



Name: _____
 MR#: _____ Finance: _____
 DOB: _____
 MD: _____

PEDIATRIC SUBCUTANEOUS INSULIN ORDER FORM

Patient Weight _____Kg

1) MONITORING:

Check Blood Glucose levels using bedside glucose meter BEFORE breakfast, lunch, dinner meals, and at bedtime.

Check for urine ketones each void, Additional testing, specify: _____

2) TREATMENT OF HYPOGLYCEMIA

- 1) If patient is conscious and can take food by mouth, administer 40% Glucose Gel by mouth. Single dose to equal 0.5g/kg or _____ grams to a **maximum of 15 grams** (one tube). Dose may be repeated in 10 minutes if necessary.
- 2) If patient is NPO administer 10% Dextrose 5 ml/kg/dose, to a **maximum of 100 ml**. Single dose to equal _____ ml. Dose is given IV push, and may be repeated in severe cases .
- 3) Check fingerstick glucose every 15 minutes, and repeat treatment until Blood Glucose is GREATER than 80mg/dl.
*** Notify physician if blood glucose is less than 40 mg/dl or greater than 500 mg/dl. ***

3) INSULIN – SUBCUTANEOUS ADMINISTRATION ONLY:

Breakfast		Lunch		Dinner		Bedtime	
LONG Acting Insulin Sub Q Dose				LONG Acting Insulin (**) Sub Q Dose		LONG Acting Insulin (**) Sub Q Dose	
<input type="checkbox"/> NPH _____ units				<input type="checkbox"/> NPH _____ units		<input type="checkbox"/> NPH _____ units	
<input type="checkbox"/> Lente _____ units				<input type="checkbox"/> Lente _____ units		<input type="checkbox"/> Lente _____ units	
<input type="checkbox"/> Lantus (*) _____ units				<input type="checkbox"/> Lantus (*) _____ units		<input type="checkbox"/> Lantus (*) _____ units	
<input type="checkbox"/> None <input type="checkbox"/> No Change				<input type="checkbox"/> None <input type="checkbox"/> No Change		<input type="checkbox"/> None <input type="checkbox"/> No Change	
SHORT Acting Insulin		SHORT Acting Insulin		SHORT Acting Insulin		SHORT Acting Insulin	
<input type="checkbox"/> Regular <input type="checkbox"/> Novolog		<input type="checkbox"/> Regular <input type="checkbox"/> Novolog		<input type="checkbox"/> Regular <input type="checkbox"/> Novolog		<input type="checkbox"/> Regular <input type="checkbox"/> Novolog	
<input type="checkbox"/> No Change		<input type="checkbox"/> No Change		<input type="checkbox"/> No Change		<input type="checkbox"/> No Change	
Glucose mg/dl	Sub Q Dose	Glucose mg/dl	Sub Q Dose	Glucose mg/dl	Sub Q Dose	Glucose mg/dl	Sub Q Dose
60 -150	_____ units	60 -150	_____ units	60 -150	_____ units	60 -150	_____ units
151-200	_____ units	151-200	_____ units	151-200	_____ units	151-200	_____ units
201-250	_____ units	201-250	_____ units	201-250	_____ units	201-250	_____ units
251-300	_____ units	251-300	_____ units	251-300	_____ units	251-300	_____ units
301-350	_____ units	301-350	_____ units	301-350	_____ units	301-350	_____ units
351-400	_____ units	351-400	_____ units	351-400	_____ units	351-400	_____ units
401-450	_____ units	401-450	_____ units	401-450	_____ units	401-450	_____ units
451-500	_____ units	451-500	_____ units	451-500	_____ units	451-500	_____ units

INSULIN : CARBOHYDRATE RATIO Regular Novolog

Breakfast _____ units / _____ grams carbs **Lunch** _____ units / _____ grams carbs **Dinner** _____ units / _____ grams carbs

Bedtime _____ units / _____ grams carbs **Snacks** _____ units / _____ grams carbs

4) NURSING INSTRUCTIONS:

Regular insulin should be given 15-30 minutes prior to meal; Novolog should be given when meal is present.

(*) Lantus MAY be mixed with Novolog, and should be administered immediately after mixing.

(**) Long Acting Insulin preparations should NOT be given at both Dinner and Bedtime.

Physician Signature: _____

Date: _____ Time: _____

Physician Name Printed: _____

Pager #: _____

RN Signature: _____

Date: _____ Time: _____

_____ Faxed To Pharmacy Business Associate's Initials: _____

Date: _____ Time: _____