

New IV Insulin Power Plans Incorporating EndoTool IV Sharp Healthcare

Diabetes Service Line
4/14/2021



EndoTool IV will replace the current paper based insulin infusion orders and is incorporated into new Power Plans (PP)

- ❖ EndoTool IV is a clinical decision support system designed to provide insulin dosing recommendations to control of hyperglycemia
- ❖ EndoTool is only available by initiating the appropriate Power Plan (PP)
- ❖ EndoTool IV calculates a patient specific dosing model using:
 - Diabetes Dx (Type 2, Type 1, Gestational, or Unknown)
 - Age
 - Weight
 - Steroids (Yes/No)
 - Renal Function
 - HbA1c (%)
 - Patient's serial response to insulin
- ❖ EndoTool IV will be operated by the RN

Where are PPs with EndoTool IV available?

Search with "Starts with": "Insulin" OR Search with "Contains": "Insulin or EndoTool"



- **SMH**- SICU, MICU, ED
 - Insulin Infusion ED ICU Continuous
 - Diabetes Crisis ED ICU PPs
- **SMBHWN**- PACU, LDR, PSCU
 - Insulin Infusion Continuous
- **SGH**: SICU, MICU, PCU*, ED, Women's Health
 - Insulin Infusion Continuous – ED ICU and ED PCU versions
 - Diabetes Crisis PPs – ED ICU and ED PCU versions
- **SCVMC**: ICU, PCU, ED, Women's Health
 - Insulin Infusion ED ICU Continuous – ICU, PCU, WHS versions
 - Diabetes Crisis ED ICU PPs - ICU and PCU versions
- **SCOR**: ICU, ED
 - Insulin Infusion ED ICU Continuous
 - Diabetes Crisis ED ICU PPs

Go Live:
May 4, 2021

*SGH PCUs = 1S/2S, 4E and 3E


New Hyperglycemia Continuous Insulin Infusion Power Plan ED and ICU EndoTool

(not for Diabetes Crises – e.g., DKA)

- ❖ This is the Power Plan to use for patients with hyperglycemia without DKA/HHS
- ❖ Indications are the same as with the current continuous insulin infusion (CII) Power Plan
- ❖ This new Power Plan will be added to plans currently containing the CII option
- ❖ Type 2 diabetes is the default and this can be used for all patients or can be changed
- ❖ All that is required with this plan is “initiate” and “sign”
- ❖ For patients with known diabetes type 1, the default should be changed to type 1
- ❖ Limited options are provided, e.g., nutrition

Why are there 4 New Power Plans for ED ICU Diabetes Crisis?



- Evidence shows that customized treatment of the different types of diabetes crisis optimizes outcomes and prevents complications.
- In the past, we have had only ONE Power Plan:
 **Insulin Diabetic Crisis DKA HHS**
- A single Power Plan could not be structured to address the various types of diabetes crises with a simple initiation process
- The four types of diabetes crises are outlined in the boxes
- An osmolality calculator is now available on the Diabetes MPage

Standard DKA (sDKA)

- Acidosis
 - $\text{HCO}_3^- (\text{CO}_2) \leq 18 \text{ mEq/mL}$
 - Anion Gap > 12
 - $\text{pH} < 7.3$
 - Ketones
- Blood Glucose (BG) generally $> 400 \text{ mg/dL}$
- Osmolality $< 320 \text{ mOsm/kg}$

HHS

- NO acidosis
 - $\text{HCO}_3^- (\text{CO}_2) \geq 18 \text{ mEq/L}$
 - $\text{pH} 7.35\text{-}7.45$
 - Negative ketones
- BG generally $> 600 \text{ mg/dL}$
- Osmolality $\geq 320 \text{ mOsm/kg}$

Hyperosmolar DKA (hDKA)

- Acidosis
 - $\text{HCO}_3^- (\text{CO}_2) \leq 18 \text{ mEq/L}$
 - Anion gap > 12
 - $\text{pH} < 7.3$
 - Ketones
- BG generally $> 600 \text{ mg/dL}$
- Osmolality $\geq 320 \text{ mOsm/kg}$

Euglycemic DKA (eDKA)

