**OB Insulin Infusion – Addendum [304000843]**

### General

**Diet**

- [ ] **Diet Liquid**  
  - Diet effective now, Starting today  
  - Diet: ____________________________ Required  
  - Additional Modifiers:  
    - Viscosity/Liquids:  
    - Diet Comments:  

- [ ] **Diet NPO**  
  - Diet effective now, Starting today  
  - NPO Except:  
  - Diet Comments:  

- [ ] **Diet Diabetic**  
  - Diet effective now, Starting today  
  - Diet, Diabetic: Gestational  
  - Select/Nonselect: ____________________________ Required  
  - Additional Modifiers:  
    - Viscosity/Liquids:  
    - Texture:  
    - Fluid Restriction / day:  
    - Sodium Modifiers:  
    - Supplements:  

### Notify Provider

- [X] Notify provider  
  - Routine, Until discontinued, Starting today  
  - Pulse greater than:  
  - Respiratory rate less than:  
  - Respiratory rate greater than:  
  - Temperature greater than (celsius):  
  - Urine output less than (mL/hr):  
  - Systolic BP greater than:  
  - Systolic BP less than:  
  - Diastolic BP greater than:  
  - Diastolic BP less than:  
  - Other:  
  - Notify provider if fingerstick glucose less than 60.

### Nursing Interventions

- [ ] **POCT glucose**  
  - Routine, Every hour, Starting today, If fingerstick glucose greater than 120 mg/dl begin insulin infusion. If fingerstick glucose less than 60 mg/dl turn off infusion and Notify provider. Blood Glucose Goal = 70-110 mg/dl.

- [ ] **Urine dipstick for ketones POCT**  
  - Routine, Once, Starting today, For a fingerstick glucose greater than 200 mg/dl.

Provider Initial: __________

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**Franciscan Health System**

St. Joseph Medical Center  
St. Francis Hospital - St. Clare Hospital  
St. Elizabeth Hospital - St. Anthony Hospital  
Highline Medical Center  
Harrison Medical Center  
Franciscan Medical Group  
Harrison HealthPartners  
Regional Hospital

**PATIENT INFORMATION**

**PHYSICIAN ORDERS**
### IV Fluids

<table>
<thead>
<tr>
<th>Fluid Type</th>
<th>Rate</th>
<th>Route</th>
<th>Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium chloride 0.9% (NS) infusion</td>
<td>125 mL/hr</td>
<td>IntraVenous, Continuous</td>
<td>If glucose is greater than 200 mg/dL times 2 checks, change IV fluid to Normal saline</td>
</tr>
<tr>
<td>dextrose 5% in lactated ringers infusion</td>
<td>125 mL/hr</td>
<td>IntraVenous, Continuous</td>
<td>While receiving insulin infusion</td>
</tr>
</tbody>
</table>

### Medications

#### Insulin Infusion

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Rate</th>
<th>Route</th>
<th>Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Nursing communication</td>
<td>Routine</td>
<td></td>
<td>Routine, Until discontinued, Starting today, Nursing Communication: Insulin and Oxytocin (Pitocin) cannot infuse through the same intravenous line</td>
</tr>
<tr>
<td>[ ] insulin regular 1 unit/mL 100 mL infusion</td>
<td>1 Unit/hr</td>
<td>IntraVenous, Titrated</td>
<td>Obtain infusion from Pharmacy Insulin and Oxytocin (Pitocin) cannot infuse through the same intravenous line</td>
</tr>
</tbody>
</table>

#### Glucose Range mg/dL

- **Less than 120**: 0 Units/hour
- **120-139**: 1 Units/hour
- **140-159**: 1.5 Units/hour
- **160-179**: 2 Units/hour
- **180-199**: 2.5 Units/hour
- **200-219**: 3 Units/hour
- **220-239**: 3.5 Units/hour
- **240-259**: 4 Units/hour
- **260-279**: 4.5 Units/hour
- **280-299**: 5 Units/hour
- **300-319**: 5.5 Units/hour
- **320-339**: 6 Units/hour
- **Greater than or = 340**: Contact Provider

### Date:_______ Time:_______

**Printed Name of Ordering Provider:**

**Provider Signature:**

**Date:_______ Time:_______ RN Acknowledged:**

**Provider Initial: _____________**

**PHYSICIAN ORDERS**