sub Q Insulin Protocol (unpublished)

Separate protocol from infusion protocol (see [Layer Interventions>Protocol Design](#) and [Integration>Transitions and Perioperative Settings](#)).

Blood glucose goal is 70–150 mg/dL

- Patient is NPO or eating less than 30 g of carbohydrate/meal; BG ac and hs.
- IV fluids: D5W 1 liter/8 hours or D5.2NS at ____ cc/hour or _____.
- Patient is eating \geq 30 g of carbohydrate per meal; BG ac and hs.
- IV saline locked or _____.
- Last hourly dose of IV insulin x 20 _____ units = **transition dose**.
Administer transition dose sub q and turn off IV insulin in 2 hours (see Table 1).

Table 1. Times of Administration of First and Subsequent Lantus Doses

Time of first administration	Dose	Time of subsequent administrations	Dose
0600–1500	Give calculated dose of Lantus as above	0900	See morning fasting blood glucose and refer to Lantus algorithm
1501–2400	Give calculated dose of Lantus as above	2100	See morning fasting blood glucose and refer to Lantus algorithm
2401–0559	Give rapid-acting insulin sub q equal to 20% of the calculated transition dose every 4 hours until Lantus can be given	0900	Use transition dose above.

- Adjust subsequent Lantus doses according to AM blood glucose and Table 2.

Table 2. Adjustments of Lantus Doses

Blood glucose (mg/dL)	If patient receiving		
	< 20 units	21–40 units	> 40 units
Fasting	Lantus (insulin glargine) dose		
Below 60	Decrease by 4 units	-6	-8
60–70	Decrease by 2 units	-4	-6
At goal (71–150)	No adjustment	No adjustment	No adjustment
151–200	Increase by 2 units	+4	+6
201–250	Increase by 4 units	+6	+8
251–300	Increase by 6 units	+8	+10
301–352	Increase by 8 units	+10	+12
350	Increase by 10 units	12	14

- If NPO or eating less than 30 g of carbohydrate per meal, administer corrective-dose rapid-acting insulin (Novolog or Humalog) according to Table 3 at ac and hs schedule.

Table 3. Corrective Dosage of Patient Insulin according to Blood Glucose Level

Blood glucose (mg/dL)	Low dose (\leq 40 units/day)	Medium dose (41–80 units/day)	High dose (> 80 units/day)
< 150	0	0	0
151–200	1	1	3
201–250	2	3	5
251–300	3	5	7
301–350	4	7	9
> 350	5	9	11

- If eating 30 g or more of carbohydrates per meal, add corrective dose from Table 3, plus the amount of insulin needed to cover carbohydrates eaten in Table 4. Administer

corrective and meal dose after the patient has eaten. See list of carbohydrates below.

Table 4. Patient Insulin Dosage according to Amount of Carbohydrates Consumed

Carbohydrates consumed (g)*	Low dose (requiring ≤ 40 units/day)	Medium dose (requiring 41–80 units/day)	High dose (requiring > 80 units/day)
< 45	0	0	0
45–59	3	5	10
60–74	4	7	14
75–90	5	8	16

*Use food/carbohydrate guide and patient's menu to determine amount/

- Determine corrective dose for hs by Table 5.

Table 5.

Blood glucose (mg/dL)	Snack	Low dose (requiring ≤ 40 units/day)	Medium dose (requiring 41–80 units/day)	High dose (requiring > 80 units/day)
< 150	15–30 g	0	0	0
151–200	No snack	0	0	0
201–250	No snack	1	2	3
251–300	No snack	2	3	4
301–350	No snack	3	4	5
> 350	No snack	4	6	7

- Treatment of Hypoglycemia: [has to be added]
- Discharge Planning: [will be added on another laminated card that will be attached to main card with a brad]

COUNTING CARBS: [will have to complete this list]

Carbohydrates according to Patient Diet

Clear liquid diet		Full liquid diet	General diet (each 15 g)
Regular Jell-O	15 g	Pudding	1 sl bread
Juice	15 g	Cream soup	1/3 cup rice
Popsicles		Milk	1/3 cup mashed potato
Broth	0 g		Small baked potato
Tea	0 g		1/3 cup pasta
Coffee	0 g		½ cup peas
Regular soda/pop	15 g per ½ cup		½ cup corn
			½ cup squash