

PHYSICIAN ORDER SET

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF THE UPMC HEALTH SYSTEM HOSPITAL - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

Continuous Subcutaneous Insulin Pump Orders

Attending Physician: _____ Diagnosis: _____

Allergies: _____

*Check All Orders that Apply with a & All Handwritten Orders Should be **BLOCK PRINTED** for Clarity*

Discontinue all Previous Insulin Orders

Patient to self administer insulin via subcutaneous insulin pump and document all basal rates and boluses on the "Insulin Pump Log Sheet". Nurse to review and verify that patient is documenting on the "Insulin Pump Log Sheet" every shift. At WPIC, RNs observe patient self administration and the RN documents on the Insulin Pump MAR.

Patient to continue home basal rates and bolus doses as per "Assessment Sheet for Insulin Pump Patients" unless indicated below.

Patient to change insertion set/site every 48-72 hours and as needed.

Check capillary blood glucose:

QAC and QHS QAC Q6hours Q4hours 3am Other: _____

Initiate Hypoglycemia Treatment Protocol for any blood glucose < 70 mg/dl - do not remove/stop pump unless ordered by physician

If blood glucose > 250 mg/dL two times in a row, patient to change infusion set and nurse to notify physician

HbA1c (recommended to assess home pump self-management)

If the pump is discontinued for any reason, contact physician for further orders for insulin management. Do not stop the pump without prescriber order and plans for alternate insulin administration.

Insulin (for use in pump): Pharmacy to send vial so patient can fill the cartridge.

lispro (**HumaLOG**) aspart (**NovoLOG**) glulisine (**Apidra**) Regular

Diet: Diabetic Consistent Carbohydrate Diet Other diet: _____

Consults: Diabetes Sevice (pager **1082**) for pump management (recommended) Nutrition Consult for: _____

Additional Orders Should be BLOCK PRINTED for Clarity

The following abbreviations are disallowed: u (unit), MS and MSO4 (morphine), MgSO4 (magnesium sulfate), QD (daily), QOD (every other day), IU (International Units)

Other Orders

Medication Orders

Safe Prescribing Practices: Verify all orders by reading the order back to the prescriber. Do not use zeros following a decimal point. Use a zero before a decimal point. Order IV medications by dose per time (e.g., mg/hr). Order levothyroxine in "mcg" (not "mg") doses.

(**BLOCK** Print Name)

(Signature)

Date / Time: _____ Pager # _____

Order Set Faxed to Pharmacy by:
(name / time) _____ **Unit:** _____

INSULIN PUMP LOG SHEET

IMPRINT PATIENT IDENTIFICATION HERE

Date:	12M	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
Insulin Type																				
Glucose																				
CHO (grams)																				
Meal bolus																				
Correction bolus																				
Basal rate																				
Site change (Indicate location)																				

RN signature:

Date:	12M	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
Insulin Type																				
Glucose																				
CHO (grams)																				
Meal bolus																				
Correction bolus																				
Basal rate																				
Site change (Indicate location)																				

RN signature:

Guidelines for Hospitalized patients using an Insulin Pump

An insulin pump should NEVER be discontinued without initiation of either subcutaneous or intravenous insulin at least 30 minutes before pump discontinuation. If the pump must be removed/stopped for any reason, orders must be written to remove/stop the pump and initiate alternate insulin administration.

Criteria for removal of the pump may include:

- ? If at any time the physician, nursing staff, or the patient determines that patient condition prohibits independence in diabetes self-management. Situations such as this may include, but are not limited to: confusion or sudden changes in medical or psychiatric condition.
- ? Patients who are unable to provide the pump supplies at the time of designated site change or at any time during the hospital stay.
- ? If a patient undergoing a procedure requiring sedation, the decision for pump management should be made by the primary service or surgical team in consultation with the diabetes service.

If removed on the nursing unit, the pump will be secured with a significant other or labeled with the patient name and sent to security. At WPIC, if family is not able to take the pump home, the removed pump is locked with the patient's belongings and the insulin is sent to the pharmacy.

Consultation:

- ? Notify Diabetes Consult Service and Diabetes Advanced Practice Nurse
- ? Dietician - suggested.

Supplies

- ? The patient/significant other will be responsible for all supplies required for the administration of insulin via the pump. This includes necessary supplies usually used by the patient such as infusion sets, batteries, reservoirs and infusion set inserter.
- ? Insulin will be supplied by the pharmacy in a vial for the patient to fill his/her own reservoir/cartridge.

Documentation

- ? **Assessment Sheet for insulin Pump Patients** - filled out by patient or significant other
- ? **Continuous Subcutaneous Insulin Pump Orders** - form for prescriber orders
- ? **Insulin Pump Log Sheet** (patient log not used at WPIC - RN to record on Insulin Pump MAR)
 - Patient to document all basal rate changes and bolus doses of insulin.
 - Nurse to sign log sheet every shift to verify patient is recording on log sheet
- ? RN to assess pump insertion site and document daily

Hypoglycemia

- ? Treat according to Hypoglycemia Treatment Protocol.
- ? The pump should not be suspended or removed, unless ordered by a prescriber.

Hyperglycemia

- ? Check pump, cartridge, tubing, infusion site
- ? If two blood glucoses >250mg/dl consecutively, patient to change insertion site and nurse to notify physician
- ? Consult Diabetes Service for assistance in changing pump rates

Site Change:

- ? A change of an insulin pump site is required every 48-72 hours and or needed. The patient will perform these changes independently and record them the Insulin Pump Log Sheet. At WPIC, the nurse must witness the site change and document on pump MAR.

Radiology procedures

- ? The pump must not be exposed to high electromagnetic fields such as MRI
- ? Do not expose insulin pump directly to x-ray beams (can cover with lead shield).
- ? The insulin pump should be removed by the patient in the radiology department immediately prior to MRI, CT Scans, mammography or PET scans and kept outside of the procedure room.
- ? The pump should be reconnected by the patient immediately following the procedure.
- ? If pump removal for procedure will be >1hour, consult diabetes service for interim glycemic management