INSULIN MEDICATION ADMINISTRATION RECORD

For FSBS > 180 mg/dl x 2 consecutive values: Treat with current algorithm. The next FSBS increase to the next algorithm unless it is at HS i.e., if the second consecutive value >180 mg/dl is at dinner, increase the algorithm with breakfast. Do not increase the HS scale dose unless MD adjusts HS scale. If using algorithm 3 and increase is required, increase each range by 2 units per range (except in range 70-110 mg/dl and write the new ranges in the "other" column.

For FSBS < 80 mg/dl x 1: Treat with current algorithm. The next FSBS decrease an algorithm unless it is at HS i.e., if the value <80 mg/dl at dinner, decrease the algorithm at breakfast. Do not decrease the HS scale dose, unless MD adjusts HS scale. If using algorithm 1 and decrease is required decrease dose by 2 units per range (except in range 70-110 mg/dl) and write the new ranges in the "other" column.

Increases/decreases by 2 units per range is in all ranges except in range 70-110 mg/dl and HS.

<table>
<thead>
<tr>
<th>FSBS Range</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-110 mg/dl</td>
<td>0 units or</td>
<td>0 units or</td>
<td>0 units</td>
<td>units</td>
<td>0 units</td>
</tr>
<tr>
<td>110-140 mg/dl</td>
<td>2 units</td>
<td>4 units</td>
<td>6 units</td>
<td>units</td>
<td>0 units</td>
</tr>
<tr>
<td>140-175 mg/dl</td>
<td>4 units</td>
<td>6 units</td>
<td>8 units</td>
<td>units</td>
<td>2 units</td>
</tr>
<tr>
<td>175-220 mg/dl</td>
<td>6 units</td>
<td>8 units</td>
<td>10 units</td>
<td>units</td>
<td>4 units</td>
</tr>
<tr>
<td>220-300 mg/dl</td>
<td>8 units</td>
<td>10 units</td>
<td>12 units</td>
<td>units</td>
<td>6 units</td>
</tr>
<tr>
<td>301-400 mg/dl</td>
<td>12 units</td>
<td>14 units</td>
<td>16 units</td>
<td>units</td>
<td>8 units</td>
</tr>
</tbody>
</table>

Ordered Date: __________________ Time: __________________

FSBS frequency: ☐ ac and HS ☐ every 4 hours ☐ every 6 hours ☐ daily
☐ twice daily ☐ other _______________

Route: ☐ SQ ☐ IV drip: See Insulin Drip Flow sheet

Type: ☐ Novolog Insulin (give within 15-15 mins of meal) other ____________

FSBS result < 40 or > 400 mg/dl draw lab, note result as lab and notify MD.

Blood Glucose Goals:

a) ac target range = 80 - 110 mg/dl
b) 1-2 hour postprandial = below 140 mg/dl
Not to exceed 180 mg/dl at any time.

Pregnancy Goals:

a) ac target range = 70-90 mg/dl (C试 MD if > 95 mg/dl)
b) 1 hour post prandial = below 130 mg/dl (C試 MD if > 130 mg/dl)

Method:

1. Use basal insulin or oral agent to stabilize blood glucose level. Reassess daily.
2. Scheduled mealtime medication to manage postprandial blood glucose.
3. Use algorithms to correct hypoglycemia.

Note: Algorithms are not recommended as the ONLY method of glucose control.

Example of completed record on next page followed by exercise.
For FBS > 180 mg/dL: Treatment will be based on a decision made by your healthcare provider. In general, if the second consecutive value > 180 mg/dL or if FBS > 180 mg/dL at dinner, increase the algorithm with insulin. Do not increase the H.S. scale dose, unless MD adjusts H.S. scale.

For FBS < 80 mg/dL: Decrease dose by 2 units per range algorithm. FBS < 80 mg/dL, decrease next meal algorithm. Do not decrease H.S. scale dose, unless MD adjusts H.S. scale.

For FBS < 70 mg/dL: No insulin coverage. Follow hypoglycemia protocol. (See reverse side)

Notify MD within 24 hours of all algorithm changes.

