

# Admitted Patients with Acute Myocardial Infarction *WITHOUT* Diabetes

## Pre-printed Order Sheet

These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards.

Patient allergy and contraindications must be considered when completing these orders.

Standard orders. If not in agreement with an order, cross out and initial.  Requires a check (✓) for activation.

Drug Allergies ▶	ORDER TRANSCRIBED AND ACTIVATED												
<b>R</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED	TEST DONE	<b>GENERAL ORDERS</b>  <b>PAGE 1 OF 1</b>											
DATE _____ TIME _____  ----- <b>TARGET:</b> Pre-meal blood glucose of 5 - 10 mmol/L.  <b>MEDICATIONS:</b> <input type="checkbox"/> Insulin correction dose scale based on blood glucose monitoring (at meal times only). <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;"><i>Blood Glucose (mmol/L)</i></th> <th style="padding: 5px;"><i>Dose/Units Rapid Acting Insulin (Example: lispro, aspart) Subcut</i></th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">10 - 11.9</td><td style="padding: 5px;">2 units</td></tr> <tr><td style="padding: 5px;">12 - 13.9</td><td style="padding: 5px;">3 units</td></tr> <tr><td style="padding: 5px;">14 - 15.9</td><td style="padding: 5px;">4 units</td></tr> <tr><td style="padding: 5px;">16 - 17.9</td><td style="padding: 5px;">5 units</td></tr> <tr><td style="padding: 5px;">18 - 19.9</td><td style="padding: 5px;">6 units</td></tr> </tbody> </table> <p style="margin: 10px auto; text-align: center;">Call MD if glucose less than 4 mmol/L or greater than or equal to 20 mmol/L.</p> <input type="checkbox"/> Other (see below) _____ _____ _____ _____ _____ _____ _____	<i>Blood Glucose (mmol/L)</i>	<i>Dose/Units Rapid Acting Insulin (Example: lispro, aspart) Subcut</i>	10 - 11.9	2 units	12 - 13.9	3 units	14 - 15.9	4 units	16 - 17.9	5 units	18 - 19.9	6 units	<b>DIAGNOSTICS/TESTS:</b> <input checked="" type="checkbox"/> Patient's Height _____ cm Patient's Weight _____ kg <input checked="" type="checkbox"/> Random admission blood glucose and Hemoglobin A1C. <input checked="" type="checkbox"/> If random admission blood glucose less than 10 mmol/L do a fasting blood glucose the next a.m. <input checked="" type="checkbox"/> If random admission blood glucose greater than or equal to 10 mmol/L and/or fasting blood glucose greater than 7 mmol/L do blood glucose monitoring x 48 hours and then reassess (see guideline on reverse).  <b>DIET</b> <input checked="" type="checkbox"/> 100 mmol Na, modified fat. <input checked="" type="checkbox"/> Controlled Carbohydrate if 2 blood glucose measurements greater than or equal to 10 mmol/L. See guideline on reverse.  <b>TEACHING</b> <input checked="" type="checkbox"/> If deemed appropriate based on algorithm on reverse, review with patient the Type 2 Diabetes Learning Package (W-00086).  <b>CONSULTS</b> <input type="checkbox"/> If patient requires insulin for greater than 48 hours consult Endocrinology/Internal Medicine.  <b>DISCHARGE</b> <input checked="" type="checkbox"/> Based on guideline on the reverse determine if the patient is to receive the form letter entitled "Follow up with Your Family Doctor for Diabetes Care".  _____
<i>Blood Glucose (mmol/L)</i>	<i>Dose/Units Rapid Acting Insulin (Example: lispro, aspart) Subcut</i>												
10 - 11.9	2 units												
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14 - 15.9	4 units												
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18 - 19.9	6 units												
SIGNATURE AND DESIGNATION _____  PRINTED NAME _____  <span style="float: right; font-size: small;">GENERIC EQUIVALENT AUTHORIZED</span>	TRANSCRIBED: _____ REVIEWER: _____	<input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____											

