

Subcutaneous Sliding Scale Insulin Orders

Original Date	09/2009	Revision Date	02/2010	Withdrawn Date	
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Orders without boxes are active unless crossed out. Check all desired orders with boxes.

1. These orders are for the next **72 hours**. Contact physician treating blood sugar thereafter to continue or not.

2. Perform finger stick glucose checks at following interval:
 - AC & HS (if eating or on bolus tube feeding)
 - Every 6 hours (if NPO or on continuous tube feeding)
 - Physician specified times: _____

3. Blood glucose may be checked PRN if signs and symptoms of hypo or hyperglycemia are present

4. **Please check which insulin to be given subcutaneously:**
 - Novolog (Insulin aspart) use for Humalog (Insulin lispro) per P&T committee

Blood Glucose mg/dl	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Custom
< 70	Consult Physician for orders			
71 – 150	0 units	0 units	0 units	
151 – 200	0 units	3 units	4 units	
201 – 250	2 units	5 units	6 units	
251 – 300	4 units	7 units	10 units	
301 – 350	8 units	10 units	12 units	
351 – 400	10 units	12 units	15 units	
400 – 499	12 units	14 units	17 units	
> 500	12 units Call Physician	14 units Call Physician	17 units Call Physician	

5. Call and have laboratory determine blood glucose level when finger stick glucose level exceeds machine maximum
6. Call physician treating blood glucose for any of the following:
 - If patient becomes NPO, or when oral feeding, tube feeding is initiated or stopped
 - Patient has any **significant change** in status – fever > 101°F, persistent nausea, vomiting, or diarrhea unresponsive to treatment, change in level of consciousness
 - Glucose is <60 or >300 mg/dl on 3 consecutive measurements
 - For insulin orders if glucose is greater than 500 mg/dl

_____ Date _____ Time _____
Physician's Signature

Patient Sticker