

## OB insulin infusion orderset changes – Changed from labor focused to insulin infusion

- Full hypoglycemia orders embedded into orderset
- Allowance for ICR SQ insulin for when patients may be eating on an insulin gtt
- CGM/Insulin pump order panel available from this orderset.
- Includes diet, IVF, and insulin infusion – this matches other system insulin ordersets

**Order Sets** 2

**Orders** Clear All Orders

**OB Insulin Infusion Focused - UPH (MHM)** Manage User Versions Remove Order Sets

[- Provider Guidelines for the OB Patient](#)

▼ **Start Order Set**

▼ xxxxxxxx

**For OB patients in Diabetic Ketoacidosis or Hyperosmolar Hyperglycemic State, use the DKA/HHS Adult Focused (IP/ED) order set.**

▼ **Diet/Nutrition**

▼ **Diet NPO**

Diet NPO Except  
DIET EFFECTIVE NOW

Diet NPO - Strict  
DIET EFFECTIVE NOW

▼ **Diet - UPH (MHM)**

Diet Clear Liquid  
DIET EFFECTIVE NOW, Starting 9/5/25

Diet Full Liquid  
DIET EFFECTIVE NOW, Starting 9/5/25

Diet Carbohydrate Controlled  
DIET EFFECTIVE NOW, Starting 9/5/25

## ▼ Nursing

### ▼ POC Glucose

#### POCT Glucose

Routine, EVERY HOUR, First occurrence today at 1506, Last occurrence on Fri 9/19 at 1400, For 14 days

Check blood glucose every hour and adjust insulin infusion rate per the OB IV insulin infusion table. If two successive BG results 70-110 mg/dL, reduce BG checks to every 2 hr. If BG falls out of this goal range, return to hourly BG checks.

### ▼ Nursing Interventions - UPH and CCH

#### Patient education (specify) - For Diabetes Education

Routine, PRIOR TO DISCHARGE, Starting 9/5/25, Unit Nurse to begin teaching patient and family about diabetes and/or hyperglycemia: 1. Give patient diabetes education materials and provide teaching on survival skills and sick day management. 2. Instruct on Hypoglycemia and Hyperglycemia 3. Give glucometer to patient if needed or patient has no working glucometer available and instruct on use. 4. Provide insulin administration teaching if new to insulin therapy. 5. Assist with referral to outpatient diabetes education prior to discharge.

### ▼ IV Insertion Panel

#### IV Insertion Panel

##### Insert peripheral IV

Routine, ONCE, today at 1506, For 1 occurrence

##### IV Insertion Protocol

Routine, ONCE, today at 1506, For 1 occurrence

Assess for anesthetic for IV insertion then follow site specific protocol/policy.

##### Insert peripheral IV

Routine, CONTINUOUS, Starting today at 1506, Until Specified  
Second site

### ▼ OB Insulin - Notify Physician

#### Notify physician (specify)

Routine, UNTIL DISCONTINUED, Starting today at 1506, Until Specified

NOTIFY physician if insulin infusion rate greater than 25 units/hr OR insulin infusion rate less than or equal to 0.5 units/hr

## ▼ Medications

### ▼ Patient Able to Eat or Drink- Treatment for Blood Glucose less than 70 mg/dL

#### glucose 15 g oral packet

15-30 g, Oral, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1505, For 60 days

1. If patient able to eat or drink AND

a. If blood glucose (BG) is 54-69 mg/dL give 15 g oral dextrose (15 grams carbs).

b. IF BG IS LESS THAN 54 mg/dL, give 30 g oral dextrose (30 grams carbs).

2. Check BG 15 minutes after EACH administration.

3. Repeat treatment up to 2 more times UNTIL BG is greater than or equal to 70 mg/dL. At this time TREATMENT is COMPLETE.

4. Recheck BG 1 hour after treatment is complete.

5. NOTIFY physician if BG less than 70 mg/dL after 3 BG checks and treatment, OR if patient becomes unable to eat or drink.

