

Transition from I.V. to S.Q. Insulin Order Set

Eating Status NPO or PO



GOALS:	
Fasting	100-140 mg/dL
2 hr postprandial	140-180
Before Meals	<140-180

INSULIN:	
IV insulin	regular
Basal insulin	glargine, detemir (or NPH BID)
Prandial	aspart, glulisine, lispro, regular
Supplemental	aspart, glulisine, lispro, regular

- Total Daily Dose (TDD) of S.Q. insulin equals I.V. units insulin used over the last 4 hours x 5
 $TDD = (\text{_____ units used over the last 4 hours}) \times (5) = \text{_____ units insulin}$

NOTE: If patient was using less than 1 unit insulin per hour, D/C basal insulin & use only supplemental insulin if T2 DM

- Start S.Q. basal insulin 2 hours prior to discontinuing insulin drip
 1st basal dose insulin = TDD = _____ units basal insulin
- Daily insulin regimen (Start Basal-Bolus insulin regimen depending on route or number of meals per day)

	TDD	Prandial Insulin Dose Do not give prandial insulin dose if patient missing meal	Supplemental Dose (CBG = capillary blood glucose) (see #5, below)
NPO	100% TDD = _____ units basal insulin every 24 hours	None	Every 6 hours for CBG >140 mg/dL
1 meal per day	80% TDD = _____ units basal insulin every 24 hours	10% TDD = _____ units insulin before meal	Before meal and every 6 hours for CBG >140 mg/dL
2 meals per day	70% TDD = _____ units basal insulin every 24 hours	15% TDD = _____ units insulin before each meal	Before meals, and bedtime for CBG >140 mg/dL
3 meals per day	50% TDD = _____ units basal insulin every 24 hours	50% TDD ÷ 3 = _____ units before each meal	Before meals, and bedtime for CBG >140 mg/dL

- Monitor capillary blood glucose before meals and bedtime 2 a.m. every 4 hours every 6 hours

- Correction dose for preprandial or random hyperglycemia

Glucose mg/dL	High Insulin Sensitivity <40 units/day	Average Insulin Sensitivity 40-80 units/day	Low Insulin Sensitivity >80 units/day
	Units Insulin to Administer		
141-200	1	1	2
201-250	2	3	4
251-300	3	5	7
301-350	4	7	10
>350	5 & call _____	8 & call _____	12 & call _____

- Titrate basal insulin each morning based on fasting glucose: Increase 2 units if glucose >140 mg/dL
 Decrease 2 units if glucose <80 mg/dL
- Titrate prandial insulin. Use same schedule as in #5, above
- Recalculate new TDD every 1-2 days based on changes in basal and prandial insulin requirements
- Remember, the ratio of basal to prandial insulin should be approximately 1:1

Transition from I.V. to S.Q. Insulin Order Set TPN or Enteral (Tube) Nutrition



GOAL:
80-180 mg/dL

INSULIN:
 IV insulin regular
 Basal insulin glargine, detemir (or NPH BID)
 Prandial aspart, glulisine, lispro, regular
 Supplemental aspart, glulisine, lispro, regular

- Total Daily Dose (TDD) of S.Q. insulin equals units insulin used over the last 4 hours x 5
 $TDD = (\text{_____ units used over the last 4 hours}) \times (5) = \text{_____ units insulin}$

NOTE: If patient was using less than 1 unit insulin per hour, D/C basal insulin & use only supplemental insulin if T2DM

- Start S.Q. basal insulin 2 hours prior to discontinuing insulin drip
 1st basal dose insulin = TDD = _____ units basal insulin

- Daily insulin regimen

	TDD	Prandial Insulin Dose Do not give prandial insulin dose if patient missing meal	Supplemental Dose (CBG = capillary blood glucose) (see #5, below)
TPN	100% TDD = _____ units basal insulin every 24 hours	None	Every 4 hours as needed for CBG >140 mg/dL
Tube (continuous)	100% TDD = _____ units basal insulin every 24 hours	None	Every 4 hours as needed for CBG >140 mg/dL
Tube (bolus)	50% TDD = _____ units basal insulin every 24 hours	50% TDD ÷ # bolus feeds = _____ units insulin before each bolus	Before each bolus as needed for CBG >140 mg/dL

- Monitor capillary blood glucose before meals and bedtime 2 a.m. every 4 hours every 6 hours

- Correction dose for preprandial or random hyperglycemia

Glucose mg/dL	High Insulin Sensitivity <40 units/day	Average Insulin Sensitivity 40-80 units/day	Low Insulin Sensitivity >80 units/day
Units Insulin to Administer			
141-200	1	1	2
201-250	2	3	4
251-300	3	5	7
301-350	4	7	10
>350	5 & call _____	8 & call _____	12 & call _____

- Titrate basal and prandial insulin:

Any glucose <80 mg/dL	→ Decrease insulin 20%
All glucose 80-180 mg/dL	→ No Change
Any glucose >180 mg/dL	→ Increase insulin 10%