- Acidosis
 - $\text{HCO}_3^- (\text{CO}_2) \leq 18 \text{ mEq/L}$
 - Anion Gap > 12
 - $\text{pH} < 7.3$
 - Ketones
- BG generally $\leq 300 \text{ mg/dL}$
- Persistent glycosuria with SGLT2i inhibitors
- Osmolality $< 320 \text{ mOsm/kg}$

DKA / HHS Osmolality	06:00	08:00	10:00	12:00	14:00	16:00	18:00	20:00	22:00	00:00	02:00	04:00	06:00	08:00	10:00
Sodium Lvl	132	134	134		136		140		139		140		137		137
BUN	8	8	7		7		6		5		5		4		4
Calculated Osmolality	285.002	287.413	286.278		286.278		296.421		296.73		289.675		285.595		285.595
Calculated Effective Osmolality	282.944	284.556	283.778		283.778		294.278		294.944		287.889		284.167		284.167
Calculated Corrected Na+	135.82	139.96	139.68		140.24		145.14		141.5		142.84		140.5		140.5

Show/Hide

☒ Graph
 ☒ Glucose Level
 ☒ Glucose POC & BG
 ☒ IV Insulin Rate
 ☒ Calculated Osmolality

Check box on Diabetes M page for calc. osmo

SHARP

Orders Common to All the ED ICU Diabetes Crisis Power Plans

Pre checked orders	*Provider <u>must</u> select	Optional orders
Nutrition - NPO	<ul style="list-style-type: none">Type of DiabetesTwo Bag Method with or without KCLTotal IV fluid rateIV insulin rate start up	Fluid bolus (often done in ED)
Laboratory monitoring & general monitoring guidelines		Insulin bolus (often done in ED)
Provider notification		Additional labs and diagnostic studies
Electrolyte with phosphorous replacement		

***Many orders are pre checked; see next slide for details.**

EndoTool is only available by initiating a Power Plan

Keys to Initiate the New ED ICU Diabetes Crisis Power Plans

PP Order to Review	sDKA	HHS	hDKA	eDKA
Type of Diabetes In the EndoTool Setting Order in the Power Plan	ACTION NEEDED Select Type of Diabetes <i>Type 1, Type 2, Gestational, Unknown</i>			NO ACTION NEEDED Diabetes Type 2 is preselected. <i>Change if Patient has Type 1</i>
IV fluid Two Bag Method Provides a controlled rate of dextrose administration	ACTION NEEDED 1. Select fluids either WITH or WITHOUT KCL 2. Then select the two bags at the desired total IV rate 150 mL/hour, 200 ml/hour, or 250 ml/hour The Orders for Bag A (without dextrose) and Bag B (with dextrose) are linked so that “checking” (selecting) Bag A at the desired rate, will activate the order for Bag B			
Insulin Drip start rate	ACTION NEEDED Select Insulin drip start rate	NO ACTION NEEDED Insulin drip rate is pre checked at a fixed rate <i>EndoTool IV will start when the BG < 500 mg/dL</i>		

- A NEW Order in Each Power Plan:
“EndoTool Settings”

The EndoTool (ET) Settings order specifies parameters which the RN uses to start ET; in most PPs all required items in this order are preselected and no action by the provider is needed. If prompted, the type of diabetes needs to be specified.

The screenshot shows the 'EndoTool Settings' order form. At the top, there is a blue header bar with the title 'EndoTool Settings'. Below this, a status bar indicates 'IF initial BG is LESS than 100 mg/dl SELECT'. The main content area has tabs for 'Details', 'Order Comments', and 'Offset Details'. The 'Details' tab is active, showing a 'Diabetes Diagnosis' dropdown menu. A red arrow points to this dropdown, which is currently open, showing options: 'Type 1', 'Type 2', 'Gestational', and 'Unknown'. To the right of the dropdown, there are fields for 'Mode of Therapy' (set to 'sDKA'), '*Start/Restart Method' (set to 'from other IV'), and 'Requested Start Date/Time' (set to '**/**/****').