#### 1-2 carb choices (about 15-30 grams of carbohydrates) for blood glucose less than 70 mg/dL

STAT, PRN, Starting today at 1505, Until Specified

Per policy: hypoglycemia symptoms and/or glucose less than 70 mg/dL. 1. If patient able to eat or drink AND dextrose oral liquid not available OR patient refuses liquid a. If blood glucose (BG) is 54-69 mg/dL give 1/2 cup juice, 1/2 cup regular soda pop, OR 1 cup skim milk (15 grams carbs) b. IF BG IS LESS THAN 54 mg/dL, give 1 cup juice, 1 cup regular soda pop, OR 2 cups skim milk (30 grams carbs). 2. Check BG 15 minutes after EACH administration. 3. Repeat treatment up to 2 more times UNTIL BG is greater than or equal to 70 mg/dL. At this time TREATMENT is COMPLETE. 4. Recheck BG 1 hour after treatment is complete. 5. If BG less than 70 mg/dL after 3 BG checks and treatment, OR if patient becomes unable to eat or drink a. NOTIFY provider AND b. Continue treatment with D50 or glucagon per protocol.

▼ **If Patient Unable to Eat or Drink- Treatment For Blood Glucose Less than 70 mg/dL**

**dextrose (D10W) 10% bolus**

125-250 mL (12.5-25 g), Intravenous, Administer over 15 Minutes, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1505, For 60 days

If Patient has IV access AND is unable/unsafe to eat or drink:

Hypoglycemia treatment doses:

1. If blood glucose 54-69 mg/dL: Dextrose 10% 125 mL (12.5 g dextrose) IV infusion over 15 minutes (500 mL/hr)
2. If blood glucose is less than 54 mg/dL: Dextrose 10% 250 mL (25 g dextrose) IV infusion over 15 minutes. (1000 mL/hr)

AND/OR

If Blood glucose less than 70 mg/dL after 3 oral/enteral treatments:

1. Give dextrose 10% infusion 250 mL over 15 minutes
  - a. Check BG 15 minutes after EACH administration AND NOTIFY provider AND
  - b. Repeat dose 1 time if BG is less than 70 mg/dL.
2. Repeat POC BG 1 hr after first POC result greater than or equal to 70 mg/dL.
3. If BG is less than 70 mg/dL after 2 treatments of D10, initiate rapid response team or equivalent emergency process

**glucagon injection**

1 mg, Intramuscular, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1505, For 60 days

Patient without IV access AND

- a. Blood glucose (BG) is less than 70 mg/dL AND
- b. Patient is unable/unsafe to eat or drink AND/OR
- c. BG less than 70 mg/dL after 3 oral/enteral treatments:
  1. Give glucagon IM AND
    - a. Roll patient on their side after administering to prevent aspiration of vomitus (side effect of glucagon)
    - b. Establish IV access
  2. Check BG 15 minutes after EACH administration AND NOTIFY provider AND
    - a. If BG is less than 70 mg/dL AND:
      1. IV access NOT established: repeat dose 1 time.
      2. IV access IS established: give dextrose per protocol.
  3. Recheck BG 1 hour after treatment is complete (BG is greater than or equal to 70 mg/dL).
  4. If BG is less than 70 mg/dL after 2 treatments of glucagon, initiate rapid response team or equivalent emergency process.

▼ **Insulin Infusion**

- [Provider Guidelines for Insulin Infusion](#)

- insulin (HUMAN R) infusion 1 unit/mL OB**  
0-25 Units/hr, Intravenous, CONTINUOUS

▼ **Bolus (meal time) Insulin - based on insulin carbohydrate ratio**

For patients receiving a meal tray AND continuing on IV Insulin infusion.

