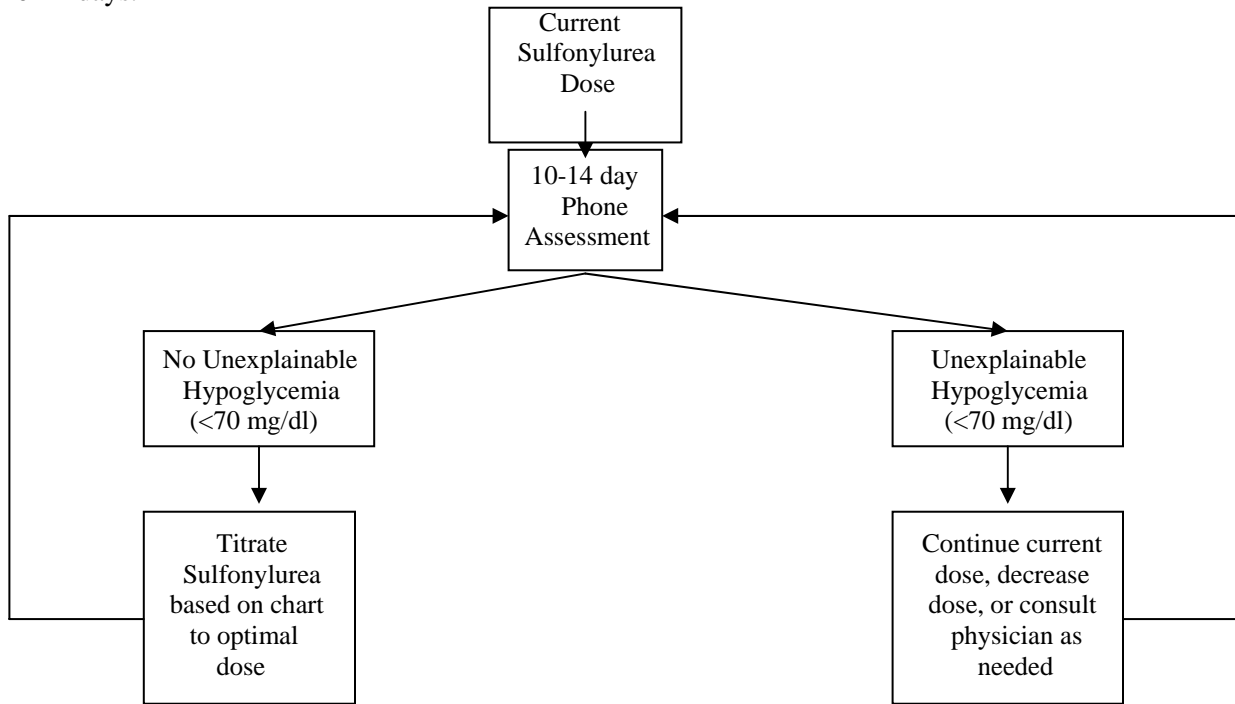


**Standing Order: Sulfonylurea Initiation and Titration**

**Divisions:**

General Internal Medicine

General Internal Medicine Extenders are allowed to initiate and titrate sulfonylureas per this standing order. The Extenders are to call the patient in 10-14 days after a medication change to obtain at home blood glucose readings and assess possible adverse effects. If the patient is tolerating the medication, average blood sugar is >140 mg/dl, and there are no unexplainable hypoglycemic episodes < 70 mg/dl (hypoglycemia not due to unusual diet or exercise), the Extender may increase the daily dose of the sulfonylurea according to the table below. The Extender or Care Assistant will then reassess the patient in 10-14 days.



Drug	Dosing Interval	Dose Increase	Optimal Dose	Maximum Dose
Glipizide (Glucotrol, Glucotrol XL)*	QD; doses >20 mg/day give BID	Double dose	20 mg/day (10 mg/day for XL)	40 mg/day (20 mg/day for XL)
Glyburide (DiaBeta, Micronase)	QD-BID	Double dose	10 mg/day	20 mg/day
Glyburide (Glynase PresTabs)	QD	Double dose	6 mg/day	12 mg/day
Glimepiride (Amaryl)*	QD	Double dose	4 mg/day	8 mg/day
Acetohexamide (Dymelor)	QD; doses >1 g/day give BID	Double dose	750 mg/day	1500 mg/day
Chlorpropamide (Diabinese)	QD	Double dose	375 mg/day	750 mg/day
Tolazamide (Tolinase)	QD-BID	Double dose	500 mg/day	1000 mg/day
Tolbutamide (Orinase)	QD-TID	Double dose	1000 mg/day	2000 mg/day

\*May initiate at 1/4 to 1/2 optimal dose.

Signature: \_\_\_\_\_  
Internal Medicine Clinic Director

Updated June 9, 2005