University of Medical Center
Pharmacy Services

Physician Order Sheet
Adult Insulin Drip Orders For Monitored Units

WEIGHT		HEIGHT	
ALLERGY			

1. All medication orders, including treatments containing medications, room and/or service transfers, and discharge orders are to be written in the MEDICATION AND I.V. ORDERS section.
2. Drugs covered by the automatic stop order policy should be ordered for a specific number of doses.
3. All orders for antineoplastic agents must be written on the (Antineoplastic Order Form.)
4. All I.V. nutritional therapy must be written on the appropriate (Parenteral Nutrition Order Form.)
5. All systemic antimicrobials should be ordered on the (Antimicrobial Order Form.)
6. Please provide all the required information.
7. Please indicate your physician I.D. number.

MEDICATION AND I.V. FLUID ORDERS *NOTE: USE THE ANTIMICROBIAL ORDER FORM FOR SYSTEMIC ANTIMICROBIALS.*

Rx1 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
Subcutaneous Glucose 0-60 1/2 Amp D50 IV, Notify Physician Sliding Scale regular human insulin 61-150 0 units 151-200 ____ (1 - 4) units 201-250 ____ (2 - 8) units >250 ____ (3 - 12) units		Subcutaneous	q ____ hrs

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

Rx2 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
IV Sliding Scale regular human insulin Glucose 0-60 1/2 Amp D50 IV, Notify Physician 61-150 0 units 151-200 ____ (1 - 2) units 201-250 ____ (2 - 4) units >250 ____ (3 - 6) units		IV	q ____ hrs

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

Rx3 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
IV regular human insulin drip: Initiate when criteria met and discontinue all other forms of insulin and antidiabetic agents. Glucose 151-250 1 unit/hour 251-350 2 unit/hour >350 3 unit/hour		IV	q ____ hrs

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

Rx4 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
*Titrate IV regular insulin drip to maintain blood glucose level between 100-150 mg/dl. (do not decrease glucose by > 100 mg/dl/hour)			

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

Rx5 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
*Refer to the **Guidelines for Hyperglycemia Management in Adult Patients** for suggested titration schedule and definition of monitored units.			

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

Rx6 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY
If Glucose < 60 - hold insulin drip, give 25ml D50 IV - check glucose in 15, 30 and 60 minutes - repeat 25ml D50 IV for each glucose < 60 - once Blood Glucose > 100, restart drip at 1/2 previous infusion rate.			

DATE | TIME | M.D. SIGNATURE | M.D. ID NO.

NON-MEDICATION ORDERS

DATE	TIME		NURSE
		Check Finger Stick on admission if admission labs not obtained.	
		SLIDING SCALE INSULIN	
		1. Perform blood glucose checks:	
		Check ONE of the following:	
		☐ (q 6 hours) If patient NPO, on continuous tube feeds or TPN, OR	
		☐ q ac/hs if patient on bolus tube feeds or po diet, OR	
		☐ (q 1-2 hours) If patient on IV insulin sliding scale	
		2. Discontinue blood glucose checks if glucose is less than 150 mg/dl without insulin coverage after 24 hours in stable patient and patient without known diabetes history.	
		INSULIN DRIP	
		1. Initiate insulin drip: If Blood glucose is greater than 350 mg/dl OR if Blood glucose > 250 mg/dl times 2 with Sliding Scale insulin coverage	
		OR if Blood glucose > 150 mg/dl for 3 consecutive Blood glucose checks with SSI coverage, start an insulin drip.	
		2. Check blood glucose every 1 hour until patient within goal range for 4 consecutive hours and if the patient is medically stable, then check blood glucose q 2 hours	
		3. If the patient's condition changes, Nutrition Support initiated or the blood glucose is no longer within goal range, resume every 1 hour blood glucose monitoring	
		4. When nutrition is discontinued, decrease drip rate by 50% and increase monitoring to q 1 hour.	

M.D. Signature _____

(Rev 07/04)