Mercy San Juan Medical Center
CHW

ICU
Sliding Scale Insulin Orders

Monitoring: Fingerstick blood glucose ☐ AC and HS ☐ Every 6 hrs. ☐ Every 4 hours
and for patients on oral diet, fingersticks should be done every AC and HS

Therapy: Select initial sliding scale Novolog insulin from the table below:
☐ Nomogram A ☐ Nomogram B

☐ For patients on oral diet, add_____ units of Novalog Insulin subcutaneously with each meal.

☐ Lantus insulin_____units subcutaneously each ☐ AM ☐ PM

Future Lantus order changes must be written on Physician's Order sheet

Nomogram A	
Blood Glucose Level Mg/dL	**Novolog Insulin 100 units/mL by subcutaneous injection**
≤ 70	Initiate Hypoglycemic Standardized Procedure if symptomatic
71 - 100	No additional coverage at this time
101 - 130	2
131 - 170	4
171 - 200	6
201 - 250	8
251 - 300	10
>300	Call MD

←For trauma patients, stop here and call M.D.

☐ For blood sugar > 150 on 2 consecutive fingersticks, shift to Nomogram B

Nomogram B - Use only if ordered above	
Blood Glucose Level Mg/dL	**Novolog Insulin 100 units/mL by subcutaneous injection**
≤ 70	Initiate Hypoglycemic Standardized Procedure if symptomatic
71 - 100	No additional coverage at this time
101 - 130	4
131 - 170	6
171 - 200	8
201 - 250	12
251 - 300	15

☐ For blood sugar 251 - 300 on 2 consecutive fingersticks give the appropriate Novalog insulin per Nomogram B
PLUS Regular Humulin Insulin IV bolus from Nomogram C

Nomogram C	
Blood Glucose Level Mg/dL	**Regular Humulin Insulin IV bolus**
251 - 300	5 units
301 - 350	10 units
351 - 400	15 units
401 - 450	20 units

Check glucose in 1 hour and resume Sliding Scale: Nomogram B
Check glucose every 4 hours. **If the Glucose is > 250 for 8 hours, notify physician.**

Date:	Time:	T/O Dr.	
Taken & Read back by:			
Transcribed By	Verified By	**Physician Sign Here #**	Date: Time:

Blood Glucose Monitoring:

Site codes:

L.A.T. = Left anterior thigh	R.A.T. = right anterior thigh
L.G. = left gluteus	R.G. = right gluteus
L.D. = left deltoid	D.D. = right deltoid.
L. Ab. = left abdomen	R. Ab. = right abdomen

Date	Time	Glucose meter reading	Meter ID	Insulin type	Units	Route	Site	**All Insulin requires double signatures** Signature/Signature
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