EndoTool Settings

IF initial BG is LESS than 100 mg/dl SELECT

Details for EndoTool Settings

Details Order Comments Offset Details

+ - [icon] [icon]

*Diabetes Diagnosis: [dropdown menu]

Goal Range: [dropdown menu]

Special Instructions: Gestational Unknown

Mode of Therapy: sDKA

*Start/Restart Method: from other IV

Requested Start Date/Time: **/**/**** PDT

Expands if action is needed

ACTION IS NEEDED if not already pre checked or change is desired

**Provider must select: Type of Diabetes
(Type 1, Type 2, GDM or Unknown)**

Implementing the Two Bag Method in the ED ICU Diabetes Crisis Power Plans

- Option available: two linked bags either WITH or WITHOUT KCL
- The provider must select the Total IV rate, options are: 150 mL/hour, 200 mL/hour, or 250 mL/hour
- For the Two Bag Method, the total IV rate includes the combined rate of Bag A (dextrose free bag) and Bag B (dextrose containing bag)
- (excludes piggybacks and concentrated dextrose such as D10W and D20W)

Selecting "The Two Bags" in the PowerPlans

Select both IV's at the desired total IV rate

Two Bag Method With K+

Use if K+ is LESS than 5mEq/L
Two Bag Method consists of two IV bags (Bag A WITHOUT dextrose and Bag B WITH dextrose) adjusted to the Total IV Rate ordered
See Diabetes Crisis Standard Data Guide
SELECT Two Bag Total IV Rate from the options below (150, 200, or 250 mL/hr)

Total IV Rate 150 mL/hr
Select BOTH orders

<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 150 mL/hr, Bag A Total IV Rate of Bag A plus Bag B = 150 mL/hr Rate of Bag A equals Total IV Rate (150 mL/hr)
<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	D5-NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 1 mL/hr, Bag B Total IV Rate of Bag A plus Bag B = 150 mL/hr Rate of Bag B equals Total IV Rate (150 mL/hr)

Total IV Rate 200 mL/hr
Select BOTH orders

<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 200 mL/hr, Bag A Total IV Rate of Bag A plus Bag B = 200 mL/hr Rate of Bag A equals Total IV Rate (200 mL/hr)
<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	D5-NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 1 mL/hr, Bag B Rate of Bag A plus Bag B = 200 mL/hr Rate of Bag B equals Total IV Rate (200 mL/hr) min

Total IV Rate 250 mL/hr
Select BOTH orders

<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 250 mL/hr, Bag A Total IV Rate of Bag A plus Bag B = 250 mL/hr Rate of Bag A equals Total IV Rate (250 mL/hr)
<input type="checkbox"/> Bag A	<input checked="" type="checkbox"/> Bag B	D5-NaCl 0.45%/KCl 20 mEq 1000 mL	IV Rate = 1 mL/hr, Bag B Rate of Bag A plus Bag B = 250 mL/hr Rate of Bag B equals Total IV Rate (250 mL/hr) min

The order for the two bags at each combined rate are linked,  so checking Bag A automatically selects Bag B

How to Order Insulin in the ED ICU DM Crisis PPs

Start up Insulin Rate Depends on Initial BG

BG \geq 500 or $<$ 500 mg/dL

- If initial BG \geq 500 mg/dL, select fixed rate (up to 0.1 unit/kg/hour; not to exceed 10 units/hour). EndoTool to start when BG less than 500 mg/dL.
- If initial BG $<$ 500mg/dL, select insulin with EndoTool

The screenshot shows a 'Medications' list with the following items:

- ☒ Discontinue all other insulin orders and all oral antihyperglycemic agents at the start of Enc
- ☒ Insulin Bolus
- ☐ Insulin regular 0.1 unit/kg, IV Bo
- ☐ Insulins: Continuous IV Insulin Infusion
 - ☐ See Diabetes Crisis: Standard DKA Guide
 - ☐ IF initial BG GREATER than or equal to 500 mg/dL SELECT fixed rate insulin drip IV, Use fixed rate; DO NOT start insi
 - ☐ insulin drip
- ☐ Sodium Chloride 0.9% (NaCl 0.9%) IV, Rate = 10 mL/
- ☐ EndoTool Settings: Mode of therapy:
- ☐ IF initial BG LESS than 500 mg/dL SELECT: 'EndoTool to calculate' insulin drip IV, Start by select; DO NOT start insi
- ☐ insulin drip
- ☐ Sodium Chloride 0.9% (NaCl 0.9%) IV, Rate = 10 mL/
- ☐ EndoTool Settings: Mode of therapy:
- ☒ D50W for hypoglycemia
- ☒ Dextrose 50% in Water (Dextrose 50% in Water dose calculation) For hypoglycemia

