		STAT PHARM ORDER (Place X in Box)	АСҮ	Baptist H of Miami BAPTIST HEALTH		
			<b>.</b> (	•	g zero (.X mg), MS, M	SO4 and MgS04
	ANEOUS INSU		YCEMIA MANA S ORDERS	AGEMENI	Use black ball RM point pen.	#
<u>Reminder</u> : Date, time all orders. Print name & ID # under signature.						
1.  Gestational Diabetes: Fasting Blood Glucose (BG) and 2 hour postprandial on 2 <sup>nd</sup> postpartum day.						
<ul> <li>2. □ Pre-gestational Diabetes: Finger Stick BG 15 to 30 minutes before meals and at bedtime. If NPO: Finger Stick BG: □ Every 4 hours □ Every 6 hours Once eating: Finger Stick BG: □ 15 - 30 minutes before meals and bedtime OR □ 15 - 30 minutes before meals, bedtime and 3 am.     </li> </ul>						
3. Diet: Preg	gestational: 75 gm	carbohydrate diet	□ Other:			
□ Ges	tational: regular die	et l	□ Other:			
4. Consult:		iabetes Teaching				
				on scale only. Res	ume meals as ordered	d by M.D.
BG level	N SCALE: Aspart ( Regimen 1 Mild (for patients getting 0 - 30 units daily)	(NovoLOG) subcut Regimen 2 (for patients getting 31 - 60 units daily)	aneous insulin <b>Regimen 3</b> <b>Moderate</b> (for patients getting 61 to 90 units daily)	Regimen 4 (for patients getting 91 - 120 units daily)	□ Regimen 5 Aggressive (for patients getting more than 120 units daily	□ Other
Less than 70	Call physician	Call physician	Call physician	Call physician	Call physician	Call physician
70 - 120	none	none	none	none	none	none
121 – 160	1 unit	2 units	3 units	4 units	5 units	units
161 – 200	2 unit	4 units	6 units	8 units	10 units	units
201 – 240	3 units	6 units	9 units	12 units	15 units	units
241 – 280	4 units	8 units	12 units	16 units	20 units	units
281 – 320	5 units	10 units	15 units	20 units	25 units	units
321 – 360	6 units	12 units	18 units	24 units	30 units	units
361 - 400	7 units	14 units	21 units	28 units	35 units	units
more than or equal to 401	8 units & call physician	16 units & call physician	24 units & call physician	32 units & call physician	40 units & call physician	units & call physician
<ul> <li>Hypoglycemia treatment for BG lower than 70 mg/dl. Recheck BG every 15 minutes after treatment.</li> <li>Give 15 Gms of oral glucose (4 ounces juice or 15 grams glucose gel) if patient is conscious and able to swallow.</li> <li>Give D50W 12.5 gm (25 ml) IV push for BG 50 – 70 mg/dl or D50W 25 gm (50 ml) IV push for BG less than 50 mg/dl if patient is unconscious, NPO, or unable to swallow and IV access is available,</li> <li>Glucagon 1 mg IM if patient has no IV.</li> </ul>						
If Pregestation	al: 🗌 After 24 hour	s post delivery, if to	lerating diet well, in	addition to correctio	n scale, start the followi	ng insulin routine:
Pregestatio	onal Basal:					
			ose if patient is brea	astfeeding. Give co	mplete pre-pregnancy c	lose if patient is
ONE SET OF C	DRDERS PER PA	GE/				
MARK THROUGH BLANK LINES / Physician's Signature			Signature		I.D. #	:
SCAN ALL OR	DERS				Date:	Time:
SCANNE	ED					
DATE:	TIME:	INITIALS:		Chec	ck your indi	vidual
					-	
					ity for the	Phecitic
			€	form	n number.	

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