



**PHYSICIAN'S ORDER**  
(EXCLUDING IV Fluids and MEDICATIONS)

X	X	X	X
X	X	X	X

**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

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**Intravenous Insulin Infusion Orders—Page 2**

- For DKA and hyperosmolar state patients, when blood glucose is <250 mg/dL, change IV fluids to D5 ½ NS with 40 meq KCl/L at 150 cc/hr; OR  
( ) \_\_\_\_\_
- For perioperative and labor and delivery patients when blood glucose is <150 mg/dL, change IV fluid to D5 ½ NS with 40 mcq KCl/L at 150 cc/hr; OR  
( ) \_\_\_\_\_
- When blood glucose is < 80 mg/dL, decrease insulin infusion rate to 0.5 units/hr and contact MD. Consider increasing D5-Containing IV fluid rate or switch to D 10 if patient is not eating.
- DO NOT stop insulin infusion until at least 30 minutes after subcutaneous insulin has been ordered and given.

MD: \_\_\_\_\_

X	X	X	X
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- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

**DO NOT USE:**

U	MS
IU	MSO <sub>4</sub>
Q.D.	MgSO <sub>4</sub>
Q.O.D.	Trailing zero
Lack of leading zero	

**Physician's Order Form**  
**Intravenous Insulin Infusion Orders**