

ADULT SUBCUTANEOUS INSULIN PROTOCOL

Ongoing Hyperglycemia: After increasing Supplemental insulin scale ONCE, notify ordering provider for further insulin orders if blood glucose levels remain greater than 180 mg/dL for 2 consecutive tests.

4. Diet

- Diabetic Low Diabetic Moderate Diabetic High Diabetic Very High
 Bedtime snack
 Other _____
 Dietician consult

Diabetic low: 1200–1700 calories/day
(10-14 carb choices/day – use menu)
Diabetic moderate: 1800-2200 calories/day
(15-18 carb choices/day – use menu)
Diabetic high: 2300-2700 calories/day
(19-22 carb choices/day – use menu)
Diabetic very high: 2800+ calories/day
(23+ carb choices/day – use menu)

5. Laboratory

- Hgb- A_{1c} (If A_{1c} from past 3 months not available)
 Hepatic panel
 Electrolytes, BUN, Creatinine

6. Hypoglycemia Protocol

Hypoglycemia Protocol	
For BG 60 – 70 mg/dL Patient is not symptomatic	No treatment; Re-check BG in 30 minutes if more than 30 minutes until next meal
For BG 60 – 70 mg/dL Patient is symptomatic but alert	Administer 15 gm of Carbohydrates: Choose one of the following: * <ul style="list-style-type: none"> • 4 OZ of any juice • 1 tube of glucose gel (If NPO) give ½ amp (25 mls) of D50 IV
For BG 45 – 59 mg/dL Patient is alert	Administer 20 gm Carbohydrates: Choose one of the following: * <ul style="list-style-type: none"> • 6 OZ of any juice • 1.5 tubes of glucose gel (If NPO) give ½ amp (25 mls) of D50 IV
For BG less than 45 mg/dL Patient is alert	Administer 30 gm of Carbohydrates: Choose one of the following: * <ul style="list-style-type: none"> • 8 OZ of any juice • 2 tubes glucose gel (If NPO) give ½ amp (25 mls) of D50 IV
For BG less than 70 mg/dL Patient is not alert	Call Physician* Administer 1 amp (50 mls) of D50 IV If no IV access, administer 1 mg glucagon IM May repeat glucagon x 1
*Recheck blood glucose every 15 minutes until BG is greater than 60 mg/dL without symptoms, or BG is greater than 70 mg/dL if symptoms persist. Once patient is stable recheck BG after 60 minutes.	

Physician Signature: _____

Date & Time of Orders: ____/____/____ : ____

References:

Health Care Order Set Module: Subcutaneous Insulin Management.
Institute for Clinical Systems Improvement (ICSI) May 2006, pp. 1 – 15
Management of Hyperglycemia in the Hospital Setting.
 NEJM 355:1903-1911, Insucchi, S.E. (2006)

PATIENT LABEL