



PATIENT CARE ORDERS

Please use black ink ballpoint pen only and press firmly to make copy

Weight (kg)	Known Adverse Reactions or Intolerances		TRANSCRIPTION
	DRUG	<input type="checkbox"/> No <input type="checkbox"/> Yes (list)	
	FOOD	<input type="checkbox"/> No <input type="checkbox"/> Yes (list)	
	LATEX	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Diabetes Management – Subcutaneous Insulin Therapy NPO Order Set (Adult)

See Suggestions for Management on Reverse

Consider intravenous insulin therapy with prolonged NPO status

Non-insulin antihyperglycemic agents or corticosteroid therapy may impact glycemic control

Capillary Blood Glucose Monitoring

- qid and prn
- Other: q___ h

Scheduled Insulin

- Discontinue all previous insulin orders

		Subcutaneous at 0800 h	Subcutaneous at 2000 h
Basal Insulin	Long-Acting Twice Daily	_____ units	_____ units
	<input type="checkbox"/> Insulin glargine		
	<input type="checkbox"/> Insulin detemir		
	OR		
	Long-Acting Once Daily		_____ units
	<input type="checkbox"/> Insulin glargine		
<input type="checkbox"/> Insulin detemir			
OR			
Intermediate-Acting Twice Daily	_____ units	_____ units	
<input type="checkbox"/> Insulin NPH			

Correction Dose Insulin Algorithms

*** Use Titratable Medication Administration Record***

- Administer insulin aspart subcutaneously in addition to scheduled insulin dose with capillary blood glucose measurements.

Select **one** of the following algorithms:

Insulin Sensitive: for patients requiring 40 units or less of scheduled insulin/day

Usual: for patients requiring 40 to 80 units of scheduled insulin/day

Insulin Resistant: for patients requiring 80 units or more of scheduled insulin/day

Capillary Blood Glucose (mmol/L)	<input type="checkbox"/> Insulin Sensitive (units)	<input type="checkbox"/> Usual (units)	<input type="checkbox"/> Insulin Resistant (units)	<input type="checkbox"/> Individual (units)
10.1 to 12.0	2	4	6	
12.1 to 14.0	4	6	8	
14.1 to 17.0	6	8	10	
17.1 to 20.0	8	10	12	
20.1 to 22.0	10	12	14	
Over 22	12	14	16	

Pharmacy Use Only:
Reviewed by: _____
Entered by: _____
Checked by: _____

Prescriber Printed Name	Designation	Signature	Date (YYYY/MM/DD)	Time (HHMM):
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SUGGESTIONS FOR SELECTING A BASAL-BOLUS REGIMEN IN AN NPO PATIENT

Step 1. Calculate Starting Total Daily Dose (TDD) of Insulin

For patients previously on insulin:

Calculate the total daily dose of insulin by adding up all the doses of insulin they take in an usual day.

For patients previously not on insulin:

Use 0.3 units/kg/day if patient has "insulin sensitivity" [lean or malnourished patients, elderly, acute or chronic kidney disease (especially dialysis-requiring)]

Use 0.4 units/kg/day in "usual" patients (no features of insulin sensitivity or insulin resistance)

Use 0.5 – 0.6 units/kg/day if patient has "insulin resistance" (obese patients or receiving high doses of glucocorticoids)

Adjust TDD up or down based on:

Past response to insulin

Presence of hyperglycemia inducing agents (e.g. corticosteroids), stress

Step 2. Determine Scheduled Insulin Dose

Give 50% of the TDD as basal insulin. If patient was not on insulin prior to hospitalization, start the basal insulin at 2000 h, the day of admission.

Glargine or detemir are preferred as they are non-peaking, long acting insulins that provide continuous action.

Do not give bolus (mealtime) insulin as patient is not eating.

Step 3. Select an Appropriate Correction (Supplemental) Insulin Scale QID

Correction (supplemental) insulin: usually rapid-acting insulin. Frequent use suggests a need to modify the basal insulin dose.

Initially select the Correction Dose Insulin Algorithm that matches the total daily dose of scheduled insulin per day.

Step 4. Low-dose dextrose infusion (D5 at 75-125 ml/hr) recommended for prolonged NPO status

Example:

80 kg obese woman admitted for hip replacement

Step 1: TDD = 80 kg x 0.5 units/kg/day = 40 units

Step 2: Give 50% basal (20 units)

Select glargine or detemir 20 units typically given at 2000 h

OR

10 units given at 0800 h and 2000 h

Step 3: Select "Usual" Correction Dose Insulin Algorithm as total daily dose of scheduled insulin per day is 40 units

Step 4: Start D5 at 75 to 125 mL/hour

For Patients Previously Controlled on Non-Insulin Antihyperglycemics

May use Correction Dose Insulin Algorithm alone for patient with type 2 diabetes