

## U-500 (CONCENTRATED) Regular Insulin Management [1491]

TARGET BLOOD GLUCOSE: 110 - 180 mg/dL

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

CONCENTRATED insulin should only be considered for patient requiring at least 200 units of insulin daily, and a MINimum of 50 units per dose.

For orders less than 200 units per day or less than 50 units per dose, please use alternative insulins (i.e. insulin NPH, insulin regular, insulin lispro, insulin glargine).

### General

#### Discontinue Insulin Infusion

<input checked="" type="checkbox"/> Discontinue Insulin infusion	Routine, Once For 1 Occurrences If on an insulin infusion, discontinue infusion in 2 hour(s) after first basal (long-acting) insulin dose
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#### Finger Stick Blood Glucose (FSBG) Monitoring (MUST choose one) (Single Response) (Selection Required)

<input type="checkbox"/> Bedside glucose - for patients on diets	Routine, 4 times daily before meals, at bedtime, and 0400 0-30 mins before meals and at bedtime and 02:00
<input type="checkbox"/> Bedside glucose - for patients on continuous enteral feeds, TPN or NPO	Routine, Every 6 hours

#### Notify

<input checked="" type="checkbox"/> Notify Provider	Routine, Until discontinued, Starting S, -If NPO - DO NOT administer U-500 CONCENTRATED insulin  -If patient becomes NPO or if TPN, enteral feedings or tube feedings are held or discontinued, discontinue U-500 CONCENTRATED insulin and contact Prescriber to obtain additional orders  -For blood glucose below 70 mg/dL or hypoglycemic event  -If blood glucose is less than 100 mg/dL, hold U-500 concentrated regular insulin dose and contact Prescriber for dose adjustments and further orders  -If steroid doses are changed, notify Prescriber
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### Hypoglycemia Management

#### Hypoglycemia Management (Selection Required)

<input checked="" type="checkbox"/> HYPOglycemia Management - Adults not managed on other insulin order sets (Selection Required)
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[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

## Subcutaneous Insulin Dosing (choose all that apply)

Medication: insulin regular U-500 (HumuLIN R) 500 unit/mL CONCENTRATED injection (Selection Required)

<input type="checkbox"/> Before Breakfast	subcutaneous, daily before breakfast RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?
<input type="checkbox"/> Before lunch	subcutaneous, daily before lunch RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?
<input type="checkbox"/> Before dinner	subcutaneous, daily before dinner RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?
<input type="checkbox"/> At bedtime	subcutaneous, nightly RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?
<input type="checkbox"/> Every 6 hours	subcutaneous, every 6 hours RESTRICTED to Endocrinology specialists. Are you an Endocrinology specialist or ordering on behalf of one?

## Labs

### Laboratory

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

## Consults

### Consults HMM

<input type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Diabetes and Hyperglycemia Please call Inpatient Diabetes/Hyperglycemia Management Service 713-441-0006
<input type="checkbox"/> Consult Diabetes Educator	Reason for Consult:

<input type="checkbox"/> Consult Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Ambulatory referral to HM Weight Management - Diabetes Education	Internal Referral Select type of services needed and number of hours requested: Initial Comprehensive Diabetes Ed - up to 10 hrs and all 9 ADA core topics Indicate any special needs requiring Individual or Customized Education: For Diabetes related Medical Nutrition Therapy (MNT), please select type needed: Nutrition Consultation (IBT or MNT per RD discretion) I hereby certify that I am managing this patient's Diabetes condition and that the above prescribed training is a necessary part of management. Yes Let me know if the patient declines service or is unable to be contacted? Yes File referral to ordering clinic?