

<p style="text-align: center;">PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p style="text-align: center;">PEDIATRIC DIABETIC KETOACIDOSIS TRANSITION TO SUBCUTANEOUS INSULIN PROTOCOL</p> <p>Date and time _____</p> <p>Admitting Physician _____</p> <p>Admitting Diagnosis _____</p> <p><u>ADMIT TO INPATIENT STATUS:</u></p> <p><input type="checkbox"/> Pediatric Unit</p> <p><input type="checkbox"/> Pediatric Intensive Care Unit</p> <p><u>GENERAL</u></p> <p><input type="checkbox"/> Vital Signs every 1 hour</p> <p><input type="checkbox"/> Vital Signs every 2 hours</p> <p><input type="checkbox"/> Vital Signs every 4 hours</p> <p><input type="checkbox"/> Neurological checks every ____ hours</p> <p><input type="checkbox"/> Cardiorespiratory monitor</p> <p><input type="checkbox"/> Pulse oximetry routine with vital signs</p> <p><input type="checkbox"/> Pulse oximetry continuous</p> <p><u>NURSING</u></p> <p><input type="checkbox"/> Point of care Testing Glucose</p> <p><input type="checkbox"/> Check glucose before meals</p> <p><input type="checkbox"/> Check glucose 2 hours after meals</p> <p><input type="checkbox"/> Check glucose at bedtime</p> <p><input type="checkbox"/> Check glucose at 0200</p> <p><input type="checkbox"/> If patient eats less than 50% of the meal, check blood glucose one hour after meal</p> <p><u>HYPOGLYCEMIA MANAGEMENT</u></p> <ul style="list-style-type: none"> • For blood glucose less than 70mg/dL and the patient is alert, please follow these instructions: <ul style="list-style-type: none"> <input type="checkbox"/> Give 120 ml of sugar containing beverage or snack containing 30 grams of carbohydrate <input type="checkbox"/> Check blood glucose in 15 minutes <input type="checkbox"/> Repeat blood glucose check 3 more times if patient continues to remain alert and blood glucose is less than 70mg/dL. Give additional 120ml of sugar containing beverage or snack containing 30 grams of carbohydrate. 	IVF and MEDICATION ORDERS ONLY	<p style="text-align: center;">INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY (describe allergic reaction):</p> <p><input type="checkbox"/> NKDA</p> <hr/> <p><u>HYPOGLYCEMIA MANAGEMENT</u></p> <p><input type="checkbox"/> If patient remains in persistent hypoglycemia less than 70mg/dL, or unconscious, or having seizures: Administer Glucagen (Glucagon) IV STAT and call physician.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If less than 25 kg and blood glucose less than 70mg/dL, unconsciousness, seizures, or persistent hypoglycemia, administer Glucagen (Glucagon) injection 0.5 mg IV or SQ once. Notify physician STAT. <input type="checkbox"/> If greater or equal than 25kg and blood glucose less than 70mg/dL, unconsciousness, seizures, or persistent hypoglycemia, administer Glucagen (Glucagon) 1 mg IV or SQ. Notify physician STAT. <p><u>BASAL INSULIN</u></p> <p><input type="checkbox"/> Insulin Lantus (Glargine) or Levemir (Detemir) injection ____units subcutaneous (SQ) BID (usual dose 0.2 units/kg/dose BID for less than 25kg)</p> <p><input type="checkbox"/> Insulin Lantus (Glargine) injection ____units subcutaneous (SQ) QHS (usual dose starting at 0.4units/kg/dose QHS)</p>
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- ✓ 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.

DO NOT USE:

U	MS
IU	MSO ₄
Q.D.	MgSO ₄
Q.O.D.	Trailing zero
Lack of leading zero	

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Physician's Initials

Physician's Order Form
Pediatrics Subcutaneous Transition Protocol

PATIENT ID LABEL

<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>DIET/NUTRITION</p> <p><input type="checkbox"/> Diabetic Diet (Pediatric). Start with next meal. <input type="checkbox"/> If patient eats less than 50% of the meal, check blood glucose one hour after the meal.</p>	IVF and MEDICATION ORDERS ONLY	<p>INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY (describe allergic reaction):</p> <p><input type="checkbox"/> NKDA</p> <p>ROUTINE BOLUS INSULIN WITH MEALS</p> <p><input type="checkbox"/> Regular insulin ___ units SQ QAC 30 minutes prior to meals (usual dose 0.1-0.15 units/kg/dose) <input type="checkbox"/> Aspart/Lispro/Glulisine ___ units SQ QAC 0-15 min prior to meals (usual dose 0.1-0.15 units/kg/dose)</p> <p>SLIDING SCALES</p> <ul style="list-style-type: none"> Regular insulin/Lispro/Aspart/Glulisine for patients: <ul style="list-style-type: none"> <input type="checkbox"/> Less than 2 years old (less than 15 kg) <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th style="width:50%;">Insulin Dose Units</th><th style="width:50%;">Blood sugar mg/dl</th></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">Less than 200</td></tr> <tr><td style="text-align: center;">0.25</td><td style="text-align: center;">201-250</td></tr> <tr><td style="text-align: center;">0.5</td><td style="text-align: center;">251-300</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">301-350</td></tr> <tr><td style="text-align: center;">1.25</td><td style="text-align: center;">351-400</td></tr> <tr><td style="text-align: center;">1.5</td><td style="text-align: center;">Greater than 401 call physician</td></tr> </table> <p style="text-align: center;"><input type="checkbox"/> 2 years to 7 years old (15-30kg)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:50%;">Insulin Dose units</th><th style="width:50%;">Blood sugar mg/dL</th></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">Less than 200</td></tr> <tr><td style="text-align: center;">0.5</td><td style="text-align: center;">201-250</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">251-300</td></tr> <tr><td style="text-align: center;">1.5</td><td style="text-align: center;">301-350</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">351-400</td></tr> <tr><td style="text-align: center;">2.5</td><td style="text-align: center;">Greater than 401 Call Physician</td></tr> </table>	Insulin Dose Units	Blood sugar mg/dl	0	Less than 200	0.25	201-250	0.5	251-300	1	301-350	1.25	351-400	1.5	Greater than 401 call physician	Insulin Dose units	Blood sugar mg/dL	0	Less than 200	0.5	201-250	1	251-300	1.5	301-350	2	351-400	2.5	Greater than 401 Call Physician
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Guam Memorial Hospital Authority
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