

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS (HOSPITALISTS ONLY) LOW-DOSE SUBCUTANEOUS INSULIN SLIDING SCALE</b>	<b>CHECK OFF/ INITIALS</b>
If serum glucose or Accu-check greater than 140 mg/dl initiate coverage scale and Accu-checks before meals and at bedtime.	
<b>Coverage scale with:</b> <input type="checkbox"/> <b>Insulin Aspart (Novolog®)</b> <input type="checkbox"/> <b>Regular Insulin (Novolin®R)</b>	
141-180 2 units subcutaneous	
181-220 4 units subcutaneous	
221-260 6 units subcutaneous	
261-300 8 units subcutaneous	
301-350 10 units subcutaneous	
351-400 12 units subcutaneous	
If serum glucose greater than 400 give 12 units subcutaneous <b>and call MD</b>	
If two consecutive values greater than 200 mg/dl change Accu-checks to every 4 hours	
If two consecutive values greater than 300 mg/dl increase Accu-checks to every 3 hours and initiate coverage scale using Middle-dose Subcutaneous Insulin Sliding Scale	
If two consecutive values are less than 180 mg/dl then reduce Accu-checks to before meals and at bedtime	
Basal rate coverage to reduce fluctuations: <input type="checkbox"/> Glargine (Lantus®) _____ units subcutaneous at bedtime	
For any Accu-check less than or equal to 50 mg/dl initiate hypoglycemia protocol.	

<b>Physician/Date/Time:</b> _____	<b>Nurse/Date/Time:</b> _____	<b>Secretary/Date/Time:</b> _____
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**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Fax to Pharmacy