





## **ADDRESSOGRAPH**

## GREY BRUCE HEALTH NETWORK Page 1 of 1 SITE: \_\_\_\_\_

Allergies: □	NKA or:						
Veight (kg)	Height (cm)						
	9	Subcutaneous Insulin O	rder Se	t			
Processed	(This order is <b>NOT</b> to be used for patients who are NPO)						
	☐ Open Box indicates optional order, activated when checked ☑. ☐ Checked Box indicates <b>mandatory order</b> unless crossed out.						
	POC GLUCOSE MONITO						
	☐ BID (0730 hrs, 1630 hrs) ☐ TID before meal ☐ QID (before meal & bedtime) ☐ 0200 hrs						
	Call Most Responsible Physician (MRP) for POC Glucose less than 3 mmol/L or greater than 22 mmol/L  ☐ Hypoglycemia Clinical Protocol greater than or equal to 18 years ☐ Diabetes Grey Bruce Referral (for diabetes education) ☐ Registered Dietitian/Clinical Nutrition Consult Protocol						
c d	Option #1: PREMIXED Insulin (specify insulin) DO NOT USE AS Sliding Scale Insulin						
	Insulin subcutaneous units before breakfast Insulin subcutaneous units before supper						
	_						
C)	Option #2:						
	BASAL-BOLUS ORDER		Breakfast	Lunch	Supper	Bedtime	
	A. Basal Insulin orders ( <b>Do N</b>	Not Use as Sliding Scale Insulin)					
	□ NPH □ Glargine □ Detemir (Lantus®) (Levemir®)				Units	Units	
	B. Meal Time (Bolus) Insulin						
	☐ Regular** ☐ Lispro**	Units	Units	I In it a			
	(Humalog®) (NovoRapid®)			Units	Units		
	* See Adjustment Scale Insulin orders if applicable			l			
	** Insulin Regular: 30 minutes before eating						
	*** Insulin Aspart/Lispro: 0 -	- 15 minutes before eating					
c of	Option #3: ADJUSTME	NT SCALE TID AC (may be u	ised alone o	r in addition	to Option	#1 or #2)	
	IF USED WITH OPTION #2, USE SAME MEAL TIME (BOLUS) INSULIN. Nurse to add						
	(or subtract) adjustment scale insulin dose to (or from) scheduled meal time (bolus) insulin dose						
	Otherwise MD to specify short-acting insulin:						
	☐ Insulin Regular ☐ Insu	ılin Lispro (Humalog®) 🗌 Ins	sulin Aspai	rt (NovoRap	oid®)		
	POC Glucose Range	☐ Standard Adjustment Scale	☐ Indi	vidualized A	1 diustmon	t Saala	
	Less than 4 mmol/L	Follow Hypoglycen				i Scale	
	4 – 6 mmol/L Subtract 1 unit		Subtract units				
	6.1 – 8 mmol/L	No adjustment (Scheduled	Bolus Insul				
	8.1 – 10 mmol/L	Add 1 unit Add 2 units	Add unit(s)				
	10.1 – 12 mmol/L	Add units					
	12.1 – 14 mmol/L 14.1 – 16 mmol/L	Add 4 units	1		units		
	Greater than 16 mmol/L	Add 4 units Add 5 units		Add units Add units			
	COMO UMA TO HEIOTE 100 UMAS 10						
	Physician's Signature	Date		Time		_Page 1/1	

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