**Physician’s Order Form**

**Pediatrics Subcutaneous Transition Protocol**

Guam Memorial Hospital Authority  
Page 1 of 3  
Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21  
Form# CPOE-92

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**Physician’s Order**

<table>
<thead>
<tr>
<th>(EXCLUDING IV Fluids and MEDICATIONS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDIATRIC DIABETIC KETOACIDOSIS TRANSITION TO SUBCUTANEOUS INSULIN PROTOCOL</td>
</tr>
</tbody>
</table>

**Admit to Inpatient Status:**

- Pediatric Unit
- Pediatric Intensive Care Unit

**General**

- Vital Signs every 1 hour
- Vital Signs every 2 hours
- Vital Signs every 4 hours
- Neurological checks every ___ hours
- Cardiorespiratory monitor
- Pulse oximetry routine with vital signs
- Pulse oximetry continuous

**Nursing**

- Point of care Testing Glucose
- Check glucose before meals
- Check glucose 2 hours after meals
- Check glucose at bedtime
- Check glucose at 0200
- If patient eats less than 50% of the meal, check blood glucose one hour after meal

**Hypoglycemia Management**

- For blood glucose less than 70mg/dL and the patient is alert, please follow these instructions:
  - Give 120 ml of sugar containing beverage or snack containing 30 grams of carbohydrate
  - Check blood glucose in 15 minutes
  - 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.

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**Intravenous Fluid and Medication Orders**

**Allergy (describe allergic reaction):**

- NKDA

**Hypoglycemia Management**

- If patient remains in persistent hypoglycemia less than 70mg/dL, or unconscious, or having seizures: Administer Glucagon (Glucagon) IV STAT and call physician.
  - If less than 25 kg and blood glucose less than 70mg/dL, unconsciousness, seizures, or persistent hypoglycemia, administer Glucagon (Glucagon) injection 0.5 mg IV or SQ once. Notify physician STAT.
  - If greater or equal than 25 kg and blood glucose less than 70mg/dL, unconsciousness, seizures, or persistent hypoglycemia, administer Glucagon (Glucagon) 1 mg IV or SQ. Notify physician STAT.

**Basal Insulin**

- Insulin Lantus (Glargine) or Levmir (Detemir) injection ___units subcutaneous (SQ) BID (usual dose 0.2 units/kg/dose BID for less than 25kg)
- Insulin Lantus (Glargine) injection ___units subcutaneous (SQ) QHS (usual dose starting at 0.4units/kg/dose QHS)

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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
- MSO₄
- Q.D.
- MgSO₄
- Q.O.D.
- Trailing zero
- Lack of leading zero

**Physician’s Initials**

**Patient ID Label**
### DIET/NUTRITION
- Diabetic Diet (Pediatric). Start with next meal.
- If patient eats less than 50% of the meal, check blood glucose one hour after the meal.

### INTRAVENOUS FLUID and MEDICATION ORDERS
#### ALLERGY (describe allergic reaction):
- NKDA

#### ROUTINE BOLUS INSULIN WITH MEALS
- Regular insulin ___ units SQ QAC 30 minutes prior to meals (usual dose 0.1-0.15 units/kg/dose)
- Aspart/Lispro/Glulisine ___ units SQ QAC 0-15 min prior to meals (usual dose 0.1-0.15 units/kg/dose)

#### SLIDING SCALES
- Regular insulin/Lispro/Aspart/Glulisine for patients:
  - Less than 2 years old (less than 15 kg)

<table>
<thead>
<tr>
<th>Insulin Dose Units</th>
<th>Blood sugar mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Less than 200</td>
</tr>
<tr>
<td>0.25</td>
<td>201-250</td>
</tr>
<tr>
<td>0.5</td>
<td>251-300</td>
</tr>
<tr>
<td>1</td>
<td>301-350</td>
</tr>
<tr>
<td>1.25</td>
<td>351-400</td>
</tr>
<tr>
<td>1.5</td>
<td>Greater than 401</td>
</tr>
</tbody>
</table>
  - Call physician

- 2 years to 7 years old (15-30kg)

<table>
<thead>
<tr>
<th>Insulin Dose Units</th>
<th>Blood sugar mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Less than 200</td>
</tr>
<tr>
<td>0.5</td>
<td>201-250</td>
</tr>
<tr>
<td>1</td>
<td>251-300</td>
</tr>
<tr>
<td>1.5</td>
<td>301-350</td>
</tr>
<tr>
<td>2</td>
<td>351-400</td>
</tr>
<tr>
<td>2.5</td>
<td>Greater than 401</td>
</tr>
</tbody>
</table>
  - Call Physician

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- 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            MSO₄
- Q.D.          MgSO₄
- Q.O.D.        Trailing zero
- Lack of leading zero

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#### Pediatrics Subcutaneous Transition Protocol
Guam Memorial Hospital Authority
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Form# CPOE-92
PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

INTRAVERSUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):

☐ NKDA

☐ Greater than 7 years old (Greater than 30kg)

<table>
<thead>
<tr>
<th>Insulin Dose units</th>
<th>Blood sugar mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Less than 150</td>
</tr>
<tr>
<td>1</td>
<td>151-200</td>
</tr>
<tr>
<td>2</td>
<td>201-250</td>
</tr>
<tr>
<td>3</td>
<td>251-300</td>
</tr>
<tr>
<td>4</td>
<td>301-350</td>
</tr>
<tr>
<td>5</td>
<td>Greater than 350</td>
</tr>
</tbody>
</table>

Physician (Print): ______________________________

Physician (Signature): ___________________________

Date: ________________ Time: _________________

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DO NOT USE:
U MS
IU MSO4
Q.D. MgSO4
Q.O.D. Trailing zero
Lack of leading zero