

# SLIDING SCALE INSULIN ORDERS

Drug Allergy

Date

Hour

Check Blood Sugars:

- AC & Bedtime  
 Q6H (6-12-6-12)

Cover with Novolog Insulin subcutaneously as below:

### Finger Stick

|                 |  |
|-----------------|--|
| <50 mg/dl       | Notify physician                               |
| <150 mg/dl      | No coverage                                    |
| 151 - 200 mg/dl | 2 units Novolog Sub-Q                          |
| 201 - 250 mg/dl | 4 units Novolog Sub-Q                          |
| 251 - 300 mg/dl | 6 units Novolog Sub-Q                          |
| 301 - 350 mg/dl | 8 units Novolog Sub-Q                          |
| 351 - 400 mg/dl | 10 units Novolog Sub-Q                         |
| ≥ 401 mg/dl     | 12 units Novolog Sub-Q<br>and notify physician |

Drug Allergy

Rev 9/05 (Approved by Medical Staff 12/05)

**USE BALL POINT PEN ONLY**

*Verity* Good things are happening here  
Southern Ohio Medical Center

06/20/06

DOB:

South campus  
1248 Kinneys Lane  
Portsmouth, Ohio 45662

Main campus  
1805 27th St  
Portsmouth, Ohio 45662



**Doctor's Orders**