

Name of Organization
**SUBCUTANEOUS Insulin Order Set – ENTERAL /
 PARENTERAL NUTRITION**

Addressograph

Allergies: _____

GENERAL INFORMATION
Provide statement indicating how / when order set is to be used, e.g.,
 A new pre-printed subcutaneous insulin order set must be completed each time changes are made to the type of insulin, frequency of administration and/or change in nutritional status.
Consider including a mandatory order to discontinue all previous orders, e.g.,
 Discontinue all previous insulin orders.
Add a prompt to assess medications that may have an impact on glycemic control
 When completing this form consider whether patient is on:
 - non-insulin antihyperglycemic agents
 - corticosteroids

MANAGEMENT OF HYPOGLYCEMIA
Include mandatory orders (not optional) that allow the nursing staff to administer treatment without having to contact a physician as per an agreed upon protocol. The orders should provide treatment options for nurses to select according to the characteristics of the individual patient, taking into consideration:

- Ability to chew glucose tablets, drink fruit juice, or swallow glucose gel
- Availability of IV access

OR
If the institution has a medical directive for the management of hypoglycemia, add a statement referring to it.

BLOOD GLUCOSE MONITORING
Establish a schedule with specific times for point of care blood glucose testing, e.g.,

- QID and QHS
- Overnight (e.g., @0300h) if concerns of nocturnal hypoglycemia
- PRN

SCHEDULED INSULIN ORDERS
CONTINUOUS FEEDS:

BASAL INSULIN ORDERS

| Basal Insulin | Feeding Time #1 __:__ | | | Feeding Time #2 __:__ |
|--|--------------------------|--|--|--------------------------|
| <i>List basal insulin(s) available as per hospital formulary</i> | units | | | units |
| | units | | | units |
| | units | | | units |

BOLUS SCHEDULED FEEDS:

BASAL INSULIN ORDERS

| Basal Insulin | Feeding Time __:__ | Feeding Time __:__ | Feeding Time __:__ |
|---|-----------------------|-----------------------|-----------------------|
| <i>List basal insulin available as per hospital formulary</i> | units | units | units |
| | units | units | units |
| | units | units | units |

BOLUS INSULIN ORDERS
 Choose one of the options below:
 No standing basal insulin order. Reassess after 24-48 hours.

OR

Standing bolus insulin as indicated:

| Bolus Insulin | Feeding Time #1 __:__ | Feeding Time #2 __:__ | Feeding Time #3 __:__ |
|---|--------------------------|--------------------------|--------------------------|
| List bolus insulin(s) available as per hospital formulary | units | units | units |
| | units | units | units |
| | units | units | units |

CORRECTION DOSE INSULIN ALGORITHMS

The order form should provide an option for ordering correction dose insulin (extra insulin that is added to the scheduled bolus insulin dose and administered at the same time).

A series of algorithms (e.g., insulin sensitive, usual, insulin resistant) should be provided as options to guide the size of the correction dose based on the blood glucose level.

If correction insulin is required it should be given in addition to scheduled bolus insulin.

Prescribers must choose one algorithm or specify a "custom" algorithm of their choice. The schedule for administration of correction doses must be specified by the prescriber

Select bolus correction insulin:

(Bolus correction insulin selected should be the same as the bolus mealtime insulin selected)

- List bolus insulins available as per hospital formulary
-
-

Select times insulin is to be given, e.g.,

- Before meals
- Other

| 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"/> Individualized (units) |
|----------------------------------|--|---|--|---|
| Under __ | | Contact MD and initiate hypoglycemia management | | |
| __ to __ | | | | |
| __ to __ | | | | |
| __ to __ | | | | |
| __ to __ | | | | |
| Over__ contact MD | | | | |

Frequent use of correctional insulin suggests the need to reassess scheduled basal and/or bolus insulin.

Provide guidance in conjunction with endocrinology / internal medicine / diabetes management team as to when these services should be consulted, e.g.,

Notify MRP/ endocrinology/diabetes management team if:

- Change in nutritional status
- More than one hypoglycemic event in X hours