



SCANNED TO PHARMACY

STAT MEDICATION

Date: _____ Time: _____

Routine Insulin Coverage:

(Add correction dose to scheduled/routine insulin unless otherwise ordered by physician.)

Finger Stick Blood Glucose Q AC and at bedtime.

If NPO or on tube feedings or TPN, check Finger Stick Blood Glucose Q 6 hours.

Correction Dosing:

Use Regular Insulin SubQ for correction Dosing or Lispro (Humalog) SubQ.

MILD CORRECTION SCALE (not recommended for critically ill patients)

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
Less than 70	Give juice, glucose gel/tablets (15 gm.), or D50 12.5 gm/25mL. Recheck glucose in 15 minutes and repeat until greater than 70.	
	BEFORE MEALS	Bedtime or NPO
71-200	No action	No action
201-250	2 units SUB Q	1 unit SUB Q
251-300	4 units SUB Q	2 units SUB Q
301-350	6 units SUB Q	4 units SUB Q
351-400	8 units SUB Q	4 units SUB Q
Greater than 400	Call Doctor	Call Doctor

MODERATE CORRECTION SCALE

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
Less than 70	Give juice, glucose gel/tablets (15 gm.), or D50 12.5 gm/25mL. Recheck glucose in 15 minutes and repeat until greater than 70.	
	BEFORE MEALS	Bedtime or NPO
71-150	No action	No action
151-200	2 units SUB Q	No action
201-250	4 units SUB Q	2 units SUB Q
251-300	6 units SUB Q	4 units SUB Q
301-350	8 units SUB Q	6 units SUB Q
351-400	10 units SUB Q	6 units SUB Q
Greater than 400	Call Doctor	Call Doctor

AGGRESSIVE CORRECTION SCALE

Finger Stick Blood Glucose (mg/dL)	Action/Insulin Dose	
Less than 70	Give juice, glucose gel/tablets (15 gm.), or D50 12.5 gm/25mL. Recheck glucose in 15 minutes and repeat until greater than 70.	
	BEFORE MEALS	Bedtime or NPO
71-110	No action	No action
111-150	2 units SUB Q	No action
151-200	4 units SUB Q	2 units SUB Q
201-250	6 units SUB Q	4 units SUB Q
251-300	8 units SUB Q	6 units SUB Q
301-350	10 units SUB Q	8 units SUB Q
351-400	12 units SUB Q	8 units SUB Q
Greater than 400	Call Doctor	Call Doctor

Physician Signature: _____ Physician #: _____

Authorization for therapeutic substitution is given unless checked here



**INSULIN ORDERS ADULT
(SUBCUTANEOUS)**

ORDERS

Patient Identification

Z221625 (9/5/07)