

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**  
**INSULIN SUBCUTANEOUS SLIDING SCALE ORDERS**

(Items with tick boxes must be selected to be ordered) Page 1 of 2

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Processed  
RN/LPN Initials  
Comments

1. Check capillary blood glucose and for signs/symptoms of hypo- or hyperglycemia at the following interval:

- AC meals & QHS if eating or on bolus tube feed – DEFAULT
- Q6H (0600, 1200, 1800, 2400H) if on continuous tube feed or TPN
- Q4H (0400, 0800, 1200, 1600, 2000, 2400H) if NPO

2. Give scheduled insulin subcutaneously (i.e. Regular (R), NPH, etc):

\_\_\_\_\_

\_\_\_\_\_

3. Give insulin Regular (R) sliding scale subcutaneously:

- TID AC meals (NOT QHS) – DEFAULT
- As per frequency of glucose check in section 1 (i.e. AC meals & QHS, Q6H or Q4H)

Bedtime insulin Regular (R) sliding scale may be considered for patients who are eating or on bolus tube feed:

NOTE: Most patients are **NOT** given bedtime regular insulin due to risk of overnight hypoglycemia

- If Regular sliding scale insulin is given at bedtime, administer HALF of indicated dose. Recheck capillary blood glucose at 0300H.

(Check or Circle desired column based on insulin resistance – See back of page for guide)

Blood Glucose	<input type="checkbox"/> Low	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High	<input type="checkbox"/> Custom
Less than 4 mmol/L	<b>Activate Hypoglycemia Protocol and insert into patient chart</b>			
4.1 to 8	0 units	0 units	0 units	
8.1 to 10	0 units	0 units	2 units	
10.1 to 12	0 units	2 units	4 units	
12.1 to 14	2 units	4 units	6 units	
14.1 to 16	4 units	6 units	8 units	
16.1 to 18	6 units	8 units	10 units	
18.1 to 20	8 units	10 units	12 units	
Greater than 20	8 units & Call MD	12 units & Call MD	14 units & Call MD	___ units & Call MD

4. Call MD if any of the following:

Patient becomes NPO; or when tube feeding or TPN is initiated or stopped

Persistent nausea or vomiting unresponsive to treatment; change in level of consciousness

Glucose less than 4 or greater than 16 mmol/L on 3 consecutive measurements

Glucose less than 4 or greater than 16 mmol/L at the same time of day on 3 consecutive days

5.  endocrinology consult       diabetes nurse educator consult

\_\_\_\_\_  
Physician Signature  
ISS

\_\_\_\_\_  
Printed Name/PIC  
Rev. Sept-07

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(Items with tick boxes must be selected to be ordered) Page 2 of 2

VCH INSULIN SUBCUTANEOUS SLIDING SCALE ORDERS: INFORMATION SHEET

***Purpose:***

This order sheet is designed to provide a standardized format for ordering insulin subcutaneous sliding scales and to eliminate some common errors that occur when this type of order is written. This is not intended to replace the physician's clinical judgement.

**Sliding scales should only be used to supplement an appropriate basal regimen of insulin or oral hypoglycemic agents. The patient's response to the antidiabetic regimen should be evaluated on a regular basis and adjusted as necessary.**

***Indications:***

This order sheet is designed for hospitalized patients who require regular glucose monitoring and may require additional subcutaneous slide scale insulin.

The protocol should not be used for patients who require more intensive monitoring or treatment, for example, patients acutely presenting with diabetic ketoacidosis who require intravenous insulin infusions.

Physicians are not obligated to use this order set when writing insulin sliding scale orders.

***Insulin sliding scale selection:***

Insulin sliding scale orders should be based on a history of the patient's response to specific insulin doses administered for specific glucose levels. This information is often unavailable; if this is the case, then a conservative sliding scale is recommended. Special care should be given to sliding scale orders on patients who have never received insulin before or who are NPO.

Include the following considerations when making your selection:

Low	Intermediate	High
Low or unknown insulin resistance (i.e. high or unknown insulin sensitivity)	Moderate insulin resistance	High insulin resistance
Daily insulin requirements less than 0.5 unit/kg.	Daily insulin requirements 0.5 to 1.0 unit/kg.	Daily insulin requirements greater than 1 unit/kg
Thin		Obese
NPO		
Renal Failure		
Elderly		

The patient's response to the insulin sliding scale should be evaluated Q24-48H and adjusted as necessary.

***Insulin Sliding Scale at Bedtime:***

Most patients are not given bedtime regular insulin due to the risk of overnight hypoglycemia. Patients may not recognise overnight hypoglycemia. This should be suspected if the morning fasting glucose reading reveals Somogyi phenomenon (rebound hyperglycemia in the morning following nocturnal hypoglycemia) or actual hypoglycemia. Bedtime insulin sliding scales may be considered in patients on continuous tube feeds or TPN.