

AUTHORIZATION IS GIVEN TO DISPENSE A GENERIC EQUIVALENT UNLESS THE PARTICULAR DRUG IS ENCIRCLED

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_

### ADULT ONLY- Insulin Sliding Scale

- Blood glucose checks before meals and at bedtime daily.
- If blood glucose is 0 – 50, give 50 mL of D50 intravenous (IV) and recheck in 20 minutes; if < 70, call physician.
- If blood glucose is 51 – 70, give 4 ounces of juice (NO sugar added) or 25 mL of D50 intravenous (IV) and recheck in 20 minutes; if < 70, call physician.

**CHECK TYPE OF INSULIN:**

- Novolin R                       Insulin aspart (Novalog)

**CHECK PREFERRED SLIDING SCALE:**

Blood Glucose (mg/dl)	<input type="checkbox"/> Highly Insulin Sensitive	<input type="checkbox"/> Normal Insulin sensitivity (for most Patients)	<input type="checkbox"/> Custom
	Units of Insulin	Units of Insulin	Units of Insulin
< 100	0	0	_____
101 -150	0	0	_____
151 – 200	1	3	_____
201 – 250	2	6	_____
251 – 300	3	9	_____
301 – 350	4	12	_____
351 +	5	15	_____

- CALL physician if blood glucose > 350.

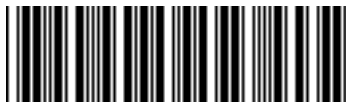
Physician Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**SOUTH CENTRAL REGIONAL  
MEDICAL CENTER**

PO BOX 607 - LAUREL, MISSISSIPPI 39441

DO NOT WRITE BELOW THIS LINE



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INSSC June 2008