Bolus tube feeding glycemic control [3043501401]

Do not use this protocol/order set for patients on Regular Insulin U-500 or insulin pumps.
Do not use this protocol/order set for patients on continuous tube feeding and nocturnal feeds.
Do not use Glucommander subcutaneous Protocol for patients on bolus tube feeding.
Discontinue all previous insulin orders. Exception: For patient transitioning from IV Glucommander to Bolus Tube Feeding Subcutaneous insulin- see orders below.

General

Notify Provider [795995]

[X] Notify provider for results: Results for: Chemistry: Blood Glucose greater than(mg/dL): 300; Blood Glucose less than(mg/dL): 70 [NUR304229]

Nurse will notify provider of significant changes to vital signs or other clinical deterioration. Provider to indicate below if they would like to be notified OUTSIDE of this usual routine.
Specialty:
Results for: Chemistry
 if (answer = Chemistry)
   Potassiuim less than (mEq/L):
   Potassium greater than (mEq/L):
   Blood Glucose greater than(mg/dL):
   Blood Glucose less than(mg/dL):
   Sodium less than (mEq/L):
   Sodium greater than (mEq/L):
   GFR less than (mL/minute):
   Magnesium less than (mg/dL):
   Magnesium greater than (mg/dL):
   Phosphorus less than (mg/dL):
   Serum creatinine greater than (mg/dL):
   Hgb A1C greater than:
   Calcium less than (mg/dL):
   Calcium greater than (mg/dL):
   Total Or Indirect Bilirubin less than (mg/dL):
   Total Or Indirect Bilirubin greater than (mg/dL):
   CO_2 less than (mmol/L):
   CO_2 greater than (mmol/L):
   Ionized calcium less than (mmol/L):
   Ionized calcium greater than (mmol/L):
   Lactate greater than (mmol/L):
   Creatinine clearance less than (mL/min):
   Anion gap greater than:
 if (answer = Hematology)
   Hemoglobin less than (gm/dL):
   Hemoglobin greater than (gm/dL):
   Hematocrit less than (%):
   Hematocrit greater than (%):
   Platelet count less than (TH/mcL):
   WBC less than (thou/mcL):
   WBC greater than (thou/mcL):
   ANC less than (thou/mcL):
 if (answer = Coagulation)
   INR greater than or equal to:

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_____

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(or use patient label)

PTT less than (seconds):
PTT greater than (seconds):
ACT less than (seconds):
Fibrinogen less than (mg/dL):
Anti-Xa / heparin level UFH greater than (units/mL):
Anti-Xa / heparin level UFH less than (units/mL):
if (answer = ABG)
  Blood gas pH less than:
  Blood gas pH greater than:
  Blood gas pCO2 less than:
  Blood gas pCO2 greater than:
  Blood gas pO2 less than (mmHg):
  Blood gas pO2 greater than (mmHg):
  Blood gas base deficit greater than:
  Methemoglobin level greater than (%):
if (answer = Lipids)
  Triglycerides greater than(mg/dL):
  LDL greater than:
if (answer = ECG tracing/rhythm)
  ECG:
    if (answer = QTc interval change)
      QTC change:
      QTc greater than (millisec):
if (answer = PFT)
  FEV1 (% pred):
  FVC (L) less than:
  FVC (% predicted) less than:
if (answer = Bladder scan)
  Urine residual volume greater than (mL):
if (answer = Muscle injury)
  Creatinine kinase greater than (international units/L):
  Serum myoglobin:
  Urine myoglobin:
Potassiuim less than (mEq/L):
Potassium greater than (mEq/L):
Blood Glucose greater than(mg/dL): 300
Blood Glucose less than(mg/dL): 70
Sodium less than (mEq/L):
Sodium greater than (mEq/L):
GFR less than (mL/minute):
Magnesium less than (mg/dL):
Magnesium greater than (mg/dL):
Phosphorus less than (mg/dL):
Serum creatinine greater than (mg/dL):
Hgb A1C greater than:
Calcium less than (mg/dL):
Calcium greater than (mg/dL):
Total Or Indirect Bilirubin less than (mg/dL):
Total Or Indirect Bilirubin greater than (mg/dL):
CO2 less than (mmol/L):
CO2 greater than (mmol/L):
Ionized calcium less than (mmol/L):

