ADULT – TRANSITION FROM IV INSULIN TO SUBCUTANEOUS INSULIN

GUIDELINES FOR INSULIN DOSE CALCULATION

General Guideline:
- Insulin infusions should be continued until the patient is judged medically stable, off of vasopressors, and insulin infusion is less than 3 units/hr.

No Diagnosis of Diabetes:
- Discontinue insulin infusion
- Continue fingerstick blood glucose checks until blood glucose values normalize
- Consider physician consultation to diagnose diabetes or continue insulin if blood sugar is greater than 180 mg/dl

Previously Diet Controlled Diabetics or Diabetics Previously On Oral Agents Only:
- If oral intake is adequate consider resuming previous oral agents and continue checking fingerstick blood glucose and use corrective dose insulin if needed
- Consider holding metformin until discharge due to contraindications during acute illness
- If oral intake is inadequate or subject to frequent fluctuations, see next section

Diabetic Patients Treated With Insulin Before Admission:
- Estimate the patients Total Daily Dose (TDD) of insulin by taking the total amount of insulin required over the past 8 hours and multiplying by 3.
- Calculate Lantus dose by multiplying TDD by 50% and administer at bedtime.
- Calculate pre-meal short acting insulin by multiplying TDD by 10% to be administered prior to each meal.
- This should give nearly 80% of the insulin the patient required in the previous 24 hours.
- Continue to check fingerstick blood gluoses before meals and at bedtime and use correction dose insulin to adjust for hyperglycemia.
- Adjust insulin doses the following day depending on glycemic control achieved and place order set # 210 Standardized Subcutaneous Insulin Orders for Patients Tolerating Oral Nutrition on chart

Patient That Will Be Receiving Continuous Tube Feedings:
- Please see order set # 219 Subcutaneous Insulin for Patients Requiring Tube Feedings

(See page 2-3 for orders.)
**ORDERS**

1. Blood Glucose Target Range is 70-180 mg/dl or specify ________ - ________ mg/dl

2. Diet: __________ calorie ADA diet  ☐ Other __________________

3. Place Diabetes Mellitus Hypoglycemia Order Set on chart (#464)

4. Call Physician for any blood glucose below 40 mg/dl or 2 consecutive blood gluoses above
   180 mg/dl or a single blood glucose above 300 mg/dl

5. All insulin is given subcutaneously

6. Fingerstick blood glucose
   - before meals and at bedtime
   - fasting and 2 hours postprandial
   - every 6 hours if patient made NPO
   - other ____________________________

7. Discontinue intravenous insulin infusion 2 hours after initial dose of Lantus is given or 1 hour after initial Humalog or Regular insulin dose

8. Total dose of insulin for past 8 hours __________ multiply by 3 = ________________ provides estimate of previous days insulin requirement. (TDD)

<table>
<thead>
<tr>
<th>Calculation</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basal Insulin</td>
<td>TDD x 0.5</td>
</tr>
<tr>
<td>☐ Lantus ______ units daily at bedtime</td>
<td></td>
</tr>
<tr>
<td>☐ Levemir ______ units daily at bedtime</td>
<td></td>
</tr>
<tr>
<td>Bolus Insulin</td>
<td>TDD x 0.1</td>
</tr>
<tr>
<td>☐ Humalog _____ units three times daily with meals**</td>
<td></td>
</tr>
<tr>
<td>☐ Regular Insulin _____ units three times daily 30 minutes prior to meals**</td>
<td></td>
</tr>
<tr>
<td>**HOLD if patient NPO or blood glucose less than 70 mg/dl</td>
<td></td>
</tr>
</tbody>
</table>

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**Physician Initial __________________**

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**WESLEY Medical Center**

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**MR147 (R10.11)**

Page Number 2 of 3
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# 147 Revised **~ 10/11

Instructions: All orders are to be implemented unless crossed through by the ordering provider. Exception: Orders with ☐ must be checked to be implemented.
Any changes to the order set must be initialed by the ordering provider, e.g. deletions or additions

9. Correction Dose Insulin (to be administered in addition to scheduled insulin at time of fingerstick blood glucose)

Type of insulin
☐ Humalog
☐ Regular Insulin
☐ Low Dose Algorithm
☐ Medium Dose Algorithm
(For patients requiring less than 40 units per day)
(For patients requiring 40 to 80 units per day)

<table>
<thead>
<tr>
<th>Blood Glucose (mg/dl)</th>
<th>Additional Insulin</th>
<th>Blood Glucose (mg/dl)</th>
<th>Additional Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-199</td>
<td>1 unit</td>
<td>150-199</td>
<td>1 unit</td>
</tr>
<tr>
<td>200-249</td>
<td>2 units</td>
<td>200-249</td>
<td>3 units</td>
</tr>
<tr>
<td>250-299</td>
<td>3 units</td>
<td>250-299</td>
<td>5 units</td>
</tr>
<tr>
<td>Above 299</td>
<td>Call physician</td>
<td>Above 299</td>
<td>Call physician</td>
</tr>
</tbody>
</table>

☐ High Dose Algorithm
(For patients requiring greater than 80 units per day)

<table>
<thead>
<tr>
<th>Blood Glucose (mg/dl)</th>
<th>Additional Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-199</td>
<td>2 units</td>
</tr>
<tr>
<td>200-249</td>
<td>4 units</td>
</tr>
<tr>
<td>250-299</td>
<td>6 units</td>
</tr>
<tr>
<td>Above 299</td>
<td>Call physician</td>
</tr>
</tbody>
</table>

☐ Individualized Algorithm

<table>
<thead>
<tr>
<th>Blood Glucose (mg/dl)</th>
<th>Additional Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-199</td>
<td>_____ units</td>
</tr>
<tr>
<td>200-249</td>
<td>_____ units</td>
</tr>
<tr>
<td>250-299</td>
<td>_____ units</td>
</tr>
<tr>
<td>Above 299</td>
<td>Call Physician</td>
</tr>
</tbody>
</table>

10. Laboratory
☐ Complete Blood Count with Differential (CBCD)
☐ Comprehensive Metabolic Panel (METABC)
☐ Basic Metabolic Panel (METAB)
☐ Urinalysis with microscopic (UAM)
☐ Fasting Lipid Panel (HDLPRO)
☐ Hemoglobin A1C (HBA1C)
☐ Thyroid Stimulating Hormone (TSH)

11. Consults
☐ Diabetes Education
☐ Physician ______________________ for diabetes recommendations
☐ Dietician

_____________________________  _______________  ___/_____/_____  ___________
Physician Signature                                     Physician Provider #                       Date                   Time

WESLEY
Medical Center

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