Two red arrows originate from the text box on the left. One arrow points to the 'IF initial BG GREATER than or equal to 500 mg/dL SELECT fixed rate insulin drip' option. The other arrow points to the 'IF initial BG LESS than 500 mg/dL SELECT: 'EndoTool to calculate' insulin drip' option.

Exception:

- For Euglycemic DKA, EndoTool is started upon initiation of the power plan, regardless of initial BG
- **Do Not Use** from Other SC as a start Method

After EndoTool is started, insulin rate will be adjusted based on EndoTool recommendations

SGH PCU Plans

Mild DKA PCU EndoTool ED ICU

Insulin Infusion Continuous ED PCU EndoTool

EndoTool

- Providers will furnish:
 - Diabetes diagnosis
 - Mode of therapy
 - Goal Range (pre-determined)
 - Maintenance IVF and rate
 - Steroid use and/or administration
 - Transition orders
 - EndoTool will give a basal insulin recommendation once patient reaches stability
- Nursing will provide input
 - POC BG results
 - Insulin adjustments

Insulin Infusion Mild DKA ED PCU EndoTool

Insulin Mild DKA PCU EndoTool (Planned Pending)

△ Patient Status

THIS POWERPLAN IS NOT INTENDED FOR HHS. No HHS Admissions to PCU.
 ALL of the following criteria MUST be met for DKA admission to PCU:
 1. Arterial or Venous pH GREATER than or EQUAL to 7.2
 2. Serum Bicarb (CO₂) GREATER than or EQUAL to 12
 3. Serum Ketones: Positive
 4. MAP GREATER than or EQUAL to 65
 5. Serum K⁺ GREATER than or EQUAL to 3.0 mEq
 6. Mental Status: Alert

No changes to Mild DKA Criteria

△ Nutrition

☒ NPO Exceptions: PO meds with sips of water or ice chips

☐ Clear Liquid Glycemic Control Diet

EndoTool Meal/Carbohydrate Instructions

☒ Insulin Instructions Select 'Simple Carbs' at INITIATION of meal in EndoTool when patient receives 'Clear Liquid Glycemic Control Diet'

☒ Insulin Instructions Select 'Meal Eaten' at INITIATION of meal in EndoTool when patient receives 'Glycemic Control Diet' OR any other diet

☒ Insulin Instructions Select 'Simple Carbs' at INITIATION of IVPS for medications mixed in dextrose

△ Patient Care

☒ Blood Glucose Monitoring POC BG monitoring at a minimum of Q1H or as directed by EndoTool and PRN

☒ Notify Provider If BG is LESS than 70 mg/dL x2 after treatment of hypoglycemia and/or insulin dose adjustment

☒ Notify Provider For the following conditions:
 1. ANYTIME EndoTool recommends to contact Provider. 2. If RN requires clarification regarding EndoTool dosing and requires 'OVERRIDE' order. 3. Once EndoTool indicates the patient is ready for subcutaneous insulin.

☒ Notify Provider If the insulin infusion rate is GREATER than or EQUAL to 10 units/hr x4H and is not generating a 50 mg/dL per hour decrease in BG

☒ Notify Provider For any BG increase GREATER than 100 mg/dL once within target range

☒ Notify Provider For two consecutive BG decreases GREATER than 100 mg/dL

At SGH PCU Units taking Insulin Infusions are:
 1S/2S, 4E and 3E

Insulin Infusion Mild DKA ED PCU EndoTool

NS bolus
available

IV Solutions

Consider Sodium Chloride 0.9% Bolus, in addition to maintenance fluid, if NOT given in ED.

