LEB Diabetes Surgical Management Plan

Food/Nutrition

☐ Nursing Communication
   No solid foods after 23:59 the night prior to surgery. Patient may have clear liquids up to 3 hours before the procedure.

☐ Clear Liquid Diet
   Patient may have clear liquid diet up until 3 hours before procedure. Start at: T:23:59

Patient Care

☐ Nursing Communication
   Discontinue Insulin pump at 2100 the night before the procedure.

Recovery and Post-Operative Guidelines: Utilize the IV fluids and insulin orders LISPRO (HUMALOG)/ASPART (NOVOLOG) to maintain blood sugar levels in 80-150 mg/dL range. (NOTE)*

☐ Nursing Communication
   When tolerating PO foods and fluids (eating over 30 grams to of carbohydrates), administer subQ insulin with meals as per regimen below. Discontinue IV Fluids and insulin infusion 30 minutes after the subQ insulin injection.

☐ LEB Hypoglycemia Protocol Plan(SUB)*

☐ Whole Blood Glucose Nsg
   q1h(std), Test blood sugar level every hour if waiting in pre-op, throughout the procedure, and during recovery.

Continuous Infusion

☐ Insulin Drip (Pediatric) (IVS)*
   Sodium Chloride 0.9%
   250 mL, IV, Routine, Titrate
   Comments: Start infusion at 0.02 Units/kg/hr and titrate.
   Target BS 80-150 mg/dl. Check BG q1hour. Adjust fluids and insulin drip rate based on blood glucose as follows:
   BG <80-Monitor BG q15min-Suspend Insulin Drip-Utilize Glucose D10 IV = 2.0 mL/kg, bolus, IV Push, give over 5 min-Monitor BG every 15 min until BG is above 80mg/dl. Repeat D10 bolus if needed. Then monitor BG every hour.-Resume insulin drip at 0.02 Units/kg/hr once BG over 80 mg/dL
   **Inulin Drip Rate**
   80-150 0.02 Units/kg/hr and monitor BG O1 hour
   151-200 0.03 Units/kg/hr and monitor BG O1 hour
   201-250 0.04 Units/kg/hr and monitor BG O1 hour
   251-300 0.06 Units/kg/hr and monitor BG O1 hour
   301-350 0.08 Units/kg/hr and monitor BG O1 hour
   >350 0.1 Units/kg/hr
   insulin reg (additive)
   125 units, 0 unit/kg/hr

☐ D5 1/2 NS KCl 20 mEq/L
   1,000 mL, IV, Routine, mL/hr
   Comments: To be run at 1.5 times maintenance rate.

Medications

☐ +1 Hours insulin lispro - Carb Correction
   units, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for ___ grams of carbs. Add this dose to the insulin dose for BG correction

☐ +1 Hours insulin lispro - BG Correction
   units, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit per ___ mg/dL over target BG

☐ +1 Hours Insulin Aspart- NOVOLOG-Blood Glucose Correction
   units, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit per ___ gram of carbs. Add this dose to the insulin dose for BG correction
Physician Orders PEDIATRIC: LEB Diabetes Surgical Management Plan

☐ +1 Hours Insulin Aspart- NOVOLOG-Carb Correction
   _____ units, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit per ___ mg/dL over target BG

☐ +1 Hours insulin glargine - Lantus
   _____ units, Injection, Subcutaneous, hs, Routine
   Comments: Give normal dose of Lantus the night before surgery.

☐ +1 Hours insulin detemir - Levemir
   _____ units, Injection, Subcutaneous, ws, Routine
   Comments: Give normal dose of Levemir the night before surgery.

Consults/Notifications/Referrals
☐ Notify Physician-Once
   Notify: Endocrinologist On call, Notify For: When patient is ready to eat.

Date       Time      Physician’s Signature      MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R - Required order