

U-500 (CONCENTRATED) Regular Insulin Pump [1411]

Patient to continue using pump with the existing settings.

Target Blood Glucose = Premeal 100-140 mg/dL and random less than 180 mg/dL

Providers: If patient has active insulin / non-insulin ANTIHYPERGLYCEMIC orders, please consider discontinuing.

Patient Supplied Insulin Pump

U-500 Insulin Pump

<input checked="" type="checkbox"/> Insulin Pump - U500 (CONCENTRATED) Insulin	subcutaneous, continuous CALL ADMITTING/ORDERING PROVIDER FOR ANY QUESTIONS REGARDING PATIENT-SUPPLIED INSULIN PUMP RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one? Patient assessed and determined to be capable to self-manage pump:
<input checked="" type="checkbox"/> Patient supplied insulin pump forms	Routine, Until discontinued, Starting S 1) Using link below, print RX193 Patient-Supplied Insulin Pump Patient Agreement Form. Review with patient and obtain patient signature. Submit the signed form for scanning into the electronic record. 2) Using link below, print the Patient Record of Bedside Insulin Pump and Blood Glucose. Provide the patient with a new form daily at 0700.

Insulin Pump Care

Insulin Pump Care

<input checked="" type="checkbox"/> Assess insulin pump insertion site	Routine, Every 12 hours Assess: insulin pump insertion site
<input type="checkbox"/> Patient managed insulin pump site change - every 48 hours	Routine, Every 48 hours Site Care: Patient to change insulin pump site
<input type="checkbox"/> Patient managed insulin pump site change - every 72 hours	Routine, Every 72 hours Site Care: Patient to change insulin pump site

Nursing

HM IP U-500 INSULING PUMP BEDSIDE GLUCOSE (Selection Required)

<input checked="" type="checkbox"/> Bedside glucose	Routine, 4 times daily before meals, at bedtime, and 0400 -IF NPO, TPN OR TUBE FEEDS: Every 6 Hours. Nurse to reschedule to new frequency. -If blood glucose is LESS THAN or EQUAL to 70mg/dL, follow the Hypoglycemia Management for Adult Patients order set.
<input checked="" type="checkbox"/> Bedside glucose	Routine, As directed -PRN, patient request or sign or symptom of hypoglycemia. --If blood glucose is LESS THAN or EQUAL to 70mg/dL, follow the Hypoglycemia Management for Adult Patients order set.

Notify

<input checked="" type="checkbox"/> Notify Admitting/Ordering Provider	Routine, Until discontinued, Starting S, -If glucose is less than 70 mg/dL or greater than 300 mg/dL -If TPN or tube feeds are held or discontinued
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Diet

Diet 1800 Kcal/202 gm Carb

Diet effective now, Starting S
Diet(s): Other Diabetic/Cal
Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:

Insulin Pump Refill

Insulin Pump Refill

insulin regular U-500 (HumuLIN R) CONCENTRATED injection 500 unit/mL (RESTRICTED)

1,500 Units, insulin pump refill, once, For 1 Doses
For use as insulin pump refill ONLY!
RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?

Hypoglycemia Management

Hypoglycemia Management (Selection Required)

HYPOglycemia Management - Adults not managed on other insulin order sets (Selection Required)

[X] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders

Routine, Per unit protocol
HYPOglycemia is defined as glucose LESS than 70 mg/dL

If INITIAL bedside glucose is LESS than or equal to 40 mg/dL:
Send serum glucose level STAT.
Initiate treatment immediately after lab draw. DO NOT delay treatment waiting for lab result.
If patient has IV access, give 50% Dextrose, 25gm, (50 mL) intravenous push, ONCE.
If patient does not have IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given. DO NOT give further insulin or any oral HYPOglycemia agent until ordered by a prescriber.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL.

If INITIAL bedside glucose is between 41-69 mg/dL:
Give 4oz (120mL) of juice, if patient is able to swallow and is NOT NPO.
If patient is NPO or unable to swallow, DO NOT give juice.
If patient has IV access give 50% Dextrose, 12.5gm, (25 ml) IV push, ONCE.
If patient NPO or unable to safely swallow and without IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given.
DO NOT give further insulin or any oral HYPOglycemic agent until ordered by a prescriber.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL

If SECOND bedside glucose is LESS than 70 mg/dL:
Send serum glucose level STAT.
Initiate treatment immediately after lab draw. DO NOT delay treatment waiting for lab result.
If patient has IV access, give 50% Dextrose, 25gm, (50 mL) intravenous push, ONCE.
If patient does NOT have IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL.

If SECOND bedside glucose is between 70-100 mg/dL:
Notify provider of hypoglycemia.
Recheck bedside glucose every 20 minutes until glucose is GREATER than 100 mg/dL.

If THIRD bedside glucose is LESS than 70 mg/dL:
Initiate IV therapy to run 10% dextrose infusion (500ml) at 40 ml/hr.
Notify Provider. Consider transferring patient to ICU.
Check bedside glucose every 1 hour while on 10% dextrose infusion.
Titrate infusion by 10 ml/hr to keep glucose between 100 and 140 mg/dL.
Notify provider when ANY / ALL of the following occur:
o 10% dextrose infusion is started
o If glucose is LESS than 70 mg/dL while on 10% dextrose infusion
o When 10% dextrose infusion rate is increased to GREATER than 100 ml/hr

If THIRD bedside glucose is between 70-100 mg/dL:
Notify provider of the hypoglycemia.
Recheck bedside glucose every 20 minutes until glucose is GREATER than 100 mg/dL.

CLICK REFERENCE LINKS TO OPEN ALGORITHM AND ORDERS

<input checked="" type="checkbox"/> dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL For blood glucose between 41-69 mg/dL, give ½ cup juice if patient is able or dextrose 50% intravenous solution 12.5 g (25mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes until glucose is greater than 100 mg/dL. DO NOT give further insulin until ordered by a provider
<input checked="" type="checkbox"/> dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, if blood glucose is less than or equal 40 mg/dL Recheck bedside glucose every 20 min until glucose greater than 100 mg/dL.
<input checked="" type="checkbox"/> glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
<input checked="" type="checkbox"/> dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr

Labs

Laboratory

<input checked="" type="checkbox"/> Hemoglobin A1c	Once
<input checked="" type="checkbox"/> Lipid panel	Once

Consults HM

Consults

<input checked="" type="checkbox"/> Consult to Diabetes/Endocrinology	Reason for Consult? Diabetes
<input type="checkbox"/> Consult to Diabetes Educator	Reason for Consult: Insulin Pump
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes

Consults HMW HMSTC HMSTJ

Consults

<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes
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Consults HMSL HMWB HMSJ

Consults

<input checked="" type="checkbox"/> Consult to Diabetes Educator	Reason for Consult: Insulin Pump
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