For BG GREATER than 250 mg/dL:

Sodium Chloride 0.9%

Select an order sentence

For BG LESS than or EQUAL to 250 mg/dL:

destitute 5% -sodium chloride 0.9% (D5-NaCl)

destitute 5% -sodium chloride 0.45% (D5-NaCl)

Medications

Insulins

Discontinue all other insulin orders and all oral antihyperglycemic agents

at initiation of EndoTool

For any BG increase GREATER than 100 mg/dL once within target range
For two consecutive BG decreases GREATER than 100 mg/dL

1,000 mL, IV Bolus, once, Give over 2 hours. Bolus rate = 500 mL/hr. Infuse bolus, then start maintenance fluid

IV, Rate = 100 mL/hr, Initiate NaCl 0.9% for BG GREATER than 250 mg/dL. When BG is LESS than 250 mg/dL begin D5-NaCl 0.9% and discontinue NaCl 0.9%

IV, Rate = 150 mL/hr, Initiate NaCl 0.9% for BG GREATER than 250 mg/dL. When BG is LESS than 250 mg/dL begin D5-NaCl 0.9% and discontinue NaCl 0.9%

IV, Rate = 200 mL/hr, Initiate NaCl 0.9% for BG GREATER than 250 mg/dL. When BG is LESS than 250 mg/dL begin D5-NaCl 0.9% and discontinue NaCl 0.9%

IV, mL/hr, Initiate NaCl 0.9% for BG GREATER than 250 mg/dL. When BG is LESS than 250 mg/dL begin D5-NaCl 0.9% and discontinue NaCl 0.9%

Choose NS or ½ NS and rate
Drop down box offers IVF rate options of 100, 150,
200 or your choice of rate
IVFs are linked so D5NS or D5 ½ NS will be initiated
once BG < 250 mg/dL

Insulin Infusion Mild DKA ED PCU EndoTool

Insulin: Continuous IV Insulin Infusion			
<input checked="" type="checkbox"/>	Insulin regular 100 unit (1.5 units/hr) + Sodium Chloride 0.9% 100 mL	Ordered	IV Initial rate, max dose, frequency and dose adjustments per EndoTool. Do NOT start insulin infusion until Serum Potassium is GREATER than 3.3 mEq/dL. IV Rate = 10 mL/hr, as needed as carrier of insulin infusion Diabetes Type 2, Mode of therapy: dKA, Goal Range: 140-180 mg/dL, start/restart - EndoTool to calculate, 03/12/21 13:25:00 PST 03/12/21 13:25:00 PST, Constant order. Once EndoTool has suggested a basal insulin dose and patient is ready to transition to subcutaneous insulin, SELECT: 1, 'YES' if anion gap is LESS than or EQUAL to 14 and CO2 is GREATER than or EQUAL to 18, Discontinue 'Insulin Mild DKA PCU EndoTool' PowerPlan and initiate 'Insulin Subcutaneous SIO5' PowerPlan when... For hypoglycemia, per EndoTool, IV push, As directed, PRN hypoglycemia, Chart dose in mL on MAR, supplied as in)
<input checked="" type="checkbox"/>	Sodium Chloride 0.9% 1,000 mL	Ordered	
<input checked="" type="checkbox"/>	EndoTool Settings	Ordered	
<input checked="" type="checkbox"/>	Insulin Instructions	Ordered	
<input checked="" type="checkbox"/>	Dextrose 50% in Water (Dextrose 50% in Water dose calculation)	Ordered	

Details for EndoTool Settings

Details | Order Comments | Official Details












Diabetes Diagnosis: **Type 2** | Mode of Therapy: **dKA** | Goal Range: **140-180 mg/dL**

Start/Restart Method: **Type 2** | Special Instructions: | Requested Start Date/Time: **03/12/2021 13:25:00 PST**

- Complete Detail: Diabetes Diagnosis
- Start Method: EndoTool to calculate
- Mode of Therapy is DKA
- Initial BG Target Range is 150-200mg/dL
this adjusts to 140-180mg/dL once acidosis clears

