Adult Patients Receiving Continuous Tube Feedings Plus Clear/Full Liquid Diet

☑ This patient is on the Insulin Protocol for Adults Receiving Continuous Tube Feedings Plus Clear/Full Liquid Diet

LABORATORY
☐ HgbA1C – now (order if admitting blood glucose is greater than 180 and not done within last month)

FINGERSTICK GLUCOSE TESTING
☑ Fingersticks glucose before each meal (0600, 1100, 1700)
☑ Recheck fingerstick glucose 2 hours after each correction factor given and record on nursing flowsheet

☑ Notify MD for: glucose less than 70 mg/dL or greater than 360 mg/dL

MEDICATIONS
Glargine Insulin
☐ Insulin glargine (LANTUS): _____ units SQ Daily (non-standard schedule)

CALCULATING GLARGINE – Calculating the Total Daily Dose (TDD)
• Glargine will provide BASAL plus tube feed requirements
• If previous diagnoses of TYPE I diabetes: TDD should be 0.5 units/kg actual body weight
• If known Type II diabetes: TDD should be 1 unit/kg actual body weight
• If NO previous diagnoses of diabetes: TDD should be 0.8 units/kg actual body weight

ADMINISTRATION OF GLARGINE – Administration Guidelines
• First dose glargine should be administered once tube feedings start
• If TDD is over 100 units, administer half the dose Q12 hours (half total dose Q12hrs slows for more rapid adjustments over time and avoids potential dosing troughs)
• Dose schedules for glargine are determined when first dose is given. DO NOT automatically default to set time in EPIC

Adjusting the BASAL dose of glargine:
• To DECREASE BASAL INSULIN if most recent glucose level is below 80mg/dL – decrease next scheduled LANTUS dose by 10%
• To DECREASE BASAL INSULIN if most recent glucose level is below 60 mg/dL – decrease next scheduled LANTUS dose by 20%
• To INCREASE BASAL INSULIN – every 24 hours (or every 12 hours) add the total units of lispro/aspart used since the last glargine dose and increase the next glargine dose by that amount
Prandial Insulin: to be administered after the patient eats

- Insulin lispro _____ units SQ after meals

Calculating Prandial Dose Insulin

- These patients receive supplemental rapid acting insulin to cover small amounts of carbohydrate containing liquids consumed orally.
- Noncaloric liquids: NO supplemental insulin Lispro required i.e. tea, broth, diet soda, water, coffee
- Carbohydrate containing liquids: Give 2 units of insulin Lispro per each choice
- Regular soda or Popsicles: Give 4 units insulin Lispro per each choice

Correction Factor Insulin - Choose ONE

- Use correction factor to fill in any gaps left by inadequate GLARGINE dosing
- Correction factor doses should be adjusted as GLARGINE doses are adjusted

- Insulin lispro **LOW DOSE ALGORITHM** – for patients requiring a TOTAL of less than or equal to 40 units insulin per day
  - 1 unit SQ after meal PRN if pre-meal glucose 120-170 mg/dL
  - 2 units SQ after meal PRN if pre-meal glucose 171-220 mg/dL
  - 3 units SQ after meal PRN if pre-meal glucose 221-270 mg/dL
  - 4 units SQ after meal PRN if pre-meal glucose 271-320 mg/dL
  - 5 units SQ after meal PRN if pre-meal glucose over 320 mg/dL
  - RECHECK fingerstick glucose 2 hours after each correction factor given and record on nursing flowsheet
  - DO NOT REBOLUS WITH INSULIN

- Insulin lispro **MEDIUM DOSE ALGORITHM** – for patients requiring a TOTAL of 41 - 80 units insulin per day
  - 1 unit SQ after meal PRN if pre-meal glucose 120-170 mg/dL
  - 3 units SQ after meal PRN if pre-meal glucose 171-220 mg/dL
  - 5 units SQ after meal PRN if pre-meal glucose 221-270 mg/dL
  - 7 units SQ after meal PRN if pre-meal glucose 271-320 mg/dL
  - 9 units SQ after meal PRN if pre-meal glucose over 320 mg/dL
  - RECHECK fingerstick glucose 2 hours after each correction factor given and record on nursing flowsheet
  - DO NOT REBOLUS WITH INSULIN

- Insulin lispro **HIGH DOSE ALGORITHM** – for patients requiring a TOTAL of more than 80 units insulin per day
  - 3 unit SQ after meal PRN if pre-meal glucose 120-170 mg/dL

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Print: 

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<thead>
<tr>
<th>Physician Name</th>
<th>Date</th>
<th>Time</th>
<th>Pager</th>
<th>Unit Secretary</th>
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Signature: 

Physician

RN

(Authoring Department: Endocrine  Last review date: October, 2005)

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Treatment of Hypoglycemia

✔ If patient is ABLE to take PO - For BLOOD GLUCOSE less than or equal to 70 mg/dL give 15 grams of fast-acting carbohydrate (4 oz. fruit juice/non-diet soda, 8 oz nonfat milk)
✔ If patient is UNABLE to take PO – For BLOOD GLUCOSE less than or equal to 70 mg/dL give Dextrose 50% 25 mL IV push.
✔ Check fingerstick glucose after 15 min and repeat above if fingerstick glucose is less than 70 mg/dL

Unplanned Stop of Tube Feedings When on Glargine
Initiate IV Fluid to provide a minimum of 5 grams glucose per hour if caloric intake is abruptly interrupted.

☐ Dextrose 5% 1000 mL at _____ ml/hour continuous IV x 3 days
☐ Dextrose 10% 1000 mL at _____ ml/hour continuous IV x 3 days