# WRHA Clinical Guideline

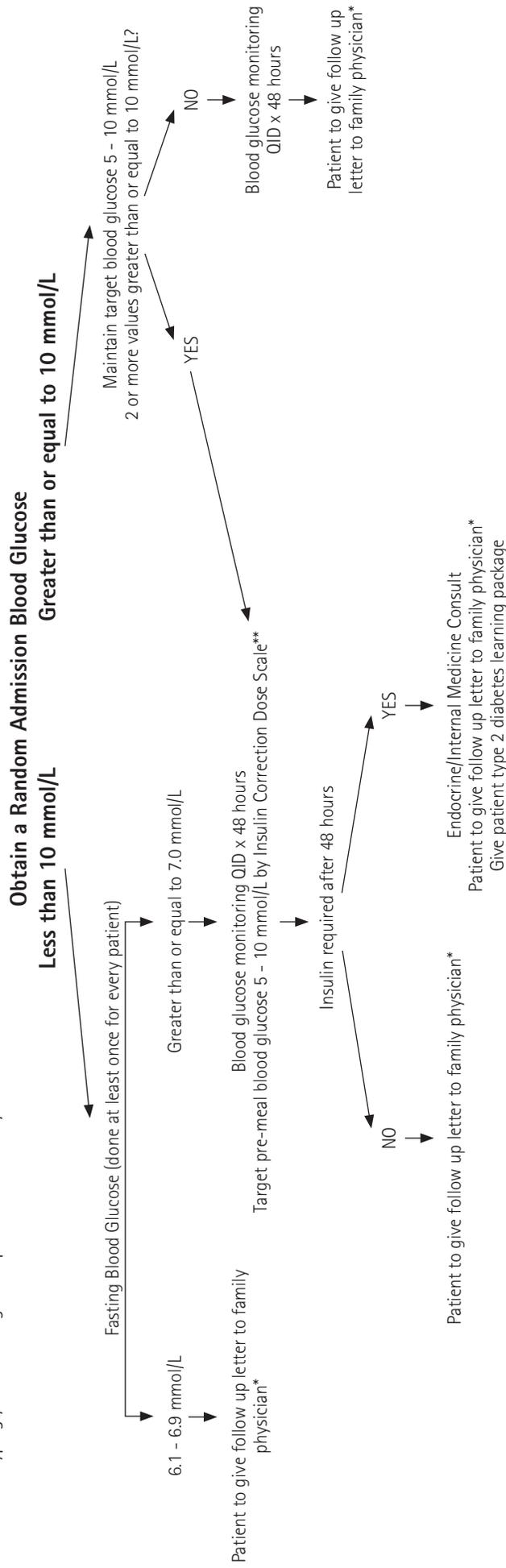
## Acute Myocardial Infarction Patients *WITHOUT* Diabetes (ST Elevation AMI, Non-ST Elevation AMI)

Target: Pre-meal blood glucose 5 – 10 mmol/L (non-fasting)

**Note: For patients who are critically ill and not eating, consider intravenous insulin infusion and appropriate glucose monitoring as required.**

**Goals are:**

1. To provide opportunity to diagnose dysglycemia.
2. To control hyperglycemia during acute phase of cardiac dysfunction.



\* If recommended give patient the form letter entitled "Follow up with Your Family Doctor for Diabetes Care" (Form # NS00784C)

\*\* Insulin Correction Dose Scale: Based on blood glucose monitoring (reassess individual need daily)

**Note: Scale is used for treatment of pre-meal blood glucose**

Blood Glucose (mmol/L)	Dose/Units Rapid Acting Insulin (Example: lispro, aspart) Subcut
10 – 11.9	2 units
12 – 13.9	3 units
14 – 15.9	4 units
16 – 17.9	5 units
18 – 19.9	6 units
Call MD if glucose less than 4 mmol/L or greater than or equal to 20 mmol/L.	

**If patient requires insulin greater than 48 hours, Endocrinology or Internal Medicine Consult**