Insulin Infusion Mild DKA PCU EndoTool

Potassium Replacement & Labs Pre-checked

Electrolyte management				
<input checked="" type="checkbox"/>	 potassium chloride	Ordered	10 mEq IVPB, Q1H, PRN potassium replacement, based on BMP lab values. Adjust K+ replacement with each new BMP result. See order comment for dosing: K+ 4-4.4 mEq/L Give 10 mEq Q1H x1 dose (10 mEq total) K+ 3.5-3.9 mEq/L Give 10 mEq Q1H x2 doses (20 mEq total) K+ 3-3.4 mEq/L Give 10 mEq Q1H x3 doses (30 mEq total) K+ 2.8-2.9 mEq/L Give 10 mEq Q1H x4 doses (40 mEq total)	
Oral potassium replacement				
<input checked="" type="checkbox"/>	 Medication Instructions	Ordered	03/12/21 13:25:00 PST, Constant order, Oral K+ replacement may be used if patient is awake, alert and able to swallow tablets and tolerate PO. May use combination	
<input checked="" type="checkbox"/>	 potassium chloride	Ordered	20 mEq PO, Q1H, PRN potassium replacement. See order comment for dosing, supplied as CR tab	
<input checked="" type="checkbox"/>	 potassium chloride	Ordered	K+ LESS than 3 mEq/L use IV K+ replacement option K+ 3-3.5 mEq/L Give 20 mEq Q1H x2 doses (40 mEq total) K+ 3.6-4 mEq/L Give 20 mEq x1 dose	
<input checked="" type="checkbox"/>	 potassium chloride	Ordered	10 mEq PO, Q1H, PRN potassium replacement, K+ 4.1-4.4 mEq/L Give 10 mEq x1 dose, supplied as CR tab	
Laboratory				
<input checked="" type="checkbox"/>	 Hemoglobin A1c	Ordered (Dispatched)	Stat collect, 03/12/21 13:25:00 PST, Blood, once, Stop date 03/12/21 13:35:00 PST	
Ongoing Monitoring				
<input checked="" type="checkbox"/>	+3 min  Basic Metabolic Panel	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, Q4H for 4 time(s), Stop date 03/13/21 2:00:00 PST	
<input checked="" type="checkbox"/>	+3 min  Magnesium Level	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, Q4H for 2 time(s), Stop date 03/12/21 22:00:00 PST	
<input checked="" type="checkbox"/>	+3 min  Phosphorus Level	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, Q4H for 2 time(s), Stop date 03/12/21 22:00:00 PST	
Consults/Referrals				
<input checked="" type="checkbox"/>	 Consult to Diabetic Nurse Educator	Ordered	03/12/21 13:25:00 PST, For surveillance - Insulin Mild DKA PCU EndoTool	
<input checked="" type="checkbox"/>	 Consult to Diabetic Nurse Practitioner	Ordered	03/12/21 13:25:00 PST, For surveillance - Insulin Mild DKA PCU EndoTool	

Mild DKA ED PCU EndoTool Power Plan includes:

- A prompt to Nurse to change IVF to include Dextrose once BG < 250mg/dL
- Adjusts Target range to 140-180mg/dL once anion gap < 14 and CO2 > 18
- Once BG stable offers basal insulin dose recommendation for transition
(requires provider order)

Insulin Infusion Continuous ED PCU EndoTool

for Hyperglycemia, not intended for Mild DKA

- Choose NPO or Diet
- Complete Detail: Diabetes Diagnosis
- Start Method will be EndoTool to Calculate
- BG Goal range pre-set at **140-180mg/dL**

The screenshot displays the 'EndoTool Settings' window. At the top, there are tabs for 'Details', 'Order Comments', and 'Offset Details'. Below the tabs, there are icons for adding, deleting, and saving. The main settings area includes: a 'Diabetes Diagnosis' dropdown menu with 'Type 1' selected; a 'Goal Range' dropdown menu with 'Type 1' selected; a 'Special Instructions' text area with 'Gestational' and 'Unknown' options; a 'Mode of Therapy' dropdown menu with 'Hyperglycemia' selected; a '*Start/Restart Method' dropdown menu with 'EndoTool to calculate' selected; and a '*Requested Start Date/Time' field showing '03/12/2021' at '1211' PST.

EndoTool will offer Basal insulin dose for transition once
BG is stable, *requires provider order*

For any questions, please contact your diabetes team:

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