Please contact krogers@salud.unm.edu with any concerns, questions, or suggestions on this order set.

### Insulin Order Set Administration Record

**Allergies:**

**Patient Label**

**Nursing Orders if NPO:**
2. Give “Correction Dose” insulin based on Rapid-Acting Insulin table.
3. Administer insulin after each CBG per table, do not recheck CBG for 4 hours.
4. Do not hold glargine for NPO status.
5. Do not mix glargine in same syringe with other insulins.

**Nursing Orders if Eating:**
1. Check blood glucose just before the patient eats meals and at 2200.
2. Calculate and give “Nutritional + Correction Dose” insulin based on Rapid-Acting Insulin table.
3. Give only correction doses at bedtime and if the patient eats less than 50% of their meal.
4. Administer the insulin within 30 minutes of first bite of the meal.
5. Do not mix glargine in same syringe with other insulins.

### Blood Glucose

<table>
<thead>
<tr>
<th>mg/dL</th>
<th>Type of Insulin</th>
<th>Rapid Acting Insulin Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 70</td>
<td>Implement Hypoglycemia orders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. If patient can take po: administer 15 grams of carbohydrate (6 oz of fruit juice or 15 grams of glucose gel)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. If patient unable to take po: administer 12.5 grams of dextrose 50% IV (25 mL) or 1 mg of glucagon IM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Check blood glucose every 15 minutes and repeat above treatment until blood glucose is ≥ 100 mg/dL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Notify MD if blood glucose ≤ 70 mg/dL for two readings in 24 hour period</td>
<td></td>
</tr>
<tr>
<td>71-149</td>
<td>+ ____ units</td>
<td>__ units with Breakfast</td>
</tr>
<tr>
<td>150-199</td>
<td>+ ____ units</td>
<td>__ units with Lunch</td>
</tr>
<tr>
<td>200-249</td>
<td>+ ____ units</td>
<td>__ units with Dinner</td>
</tr>
<tr>
<td>250-299</td>
<td>+ ____ units</td>
<td></td>
</tr>
<tr>
<td>300-349</td>
<td>+ ____ units</td>
<td></td>
</tr>
<tr>
<td>350-399</td>
<td>+ ____ units</td>
<td></td>
</tr>
<tr>
<td>≥ 400</td>
<td>Treat with +_____ units and inform MD</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis:**

- **Admission Date:**
- **Today’s Date:**
- **Physician:**
- **Sex:**
- **Height:**
- **Weight:**

**Date / /**

**Signatures**

**Date / /**

**Signatures**

**Date / /**

**Signatures**

**Date / /**

**Signatures**

Revised 9/2007