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_____

	Ionized calcium greater than (mmol/L): Lactate greater than (mmol/L): Anion gap greater than: For positive: When completed: Creatinine clearance less than (mL/min): Other:

[X] Notify provider for symptoms [NUR304501]	Nurse will routinely notify provider of new onset of significant symptoms or other clinical deterioration. Provider to indicate below those new-onset or persistent symptoms for which notification should not be delayed.
	Specialty:
	General:
	HEENT:
	Airway:
	Chest:
	Back/flank:
	Abdomen: Nausea/vomiting (vomits within one hour after feeding completed)
	Pelvis:
	  if (answer = Bleeding)
	    Bleeding Location:
	Extremities:
	Neurological:
	  if (answer = Seizure activity)
	    Seizure Descriptor:
	Skin:
	Hematologic:
	Metabolic:
	Obstetrics:
	Other:

[X] Notify provider prior to insulin being administered if patient does not consume entire tube feeding bolus [NUR183]	Routine, Until discontinued, Starting S, To consider need to adjust insulin bolus dose
[X] Notify provider prior to insulin being administered if patient is NPO or there is interruption of tube feeding [NUR183]	Routine, Until discontinued, Starting S, If patient is NPO for test/procedure or interruption of tube feeding (ex due to feeding tube availability); to consider need to adjust insulin basal dose and need for orders for IV fluids

Nurse Interventions [30432965]

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_____

NOVANT HEALTH

Patient Name: _____

DOB:_____

(or use patient label)

[X] POCT Glucose [POC30409]	Routine, If condition met For 99 Occurrences
	Prevent auto-release of results to MyChart?
	if (answer = Yes)
	Reason for withholding patient information:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of the patient for the following reason:)
	Specific danger to life or physical safety of the patient:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of another person for the following reason:)
	Specific danger to life or physical safety of another person:
	CC External Recipients (Beaker Sites Only):
	as needed for change in clinical condition

[X] POCT Glucose [POC30409]	Routine, 4 X a day
	Prevent auto-release of results to MyChart?
	if (answer = Yes)
	Reason for withholding patient information:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of the patient for the following reason:)
	Specific danger to life or physical safety of the patient:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of another person for the following reason:)
	Specific danger to life or physical safety of another person:
	CC External Recipients (Beaker Sites Only):
	and correction dose coverage - use scale selected below

[X] POCT Glucose [POC30409]	Routine, Daily 0200
	Prevent auto-release of results to MyChart?
	if (answer = Yes)
	Reason for withholding patient information:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of the patient for the following reason:)
	Specific danger to life or physical safety of the patient:
	if (answer = Withholding the result from immediate release will substantially reduce the risk of danger to life or physical safety of another person for the following reason:)
	Specific danger to life or physical safety of another person:
	CC External Recipients (Beaker Sites Only):
	and correction dose coverage - use scale selected below

Ancillary Consults [30432968]

[ ] Inpatient consult to Diabetes Education Specialist [CON2]	Reason for diabetic education specialist consult:
	if (answer = Other (please provide consult details))
	Consult details:

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_____

[X] Diabetes education by nursing [NUR593]   Routine, Once (Routine), if inpatient Diabetes Education not
                                                   available or not indicated

Lab

Hematology [30432967]

[ ] Hemoglobin A1c [LAB90]   Morning draw For 1 Occurrences
                                                   Prevent auto-release of results to MyChart?
                                                     if (answer = Yes)
                                                       Reason for withholding patient information:
                                                         if (answer = Withholding the result from immediate release
                                                   will substantially reduce the risk of danger to life or physical
                                                   safety of the patient for the following reason:)
                                                           Specific danger to life or physical safety of the patient:
                                                         if (answer = Withholding the result from immediate release
                                                   will substantially reduce the risk of danger to life or physical
                                                   safety of another person for the following reason:)
                                                           Specific danger to life or physical safety of another
                                                   person:
                                                   CC External Recipients (Beaker Sites Only):
                                                   with next blood draw, if not already ordered this admission,
                                                   Routine