**NOTE:** Sliding Scale Insulin is not recommended as the ONLY method of blood glucose control.

**ALGORITHM 1**

<table>
<thead>
<tr>
<th>FSBS Range</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
<th>Insulin Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 mg/dL - 110 mg/dL</td>
<td>0 units</td>
<td>0 units</td>
<td>0 units</td>
<td>units</td>
<td>0 units</td>
</tr>
<tr>
<td>111 mg/dL - 140 mg/dL</td>
<td>0 units</td>
<td>2 units</td>
<td>4 units</td>
<td>units</td>
<td>0 units</td>
</tr>
<tr>
<td>141 mg/dL - 175 mg/dL</td>
<td>2 units</td>
<td>4 units</td>
<td>6 units</td>
<td>units</td>
<td>2 units</td>
</tr>
<tr>
<td>176 mg/dL - 220 mg/dL</td>
<td>4 units</td>
<td>6 units</td>
<td>8 units</td>
<td>units</td>
<td>4 units</td>
</tr>
<tr>
<td>221 mg/dL - 300 mg/dL</td>
<td>6 units</td>
<td>8 units</td>
<td>10 units</td>
<td>units</td>
<td>6 units</td>
</tr>
<tr>
<td>301 mg/dL - 350 mg/dL</td>
<td>8 units</td>
<td>10 units</td>
<td>12 units</td>
<td>units</td>
<td>8 units</td>
</tr>
<tr>
<td>351 mg/dL - 400 mg/dL</td>
<td>10 units</td>
<td>12 units</td>
<td>14 units</td>
<td>units</td>
<td>10 units</td>
</tr>
</tbody>
</table>

**FSBS Result:**

- Normal: 60 - 110 mg/dL
- High: > 180 mg/dL
- Low: < 50 mg/dL

**Date:**

- 7/26/00
- 7/28/00
- 7/29/00
- 7/31/00
- 8/1/00
- 8/4/00
- 8/6/00
- 8/8/00
- 8/10/00
- 8/13/00
- 8/15/00

**Time:**

- 12:00 AM
- 1:15 AM
- 2:10 AM
- 6:00 AM
- 6:10 AM
- 8:00 AM
- 8:15 AM
- 11:45 AM
- 12:00 PM
- 1:00 PM
- 2:15 PM

**Route:**

- SQ

**Type:** Novolog (give within 10-15 min of meal)

**Ordered Date:** 7/25/00

**Routes:**

- IV drip: See Insulin Drip Flow sheet

**FSBS Frequency:**

- Every 4 hours
- Every 6 hours
- Daily

**Route:**

- SQ

**Type:** Novolog (give within 10-15 min of meal)

**Goals:**

- Ac target range = 80 - 110 mg/dL
- Not to exceed 180 mg/dL at any time.

1. Use basal insulin or oral agent to stabilize blood glucose levels with a desired range.
2. Scheduled mealtime insulin doses are preferred to manage post meal blood glucose. If an algorithm is keeping the patient in range, suggest a new order using those doses as scheduled doses and a lower algorithm for correction doses.
3. Use algorithms to supplement or correct hypoglycemia.
4. Oral Diabetes Medications refer to MAR

**Addressograph**

**Signature, Title, Initial**

- H Nurse RN
- B Nurse RN

**Company Mert - Service**
N150

**DIABETIC FLOWSHEET EXERCISE**

Document the following on the insulin medication administration record.

<table>
<thead>
<tr>
<th>ORDER</th>
<th>PATIENT #1</th>
<th>PATIENT #2</th>
<th>PATIENT #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger stick frequency</td>
<td>ac</td>
<td>ac and hs</td>
<td>ac and hs</td>
</tr>
<tr>
<td>Algorithm</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Insulin Type</td>
<td>Novolog</td>
<td>Humulin</td>
<td>Novolog</td>
</tr>
<tr>
<td>Finger stick result at 0700</td>
<td>60 mg/dl</td>
<td>220 mg/dl</td>
<td>301 mg/dl</td>
</tr>
<tr>
<td>Finger stick result at 1230</td>
<td>75 mg/dl</td>
<td>260 mg/dl</td>
<td>282 mg/dl</td>
</tr>
<tr>
<td>Finger stick result at 1530</td>
<td>160 mg/dl</td>
<td>160 mg/dl</td>
<td>195 mg/dl</td>
</tr>
<tr>
<td>Finger stick result at 2100</td>
<td></td>
<td>140 mg/dl</td>
<td>128 mg/dl</td>
</tr>
</tbody>
</table>

Start one diabetic flow sheet per patient. Document the order, fingerstick result and insulin administration. Follow the protocol as specified on the flow sheet.

Maryam Ibrahim MSN, RN, CNE, CCRN