

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND
 CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	ORDERS AND SIGNATURE INPATIENT INSULIN SLIDING SCALE STANDING ORDERS	Page 1 of 1
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1. Check fingerstick blood glucose AC & HS or every 6 hours if patient NPO.
2. Use **Novalog/Humalog** fast acting insulin.
3. Sliding Scale Orders: Check one. If a **level is not specified**, use the Low Dose Sliding Scale.

G LOW DOSE (When patient NOT ON INSULIN at home or Total Daily Dose < 40 units)

Fingerstick BG	Treatment
PRN Less than 61	Either ½ amp D50 IV Push or 3 glucose tablets PO or 4 oz. juice PO
61 – 110	No Treatment
111 – 150	No Treatment
151 – 200	2 units Novalog/Humalog Insulin Subcutaneous
201 – 250	4 units Novalog/Humalog Insulin Subcutaneous
251 – 300	6 units Novalog/Humalog Insulin Subcutaneous
301 – 350	8 units Novalog/Humalog Insulin Subcutaneous
351 – 400	10 units Novalog/Humalog Insulin Subcutaneous
Greater than 400	12 units Novalog/Humalog Insulin Subcutaneous and Call MD

G MEDIUM DOSE (When Total Daily Dose > 40 < 80 units)

Fingerstick BG	Treatment
Less than 61	Either ½ amp D50 IV Push or 3 glucose tablets PO or 4 oz. juice PO
61 – 110	No Treatment
111 – 150	2 units Novalog/Humalog Insulin Subcutaneous
151 – 200	4 units Novalog/Humalog Insulin Subcutaneous
201 – 250	8 units Novalog/Humalog Insulin Subcutaneous
251 – 300	12 units Novalog/Humalog Insulin Subcutaneous
301 – 350	16 units Novalog/Humalog Insulin Subcutaneous
351 – 400	20 units Novalog/Humalog Insulin Subcutaneous
Greater than 400	24 units Novalog/Humalog Insulin Subcutaneous and call MD

G HIGH DOSE (When Total Daily Dose >80 units)

Fingerstick BG	Treatment
PRN Less than 61	Either ½ amp D50 IV Push or 3 glucose tablets PO or 4 oz. juice PO
61 – 110	No Treatment
111 – 150	4 units Novalog/Humalog Insulin Subcutaneous
151 – 200	8 units Novalog/Humalog Insulin Subcutaneous
201 – 250	12 units Novalog/Humalog Insulin Subcutaneous
251 – 300	16 units Novalog/Humalog Insulin Subcutaneous
301 – 350	20 units Novalog/Humalog Insulin Subcutaneous
351 – 400	24 units Novalog/Humalog Insulin Subcutaneous
Greater than 400	28 units Novalog/Humalog Insulin Subcutaneous and call MD

Physician Signature _____

Date _____

