Transition from I.V. to S.Q. Insulin Order Set Eating Status NPO or PO

TEXAS Department of State Health Services
TEXAS DIABETES COUNCIL
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GOALS:

Fasting	100-140 mg/dL
2 hr postprandial	140-180
Before Meals	<140-180

INSULIN:

IV insulin	regular
Basal insulin	glargine, detemir (or NPH BID)
Prandial	aspart, glulisine, lispro, regular
Supplemental	aspart, glulisine, lispro, regular

1. Total Daily Dose (TDD) of S.Q. insulin equals I.V. units insulin used over the last 4 hours x 5
   TDD = (_____units used **over the last 4 hours**) X (5) = _____units insulin

   NOTE: If patient was using less than 1 unit insulin per hour, D/C basal insulin & use only supplemental insulin if T2 DM

2. Start S.Q. basal insulin 2 hours prior to discontinuing insulin drip
   1st basal dose insulin = TDD = _____units basal insulin

3. Daily insulin regimen (Start Basal-Bolus insulin regimen depending on route or number of meals per day)

	TDD	Prandial Insulin Dose **Do not give prandial insulin dose if patient missing meal**	Supplemental Dose (CBG = capillary blood glucose) (see #**5**, below)
NPO	100% TDD = _____units basal insulin every 24 hours	None	Every 6 hours for CBG >140 mg/dL
1 meal per day	80% TDD = _____units basal insulin every 24 hours	10% TDD = _____units insulin before meal	Before meal and every 6 hours for CBG >140 mg/dL
2 meals per day	70% TDD = _____units basal insulin every 24 hours	15% TDD = _____units insulin before each meal	Before meals, and bedtime for CBG >140 mg/dL
3 meals per day	50% TDD = _____units basal insulin every 24 hours	50% TDD ÷ 3 = _____units before each meal	Before meals, and bedtime for CBG >140 mg/dL

4. Monitor capillary blood glucose ❑ before meals and bedtime ❑ 2 a.m. ❑ every 4 hours ❑ every 6 hours

5. Correction dose for preprandial or random hyperglycemia

Glucose mg/dL	High Insulin Sensitivity <40 units/day	Average Insulin Sensitivity 40-80 units/day	Low Insulin Sensitivity >80 units/day
	Units Insulin to Administer		
141-200	1	1	2
201-250	2	3	4
251-300	3	5	7
301-350	4	7	10
>350	5 & call attending	8 & call attending	12 & call attending

6. Titrate basal insulin each morning based on fasting glucose: Increase 2 units if glucose >140 mg/dL
   Decrease 2 units if glucose <80 mg/dL

7. Titrate prandial insulin. Use same schedule as in #5, above

8. Recalculate new TDD every 1-2 days based on changes in basal and prandial insulin requirements

9. Remember, the ratio of basal to prandial insulin should be approximately 1:1