

**SASKATOON HEALTH REGION**  
Saskatoon, Saskatchewan

RUH     SCK     SPH    OTHER \_\_\_\_\_

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**PHYSICIAN'S ORDERS**

ALLERGIES \_\_\_\_\_

SAMPLE ONLY  
Master Copy in  
Printing Services

DATE	TIME	ORDERS AND SIGNATURE	PROCESSED				
<b>SUBCUTANEOUS INSULIN ORDERS – ADULT</b>			TIME	M	I	R	R
<i>Discontinue All Previous Insulin Orders</i>			A	C	E	Q	N
			R	P	Q		

- Hemoglobin A1C (Recommend if not done in last 3 months)
- Refer to Diabetes Educator during hospital stay or  on discharge
- Refer to Dietician
- Follow Hypoglycemia Protocol (see reverse) for blood glucose less than 4.1 mmol/L

**Sections 1 & 2 must be completed if scheduled insulin plus sliding scale is required.**

1. **SCHEDULED SUBCUTANEOUS INSULIN**

- Blood Glucose Monitoring:**
- 30 minutes before breakfast and supper (BID)
  - 30 minutes before meals and at bedtime (QID)
  - Other \_\_\_\_\_

**Insulin Dose:** 30 minutes before meals

\*Not more than 15 minutes before meals for rapid acting insulin (i.e. Humalog®)\*

BREAKFAST	LUNCH	SUPPER	BEDTIME
_____ units Humalog _____ units Humulin R _____ units Humulin N _____ units _____	_____ units Humalog _____ units Humulin R _____ units _____	_____ units Humalog _____ units Humulin R _____ units Humulin N _____ units _____	_____ units Humulin N _____ units _____

2. **SLIDING SCALE SUBCUTANEOUS INSULIN**

**\*Order basal insulin as scheduled insulin dose\***

**Monitor blood glucose and administer Humulin R insulin per sliding scale:**

- Every 4 hours (02, 06, 10, 14, 18, 22 hr)
- Every 6 hours (06, 12, 18, 24hr)
- 30 minutes before meals and at bedtime
- Other specified times: \_\_\_\_\_

**Check column to indicate Humulin R Sliding Scale Dose Intensity :**

Blood Glucose (mmol/L)	<input type="checkbox"/> Low	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High	<input type="checkbox"/> Custom
less than 4.1	Follow Hypoglycemia Protocol (See reverse)			
4.1 to 7	0 units	0 units	0 units	units
7.1 to 10	0 units	2 units	4 units	units
10.1 to 14	2 units	4 units	6 units	units
14.1 to 17	4 units	6 units	8 units	units
17.1 to 20	6 units	8 units	10 units	units
20.1 to 22	8 units	10 units	12 units	units
greater than 22.1	Call Physician for orders			

**Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

## HYPOGLYCEMIA PROTOCOL (Adults)

Symptoms of Hypoglycemia	
Neurogenic (Autonomic)	Neuroglycopenic
Trembling	Difficulty concentrating
Palpitations	Confusion
Sweating	Weakness
Anxiety	Drowsiness
Hunger	Vision changes
Nausea	Difficulty speaking
Tingling	Headache
	Dizziness
	Tiredness

Hypoglycemia. In: CDA, Clinical Practice Guidelines Expert Committee S43-S45.  
<http://www.diabetes.ca/cpg2003/download.aspx>

### IF BLOOD GLUCOSE LESS THAN 4.1 mmol/L

#### If patient CONSCIOUS and ABLE TO DRINK

1. Administer
  - 115ml (1/2 cup) apple juice **OR**
  - 175ml (3/4 cup) unsweetened orange juice (Do not add sugar to juice) **OR**
  - 175ml (3/4 cup) regular non-diet soft drink **OR**
  - 3 teaspoons (15ml) or 3 packets of table sugar dissolved in WATER.
2. Repeat blood glucose in 15 minutes
  - If blood glucose remains less than 4.1 mmol/L repeat juice, soft drink or sugar water
3. Repeat blood glucose in 15 minutes
  - If blood glucose remains less than 4.1 mmol/L, call physician.

#### If patient CONSCIOUS and UNABLE TO DRINK; IV AVAILABLE

1. Administer 25 ml of Dextrose 50% in Water intravenously over 1 to 3 minutes.
2. Repeat blood glucose in 15 minutes
  - If blood glucose remains less than 4.1 mmol/L, call physician.

#### If patient is UNCONSCIOUS

Follow protocol for finding an unconscious person.

**Document all hypoglycemic episodes and action taken in the nurses notes and on the Diabetic Record. Identify cause of low blood sugar and document (i.e. missed or late snack or meal).**

**Any hypoglycemic episode should prompt physician review of insulin and diet orders. Do not give further doses of insulin until this review is completed.**