GUIDELINE

TITLE: **SUBCUTANEOUS INSULIN ADMINISTRATION RECORD (SLIDING SCALE)**

PURPOSE: To facilitate transcription of sliding scale insulin orders from preprinted "Regular Insulin Sliding Scale Order Sheet". **Note**: **THIS FORM IS FOR SLIDING SCALE INSULIN ONLY AND TO DOCUMENT TREATMENT OF HYPOGLYCEMIA.**

NATURE OF FORM: Permanent

SUPPORTIVE DATA: If frequency of Accuchek or insulin scale changes, initiate a new subcutaneous insulin administration record.

PATIENT POPULATION:

RESPONSIBLE PERSON:

INSTRUCTIONS:

Side 1

1. Accuchecks – check the box that coincides with providers order for frequency of Accuchek
2. Scale - Check the scale that coincides with the insulin scale ordered by provider
3. Schedule times – write the times that Accuchek is scheduled to be done
4. Blood glucose – record glucose result next to the scheduled time it was obtained
5. Coverage (units) – record the number of units of insulin that were administered according to scale ordered.
6. Site – document injection site using "site" code on bottom of record
7. Initials and signature – document your initials under date and time that Accuchek and insulin coverage was given. Document your initials and signature one time on the bottom of the page.

Side 2   **Hypoglycemia Treatment**

1. Date - date the episode of hypoglycemia occurred
2. Time – time hypoglycemia occurred
3. Blood glucose – document Accuchek result
4. Repeat B6 (stat) – document repeated Accuchek to rule out error
5. Hypoglycemic treatment – check box indicating treatment given for glucose $\leq$ 70
6. Site – circle the route treatment for hypoglycemia was administered. If injection given, document site using key at bottom of page.
7. Time – record time treatment was administered.
8. Repeat B6 (15 min) – document Accuchek done 15 minutes after treatment given
9. Initials/Signature – document your initials. Record your initials and signature one time on the bottom of the form.

Hyperglycemia Treatment

1. Date – date treatment given
2. Time – time treatment given
3. Blood glucose – document Accuchek above criteria values necessitating further treatment
4. Repeat B6 (stat) – record repeated Accuchek to rule out error
5. Insulin type – record type of insulin given
6. Dose (units) – document number of units of insulin administered
7. Route – route given (i.e. subq, IV)
8. Site – record site using key at bottom of form if applicable
9. Time given – time treatment was given
10. Initials – document your initials. Record your in initials and signature one time at the bottom of the page.

SUBCUTANEOUS INSULIN Administration Record [SLIDING SCALE]   Target blood glucose: 80-120 mg/dL

| Accuchecks | ☐ AC &HS *(check before meal tray delivered to unit (w/in 30min of eating)*   [Patient is eating] |
| | ☐ q 6 hrs ☐ q 4 hrs ☐ Other:_____   [NPO, tube feeding, or TPN] |

| Insulin | #All orders for supplemental SubQ insulin [Insulin-R (regular), Humalog (lispro), Apidra (glulisine)] will be dispensed as: |
| | **NovoLOG (aspart) insulin SubQ**   If eating, administer 0-15min before meals *[as per scale below]*. At bedtime (HS), patient MUST receive snack if dose is to be given |

| Hypoglycemia | Blood sugar ≤ 70mg/dL: follow orders on back of documentation form |

SCALE BS (mg/dL) Insulin SubQ	SCHEDULE TIME(s)	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
☐ NONE (Accuchecks ONLY)	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
☐ Scale 1 (units)	BLOOD GLUCOSE							
131 – 150 0	COVERAGE (UNITS)							
151 – 200 2								
201 – 250 3	Site							
251 – 300 4	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
301 – 350 5								
351 – 400 6	BLOOD GLUCOSE							
>400* 7								
☐ Scale 2 (units)	COVERAGE (UNITS)							
131 – 150 0	Site							
151 – 200 3	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
201 – 250 4								
251 – 300 6	BLOOD GLUCOSE							
301 – 350 8								
351 – 400 10	COVERAGE (UNITS)							
>400* 12								
☐ Scale 3 (units)	Site							
131 – 150 2	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
151 – 200 4	BLOOD GLUCOSE							
201 – 250 6								
251 – 300 8	COVERAGE (UNITS)							
301 – 350 10								
351 – 400 12	Site							
>400* 14	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
☐ Other (units)	BLOOD GLUCOSE							
131 – 150								
151 – 200	COVERAGE (UNITS)							
201 – 250								
251 – 300	Site							
301 – 350	TIME:	Initials	Initials	Initials	Initials	Initials	Initials	Initials
351 – 400	BLOOD GLUCOSE							
>400*								
*If BG ≤ 70 or > 400 mg/dL: repeat BG, treat, call provider, then repeat BG in 15 min after treatment	COVERAGE (UNITS)							
	Site							

Initials	SIGNATURE	Initials	SIGNATURE	Initials	SIGNATURE

SITE: SubQ   1. Right Gluteus   3. Right Deltoid   7. Right Thigh   9. Right Hip   11. Right Upper Abdomen   13. Left Upper Abdomen
Injection Codes- 2. Left Gluteus   4. Left Deltoid   8. Left Thigh   10. Left Hip   12. Right Lower Abdomen   14. Left Lower Abdomen

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INSULIN SubQ [SLIDING SCALE]
ADMINISTRATION RECORD (FRONT)

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HypOglycemia TREATMENT

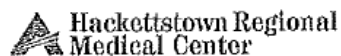| Blood Glucose	Treatment: Repeat BG, **treat**, call Provider, then repeat BG in 15 min after treatment
≤ 40*	Dextrose 50%, **50mL** (25G) IV [*central line if possible (hypertonic)*] If <u>NO IV access</u>, give Glucagon 1mg IM
41 – 70*	a. If <u>able to swallow</u>: 120mL(4oz) of fruit juice, or soda (not diet), or 8oz Milk b. <u>Unable to swallow (or NPO)</u>: Dextrose 50%, **25mL** (12.5G) IV If **NO** IV access, give Glucagon 1mg IM

DATE	TIME	BLOOD GLUCOSE	REPEAT BG (STAT)	HypOglycemia Treatment (Blood sugar ≤ 70)	SITE	TIME given	REPEAT BG (15min)	Initials
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	
		mg/dL	mg/dL	☐ 120mL fruit juice/soda, 240mL milk ☐ Dextrose 50%, 25mL (12.5G) IV ☐ Dextrose 50%, 50mL (25G) IV ☐ Glucagon 1mg IM	PO IV IV #		mg/dL	

HypERglycemia TREATMENT: Additional STAT INSULIN orders in addition to Sliding Scale orders:

DATE	TIME	BLOOD GLUCOSE	REPEAT BG (Stat)	INSULIN TYPE	DOSE (UNITS)	ROUTE	SITE	TIME given	Initials
1	2	3	4	5	6	7	8	9	10

Initials	SIGNATURE	Initials	SIGNATURE	Initials	SIGNATURE

SITE: 1. Right Gluteus 3. Right Deltoid (SubQ) 5. Right Deltoid Muscle 7. Right Thigh 9. Right Hip 11. Right Upper Abdomen 13. Left Upper Abdomen
2. Left Gluteus 4. Left Deltoid (SubQ) 6. Left Deltoid Muscle 8. Left Thigh 10. Left Hip 12. Right Lower Abdomen 14. Left Lower Abdomen

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INSULIN SubQ [SLIDING SCALE]
ADMINISTRATION RECORD (BACK)

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