



CEDARS-SINAI MEDICAL CENTER.
MEDICAL / SURGICAL
INPATIENT INSULIN NOMOGRAM*
(7SE ONLY)

This order set is no longer valid after 12/17/2009
 *Not for diabetic ketoacidosis or hyperosmolar nonketotic coma or patients on parenteral nutrition

Printing Template
Updated 6-23-09

PATIENT I.D.

TIME: _____ DATE: _____

Disclaimer: This nomogram is intended as a guide for the initial management of eligible patients. Insulin management should be assessed daily by Glucose Management Team (GMT) and modified accordingly to meet current standards of blood glucose control. For any questions, contact the 24-hour inpatient diabetes team at pager 4455.

1. Baseline Glucose: Obtain initial bedside glucose level to confirm ≥ 150 mg / dL
2. Attending physician requests GMT consult NO Yes, GMT to determine insulin doses
3. **Blood Glucose Goals: Fasting (pre-meals) < 140 mg / dl. Random 140-180 mg / dl**
4. Discontinue all prior insulin orders and diabetes medications
5. Order HbA1C to be drawn with next blood draw
6. **Diet:** Begin 75 gm carbohydrate per meal and order dietitian consult in PCX for glycemia management protocol.
7. Notify Diabetes Educator to provide diabetes education and assess need for further education / treatment. (log into PCX)
8. Perform blood glucose checks as follows:
 - QAC, QHS
 - At 0200 on first night of receiving Glargine
 - 2 hours from the end of each meal for first 24 hours on protocol

9. BASAL INSULIN ORDERS

- Glargine (Lantus) insulin _____ units SQ into abdomen to be given at 2200.
- If NPO the night prior to procedure, **then administer 50% of the Glargine dose**

10. MEALTIME INSULIN ORDERS [scheduled dose and correction dose]

Scheduled Dose: (carb counting)

- At the end of the meal, administer Lispro insulin:
 - 1 unit for every 15 gm of carbohydrates eaten by patient
 - _____ units for every 15 gm of carbohydrates eaten by patient
- Do not give scheduled dose of Lispro if patient is skipping that meal
- Add this dose to the correction insulin dose (see below)

Correction Dose: ("Sliding Scale" Insulin Coverage)

- Do not hold if NPO
- To be administered at the end of the meal along with scheduled dose of Lispro

Pre-meal "correction dose" algorithm for Hyperglycemia: To be administered in addition to schedule insulin dose				
Premeal BG (mg/dL)	<input type="checkbox"/> Low Dose Algorithm (Pts requiring <40 units of insulin/day)	<input type="checkbox"/> Medium dose Algorithm (Pts requiring 40-80 units of insulin /day)	<input type="checkbox"/> High dose Algorithm (Pt requiring >80 units of insulin/day)	<input type="checkbox"/> Individualized Algorithm
150-180	1 Units	1 Units	2 Units	
181-249	2 Units	2 Units	3 Units	
250-299	3 Units	4 Units	4 Units	
300-349	4 Units	6 Units	7 Units	
350-399	5 Units	8 Units	10 Units	
≥ 400	6 Units Call MD	9 Units Call MD	12 Units Call MD	

11. **IMPLEMENT MANAGEMENT OF HYPOGLYCEMIA per HOSPITAL POLICY when blood glucose ≤ 70 mg / dL**
12. **Notify MD for the following:**
 - Blood glucose < 70 mg / dL or ≥ 400 mg / dL
 - Any change in diet orders
 - Another MD orders diabetes medications
13. Glucose Management Team to confirm discharge insulin order with Primary Care Physician

<input type="checkbox"/> TELEPHONE ORDER					R.N.	DATE	TIME
PHYSICIAN I.D. NUMBER	SIGNATURE OF PHYSICIAN				M.D.	DATE	TIME
SIGNATURE OF TRANSCRIBER	INIT.	TITLE	DATE	TIME	SIGNATURE OF NURSE (NOTED)	DATE	TIME
					R.N.		

Example calculation of Lispro insulin dosage for Lunch:

Currently the Patient is on the following Regimen:

- **Scheduled dose** = 1 unit insulin (*Lispro*) / 15 grams of carbs
- **Correction dose** = Medium dose algorithm

1. Check sugar before lunch (*Meal time*)

it is 200 mg / dL

2. Let patient eat

3. Come to patient right after finishes lunch

4. Count carbs patient ate

it is 75 gm carbs

5. Total Lispro dose = Correction dose + Schedule dose

On MAR, **Correction dose** is 2 units for sugar of 200 mg / dL

On MAR, **Scheduled dose** is 5 units for 75 gm carbs eaten

Total dose = 2 units + 5 units = 7 units

6. **Give 7 units Lispro**