

**PHYSICIAN ORDER SET**

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF UPMC - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

**Insulin (Subcutaneous): Initiation or Modification -- Physician Order Set**

Check All Orders that Apply with a  & All Handwritten Orders Should be **BLOCK PRINTED** for Clarity

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM (circle)

**Discontinue all Previous Insulin Orders** (All insulin orders **MUST** be rewritten with **ANY** changes)

Check capillary blood glucose:  
 QAC and QHS     QAC     Q6hours     Q4hours     BID     3am     Other: \_\_\_\_\_

Initiate Hypoglycemia Treatment Protocol for any blood glucose < 70 mg/dL

Consult Diabetes Service (pager 1082) for:  
 Insulin Pump     Severe Hypoglycemia     Uncontrolled glucose     Other: \_\_\_\_\_

**Scheduled Insulin:**

	Breakfast-time	Lunch-time	Supper-time	Bedtime
<b>Basal insulin (longer acting)</b> <input type="checkbox"/> NPH <input checked="" type="checkbox"/> Call MD for dose adjustments if po intake changes <input type="checkbox"/> long-acting analog* <input checked="" type="checkbox"/> If enteral feedings are stopped abruptly, start D10 IV at same rate as feedings and notify MD    * Once or twice daily	_____ units Subq	_____ units Subq	_____ units Subq	_____ units Subq
<b>Nutritional/Prandial Insulin</b> <input type="checkbox"/> rapid acting analog <input checked="" type="checkbox"/> Hold if meal will be missed. <input type="checkbox"/> regular insulin	_____ units Subq	_____ units Subq	_____ units Subq	

<b>Scheduled Short-acting Insulin</b> <input type="checkbox"/> rapid acting analog Can be used for patients on continuous nutrition <input type="checkbox"/> regular insulin	_____ units Subq	<input type="checkbox"/> every 4 hours <input type="checkbox"/> every 6 hours <input type="checkbox"/> Other: _____
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Other Orders: \_\_\_\_\_

**Correction Insulin (Sliding Scale Insulin Coverage): Not recommended for use as monotherapy for > 48 hrs**

DO NOT HOLD IF NPO

Insulin (Select one):     Regular Insulin     Insulin rapid acting analog  
 Coverage     QAC and QHS     QAC     Q6hours     Q4hours     BID     3am     Other: \_\_\_\_\_

Scale (Select one):	<input type="checkbox"/> Very Low Dose	<input type="checkbox"/> Low Dose	<input type="checkbox"/> Moderate Dose	<input type="checkbox"/> High Dose	<input type="checkbox"/> Patient-Specific
<70 mg/dL	Begin Hypoglycemia Protocol	Begin Hypoglycemia Protocol	Begin Hypoglycemia Protocol	Begin Hypoglycemia Protocol	Begin Hypoglycemia Protocol
70-130 mg/dL	0 units	0 units	0 units	0 units	_____ units
131-180 mg/dL	1 units	2 units	4 units	8 units	_____ units
181-240 mg/dL	2 units	4 units	8 units	12 units	_____ units
241-300 mg/dL	3 units	6 units	10 units	16 units	_____ units
301-350 mg/dL	4 units	8 units	12 units	20 units	_____ units
351-400 mg/dL	5 units	10 units	16 units	24 units	_____ units
>400 mg/dL	6 units and call MD	12 units and call MD	20 units and call MD	28 units and call MD	_____ units

Additional Instructions:

	<b>(BLOCK Print Name)</b> _____ <b>(Signature)</b> _____ <b>Pager #</b> _____ <input type="checkbox"/> <b>Order Set Faxed to Pharmacy by:</b> _____ <b>Unit:</b> _____ (name / time)
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