Medications

   Daily reassessment of basal/correction insulin orders is advised to maintain adequate glycemic control
   Patients that are NPO for test-procedure may need basal dose adjustment
   Patients with type 1 diabetes will require basal insulin even if tube feeding is stopped

Transition Type (Single Response) [40844626]

( ) Transition from Glucommander IV insulin Protocol or
     CCM Glycemic Control Protocol (IV arm) to Bolus Tube
     Feeding Subcutaneous Glycemic Management
     [40844616]

     Basal Insulin Dosing for Transition Day
     -Consider transitioning in the AM for best insulin dosing recommendations
     -Twice daily basal insulin dosing is recommended
     -Consider the following instructions to determine basal insulin dosing:
     Step 1: Calculate TOTAL amount of IV insulin required over last 6 hours (_____ of units/6 hours) This is best calculated if IV
     rate is stable and no meals consumed. To find IV insulin usage over the last 6 hours see "Glucose/Glucommander Summary
     Report tab/Timeline Glucose/Glucommander report".
     Step 2: Multiply this number of units x 4 to equal the approximate total daily insulin needs (_____ of units/day)
     Step 3: Divide this number by 2 for TOTAL daily basal dose. Then divide this daily basal dose by 2 for # of units for AM and #
     of units for PM basal dose.

   [ ] Insulin Type (Single Response) [40844630]
   ( ) insulin glargine (LANTUS) injection [28282]   Subcutaneous, 2 times a day, Starting S, For 14 Days
   ( ) insulin NPH (HUMULIN N,NOVOLIN N)   Subcutaneous, 2 times a day, Starting S, For 14 Days
        injection [10284]
   [ ] Transition from Glucommander IV to Bolus Tube Feeding
        [800849]

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[ ]	Transition from Glucommander IV to Bolus Tube Feeding [NUR3041052]	Routine, Once (Routine) For 1 Occurrences, Continue IV Glucommander Protocol or CCM Glycemic Protocol (IV arm) for 2 hours after ordered transition basal insulin dose is administered then discontinue IV Glucommander Protocol or CCM Glycemic Protocol (IV arm) and all related orders two hours after administering the ordered transition basal insulin dose.

( ) Transition from Glucommander Subcutaneous Insulin Protocol or CCM Glycemic Control Protocol (Subcutaneous arm) to Bolus Tube Feeding Subcutaneous Glycemic Management (Single Response) [40844617]

Basal Insulin Dosing
-Twice daily basal dosing is recommended
-Refer to "Glucose Glucommander summary report/Timeline Glucose/Glucommander report" in Dimensions to determine basal dosing
-Start next dose in 12 hours if patient previously was on twice daily dosing
-State next dose in 24 hours if patient previously was on daily dosing with Glucommander, and divide total daily dose in two.

( )	insulin glargine (LANTUS) injection TWICE daily (preferred option) [28282]	Subcutaneous, 2 times a day, For 14 Days
( )	insulin glargine (LANTUS) injection ONCE daily [28282]	Subcutaneous, Daily, For 14 Days
( )	insulin glargine (LANTUS) injection ONCE HS [28282]	Subcutaneous, At bedtime, For 14 Days
( )	insulin NPH (HUMULIN N,NOVOLIN N) injection TWICE daily 0900 and 2100 [10284]	Subcutaneous, 2 times a day, Starting S, For 14 Days
( )	insulin NPH (HUMULIN N,NOVOLIN N) injection TWICE daily 0800 and 1700 [10284]	Subcutaneous, Two times a day with meals, For 14 Days

( ) No Transition (Patient Currently is not on any Glycemic Management/Glucommander Orders/Protocol) (Single Response) [40844618]

-Twice daily basal dosing is recommended
Methods to determine insulin dose calculation:
- Patient may receive thir usual basal dose of insulin or decrease by 20% or more from home insulin dose for safety OR
- Patient may receive basal insulin (ex glargine) using 0.2 units/kg/dsay if renal function is NOT compromised OR
- Patient may receive basal insulin using 0.1 unit/kg/day if renal dysfunction or inulin sensitivity

