

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

DOCTORS ORDERS (HOSPITALISTS ONLY) HIGH-DOSE SUBCUTANEOUS INSULIN SLIDING SCALE	CHECK OFF/ INITIALS
If serum glucose or Accu-check greater than 140 mg/dl initiate coverage scale and Accu-checks before meals and at bedtime.	
Coverage scale with: <input type="checkbox"/> Insulin Aspart (Novolog®) <input type="checkbox"/> Regular Insulin (Novolin®R)	
141-180 4 units subcutaneous	
181-220 8 units subcutaneous	
221-260 12 units subcutaneous	
261-300 16 units subcutaneous	
301-350 20 units subcutaneous	
351-400 24 units subcutaneous	
If serum glucose greater than 400 give 24 units subcutaneous and call MD	
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 (Orders need written)	
If two consecutive values are less than 180 mg/dl then decrease Accu-checks to before meals and at bedtime.	
Basal rate coverage: <input type="checkbox"/> Glargine(Lantus®) _____ units subcutaneous at bedtime.	
For any Accu-check less than or equal to 50 mg/dl initiate hypoglycemia protocol.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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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

Original 7/06 Revised 10/07

Form # 1.9-003