



PAEDIATRIC DIABETIC TRANSITION TO SUBCUTANEOUS INSULIN ORDER SET

Harmonized

Height: _____ cm Weight: _____ kg

No Known Allergies

Allergies: _____

Consults

Charles H. Best Centre (CHBC) Referral (page after-hours and on weekends); MRP to contact CHBC paediatrician prior to discharge (1-855-266-7243; 00360#)

Other: _____

Diet

DAT is not a diet order available at Lakeridge Health

Paediatric Regular

Sugar free beverages only

Other: _____

Vitals/Monitoring

T, HR, RR, BP, SpO₂, Pain Score x 1, THEN q4h until discharge

Intake and Output q _____ h

Lab Investigations

Additional Labs: _____

Transition to Subcutaneous Insulin

When venous pH is greater than 7.3 and serum Sodium Bicarbonate is greater than or equal to 15 mmol/L, transition to subcutaneous insulin is appropriate

Discontinue IV Insulin infusion and discontinue IV dextrose solution 15 minutes after subcutaneous dose of rapid acting insulin is given **OR** 1 hour after basal insulin

Change IV to Saline Lock

Change IV solution to 0.9% NaCl **WITH** 20 mmol KCl/L at _____ mL/hr

Capillary Blood Glucose TID before meals, QHS, 0300 and PRN

For previously diagnosed patients on insulin at home

Administer Insulin as per home regimen: _____

Practitioner: _____

Nurse: _____

Clerk: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____





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Height: _____ cm Weight: _____ kg

No Known Allergies

Allergies: _____

Transition to Subcutaneous Insulin Continued...

For newly diagnosed patients or for insulin naive patients

Basal Insulin

Insulin Glargine _____ units (0.25 unit/kg) Subcut daily

Rapid Insulin (mealtime)

Insulin Lispro _____ units (0.083 unit/kg) Subcut TID before meals

Rapid insulin doses should be administered at least 3 hours apart

Add correction dose to ordered mealtime dose for patients 5 years and older

If Blood Glucose 12 – 16.9 mmol/L: Add 1 unit of Insulin Lispro

If Blood Glucose 17 – 21.9 mmol/L: Add 2 units of Insulin Lispro

If Blood Glucose 22 mmol/L or greater: Add 3 units of Insulin Lispro

Add correction dose to ordered mealtime dose for patients under 5 years old

If Blood Glucose 12 – 16.9 mmol/L: Add 0.5 units of Insulin Lispro

If Blood Glucose 17 – 21.9 mmol/L: Add 1 unit of Insulin Lispro

If Blood Glucose 22 mmol/L or greater: Add 1.5 units of Insulin Lispro

Additional Orders

Practitioner: _____

Nurse: _____

Clerk: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