( )	insulin glargine (LANTUS) injection TWICE daily [28282]	Subcutaneous, 2 times a day, For 14 Days
( )	insulin glargine (LANTUS) injection ONCE daily [28282]	Subcutaneous, Daily, For 14 Days
( )	insulin glargine (LANTUS) injection ONCE HS [28282]	Subcutaneous, At bedtime, For 14 Days
( )	insulin NPH (HUMULIN N,NOVOLIN N) injection TWICE daily 0900 and 2100 [10284]	Subcutaneous, 2 times a day, Starting S, For 14 Days
( )	insulin NPH (HUMULIN N,NOVOLIN N) injection TWICE daily 0800 and 1700 [10284]	Subcutaneous, Two times a day with meals, For 14 Days

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Bolus Tube Feeding/Carbohydrate Insulin Coverage (Single Response) [40844619]

Calculation of Bolus Tube Feeding/Carbohydrate Insulin Coverage
- Nursing to refer to enteral nutrition orders to identify the tube feeding formula product and the bolus tube feeding volume per feeding
- Refer to "Bolus Tube Feeding/Carbohydrate Reference Guide" to determine amount of carbohydrates per tube feeding bolus based on tube feeding product and volume to infuse for each feeding
- Calculate # of units of insulin dose based on provider order (ex 1 unit of lispro (HUMALOG) insulin per 15 grams of carbohydrate). Round down dose to nearest unit (ex. Bolus tube feeding with 33 grams of carbohydrates would receive 2 units of HUMALOG).

	URL: "https://iconnect.novanthealth.org/Clinical/OrderSetClinRefDocs/POC_Documents/Bolus%20Feeds%20Grams%20of%20Carbohydrate%20Guidelnes%20March%202021.pdf#search=bolus%20tube%20feeding%20carbohydrate%20reference%20guide"
( ) insulin lispro (HUMALOG) injection (0800, 1200, 1600, 2000) [17405]	1-100 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) insulin lispro (HUMALOG) injection (0000, 0400, 0800, 1200, 1600, 2000) [17405]	1-100 Units, Subcutaneous, Every 4 hours alternative, For 14 Days
( ) insulin lispro (HUMALOG) injection (0600, 1000, 1400, 1800, 2200) [17405]	1-100 Units, Subcutaneous, 5 times daily, For 14 Days

Insulin Correction Dose Coverage Scales (Single Response) [40888863]

TDDI= the total daily dose of all insulins added together that have been given in the past 24 hour period (7am-6:59am)

( ) Scale 1: 1:50 Scale Sensitive, Renal Failure [40888864]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	1-5 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) Scale 2: 1:40 Scale Standard [40888865]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	1-6 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) Scale 3: 1:30 Scale (Mild Insulin Resistance) [40888866]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	1-8 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) Scale 4: 1:20 Scale (Moderate Insulin Resistance) [40888867]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	1-12 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) Scale 5: 1:10 Scale (Extreme Insulin Resistance) [40888868]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	1-24 Units, Subcutaneous, With meals & at bedtime, For 14 Days
( ) Customized Scale [40888869]	
[ ] insulin regular (HUMULIN,NOVOLIN) injection [10289]	Subcutaneous, With meals & at bedtime, For 14 Days

Antidiarrheal Agents [40844620]

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(or use patient label)

[ ] loperamide (IMODIUM) [40844627]	**"Or" Linked Panel**
[ ] loperamide (IMODIUM) capsule [4560]	2 mg, Oral, Every 4 hours as needed, Diarrhea, for stool type 7 if able to tolerate oral medications, For 14 Days
[ ] loperamide (IMODIUM) solution [4561]	2 mg, Tube, Every 4 hours as needed, Diarrhea, for stool type 7 if unable to tolerate oral medications and tube is in place or if unable to swallow pill, For 14 Days

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NOVANT HEALTH

Patient Name: _____

DOB:_____

(or use patient label)