



SCANNED TO PHARMACY

STAT MEDICATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hospital glycemic target range: 100 - 180 mg/dL.

1. Draw Hemoglobin A1c now if not done this admission unless physician completes the following:  
Current HgA1c (within 3 month) \_\_\_\_\_ drawn \_\_\_\_\_ (date).
2. Activate Hypoglycemia Orders/Protocol.
3. Finger Stick Blood Glucose Q AC and at bedtime.
4. If patient receives Correction Dose Insulin at bedtime, check Finger Stick Blood Glucose at 2AM, but do not cover with additional Correction Dose of Insulin.
5. If NPO, or on tube feedings (TF), or TPN, check Finger Stick Blood Glucose Q 4 hours and use Correction Dose Humalog (Lispro) unless otherwise ordered by physician.
6. **Basal Dose Insulin:**  
**Glargine (Lantus):** \_\_\_\_\_ units subcutaneously once daily at  0900 or  2100  
Recommend starting dose 10 units or 0.1 units/kg daily for thin patients.  
Recommend allocating total insulin requirements for these patients as 50% Basal Insulin and 50% divided into Nutritional Dose Insulin.
7. **Scheduled Nutritional Dose Insulin:**  
**Humalog (Lispro):** \_\_\_\_\_ units at breakfast \_\_\_\_\_ units at lunch \_\_\_\_\_ units at dinner  
Recommend Start dose 3-4 units Q AC or 0.2 units/kg/day divided Q AC, and discontinuing secretagogues (sulfonylureas and meglitinides).
8. **Correction Dose Insulin: Humalog (Lispro):** Give Correction Dose Insulin in addition to Scheduled Nutritional Dose Insulin and Basal Dose Insulin above unless otherwise ordered by physician.

**Low/Mild Correction Scale**

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
	Before Meals/TPN/TF	Bedtime or NPO
Less than 70	See Hypoglycemia Orders/Protocol.	
70-180	No action	No action
181-250	2 units SUB Q	No action
251-300	3 units SUB Q	1 unit SUB Q
301-350	4 units SUB Q	2 units SUB Q
351-400	5 units SUB Q	4 units SUB Q
Greater than 400	6 units SUB Q and Call Physician	5 units and Call Physician

**Medium/Moderate Correction Scale:**

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
	Before Meals/TPN/TF	Bedtime or NPO
Less than 70	See Hypoglycemia Orders/Protocol.	
70-150	No action	No action
151-200	2 units SUB Q	No action
201-250	4 units SUB Q	2 units SUB Q
251-300	6 units SUB Q	3 units SUB Q
301-350	8 units SUB Q	4 units SUB Q
351-400	10 units SUB Q	5 units SUB Q
Greater than 400	12 units and Call Physician	6 units and Call Physician

**High/Aggressive Correction Scale:**

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
	Before Meals/TPN/TF	Bedtime or NPO
Less than 70	See Hypoglycemia Orders/Protocol.	
70-140	No action	No action
141-175	2 units SUB Q	No action
176-200	4 units SUB Q	No action
201-250	6 units SUB Q	2 units SUB Q
251-300	8 units SUB Q	3 units SUB Q
301-350	10 units SUB Q	4 units SUB Q
351-400	12 units SUB Q	5 units SUB Q
Greater than 400	14 units and Call Physician	7 units and Call Physician

Physician Signature: \_\_\_\_\_ Physician #: \_\_\_\_\_  
Authorization for therapeutic substitution is given unless checked here

ZZ21625-SMCS (5/25/10)



- SAFH  SAH  SDH  SMCS  SRMC  SSMC

**Subcutaneous Insulin Orders  
Basal, Nutritional, and  
Correction Dose Insulin**

Patient Identification