	at have been o	changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
Intravenous Insulin Infusion Orders		ALLERGY:
DATE: TIME:		
 Height on admission. Weigh patient daily. 	SS ON	
• Weigh patient daily.	RDEI	Insulin Drip
 Diet () NPO for 8 hours, then advance to clear liquids () Initial Lab Orders (Run STAT) CBC Chem 7 Calcium Albumin Phosphorus Magnesium Serum Ketones Osmolality Urinalysis reflex Culture & Sensitivity ABGs EKG Blood Culture x 2 if temperature > 100°F. 	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	 Mix human regular insulin 100 units in 100 cc NSS (1 unit = 1 cc). Flush 20 cc through the line (waste it) before connecting to the patient. Begin insulin infusion at 0.1 units/kg/hour. Adjust insulin infusion rate according to the following formula: Infusion rate in units/hour = (measured BG-60) (X) Where X = 0.02 for patients < 50 units insulin/day or weight < 50 kiliograms 0.03 for patients on 5-100 units insulin/day or weight 50-100 kilograms 0.04 for patient on >100 units insulin/day or weight < 100 kilograms
()	ICATION 6	>100 kilogramsAim to decrease blood glucose by 50-75 dL/hour.
()	MEDI	- Ann to decrease blood glucose by 50-75 dL/llour.
 Subsequent Lab Orders (Run STAT) Chem 7 every 4 hours x 2 (to be drawn 4 hours after initial labs. 12 hours after initial labs: CBC Chem 7 Magnesium Calcium Phosphorus Albumin Capillary blood glucose (BG) hourly (or serum glucose STAT if value is above 600 mg/dL) until E remains within 100-160 mg/dL for 3 consecutive hours, then BG every 2 hours until insulin drip is discontinued. 	DC IVF and MEDICATION ORDERS ONLY	 <i>IV Fluids</i> 0.9% NSS at 1 Liter per hour x 2 hours; OR ()
 Summary/Blanket orders are unacceptable. Medication orders must be complete. PRN medication orders must include an indication. Write legibly. Rewrite orders upon transfer and/or post-operatively. Date, time, and sign verbal & telephone orders within 48 hours. Physician's Order Form	U IU Q.D. Q.O.D.	MS MSO4 MgSO4 Trailing zero

Intravenous Insulin Infusion Orders

GMHA #04904 Stock # 9904904 Approved Date: MEC 4/2010, HIMC 6/2010

ITEMS WI	ITH BOXES/PA	ARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that	t have been ch					
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)				INTRAVENOUS FLUID and MEDICATION ORDERS				
\ge	\ge			ALLERGY:				
	\square							
\nearrow	\nearrow		ONLY					
\ge	\ge		RDERS					
\geq	\ge		ON OF	Intravenous	Insulin Infusion O	orders—Page 2		
$>\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	$>\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		CATI	For DKA a	and hyperosmolar sta	te patients, when		
\mathbf{i}	\searrow		IVF and MEDICATION ORDERS ONLY	blood gluce	ose is <250 mg/dL, c	hange IV fluids to D5		
\searrow	\searrow		VF and	¹ / ₂ NS with	40 meq KCl/L at 15	0 cc/hr; OR		
\checkmark	\checkmark			()				
\Leftrightarrow	$\displaystyle \longleftrightarrow$							
\bigcirc	\bigcirc		V ERS O		erative and labor and			
>	$\left\langle \right\rangle$		ORDI		s with 40 mcq KCl/L	/dL, change IV fluid at 150 cc/hr: OR		
\ge	>		NOIT	10 25 7210		<i>at 150 co/m, orc</i>		
>	>		IVF and MEDICATION ORDERS ONLY	()				
$>\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	$>\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		M pu	When bloo	d alucose is < 80 ma	/dL, decrease insulin		
\searrow	\searrow		IVF a		te to 0.5 units/hr and			
\bigtriangledown	\bigtriangledown				ncreasing D5-Contain			
			IVF and MEDICATION ORDERS ONLY	switch to E	• 10 if patient is not e	eating.		
			RDERS	• DO NOT s	top insulin infusion ι	intil at least 30		
>	>			minutes aft		llin has been ordered		
\Leftrightarrow	\bigcirc		ICATI	and given.				
\Leftrightarrow	>		MED					
\bigcirc	\bigcirc		F and	MD:				
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\searrow	\searrow		d MEI	\searrow				
\searrow	>		LA MEDICATION ORDERS ON					
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\Leftrightarrow	\bigcirc		>	\Leftrightarrow				
\bigcirc	\bigcirc		>	\leftrightarrow				
			DONG		D 0 10	PATIENT ID LABEL		
✓ Medi	cation order	et orders are unacceptable. rs must be complete.	DO NO U	MS	Page 2 of 2			
 PRN medication orders must include an indication. Write legibly. 		IU Q.D.	${f MSO_4}\ {f MgSO_4}$					
✓ Rewrite orders upon transfer and/or post-operatively.		Q.O.D.	Trailing zero					
✓ Date,		ign verbal & telephone orders within 48 hours.	Lack of I	leading zero				

Physician's Order Form Intravenous Insulin Infusion Orders GMHA #04904 Stock # 9904904 Approved Date: MEC 4/2010, HIMC 6/2010