- insulin aspart/lispro (NOVOLOG/HUMALOG) injection - based on insulin carbohydrate ratio**  
0-15 Units, Subcutaneous, 3 TIMES DAILY AFTER MEALS, Administer 1 unit per (numbers; 0-30:31392::15) grams of carbohydrate consumed within 15 minutes of end of meal for best results. HOLD dose if patient does not eat meal. If correction insulin is required, combine with mealtime insulin. Round insulin dose to the nearest whole unit (less than 0.5 rounds down; 0.5 and above rounds up).

▼ **Bolus (meal time) Insulin - based on percent meal eaten**

For patients receiving a meal tray AND continuing on IV Insulin infusion.

- insulin aspart/lispro (NOVOLOG/HUMALOG) injection - based on percentage of constant carb meal eaten \*\*Only advised if unable to do carb counting at your affiliate**  
0-15 Units, Subcutaneous, 3 TIMES DAILY AFTER MEALS, Administer \*\*\* units based on the percent of meal consumed, within 15 minutes of end of meal for best results. If correction insulin required, combine with mealtime insulin. 1. HOLD dose if patient does not eat meal OR 25% or less of meal consumed. 2. If 26 - 74% of meal consumed - give half the dose of insulin. Round insulin to the nearest whole unit (less than 0.5 rounds down; 0.5 and above rounds up). 3. If 75% or more of meal consumed - give full dose of insulin

▼ **Hypoglycemia - POCT Glucose - All UPH and CCH (Except CMS, CRH, GCH, LCH, LSC, MLC, VGH)**

**POCT Glucose**

STAT, PRN, Starting today at 1505, Until Sun 10/5, For 30 days

Per policy for patient with symptoms of hypoglycemia: shakiness, weakness, sweating, hunger, dizziness, blurred vision, pale and clammy skin, fast heart rate, headache, confusion, irritability, fatigue, ataxia, anxiety, personality changes, or tingling of the lips. 1. At onset of symptoms. 2. Recheck needed for accuracy if patient BG is LESS than 50 mg/dL and asymptomatic. 3. Repeat every 15 minutes after treatments until above 80 mg/dL. At this time treatment is complete. 4. 1 hour after treatment is complete

**Notify physician (specify)**

Routine, UNTIL DISCONTINUED, Starting today at 1506, Until Sun 10/5, For 30 days

Notify provider prior to next insulin/oral diabetes medication administration if patient has had a hypoglycemic episode since last diabetes medication administration.

▼ IV Fluids

▼ IV Fluids

Continuation of a dextrose-containing solution is recommended during insulin infusion.

- dextrose 5 % solution  
at 50 mL/hr, Intravenous, CONTINUOUS
- dextrose 5 %-0.9 % sodium chloride infusion  
at 50 mL/hr, Intravenous, CONTINUOUS
- dextrose 5 %-0.45 % sodium chloride infusion  
at 50 mL/hr, Intravenous, CONTINUOUS
- dextrose 5 % in lactated ringers infusion  
at 50 mL/hr, Intravenous, CONTINUOUS

▼ Physician Consults

▼ Physician Consults - All UPH (Except DMG, PPK, WMT)

- Inpatient consult to Endocrinology - Do Not Order for CR
- Inpatient consult to Family Practice
- Inpatient consult to Hospitalist
- Inpatient consult to Internal Medicine

▼ Physician Consults - CCH (EXCEPT GCH, GRW, HHH, MLC, MOH)

- Inpatient consult to Family Practice
- Inpatient consult to Hospitalist
- Inpatient consult to Internal Medicine

▼ Labs

▼ Labs - All UPH and CCH

Order Hemoglobin A1c if no results available and/or not done within the last 3 months.

- Hemoglobin A1c  
Once, Starting 9/5/25
- Basic metabolic panel  
Once, Starting 9/5/25

▼ Ancillary Consults

▼ Ancillary Consults - UPH (MHM)

- Inpatient consult to Nutrition
- Inpatient consult to Diabetes educator
- Inpatient consult to Pharmacy
- CARE COORD CONSULT
- Wound ostomy eval and treat