

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, e.g.,

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
- q_h
- PRN

SCHEDULED INSULIN ORDERS

BASAL INSULIN ORDERS:

Choose one of the options below:

- No standing basal insulin order. Reassess after 24-48 hours.

OR

- Standing basal insulin orders as indicated:

Basal Insulin	Dosing Time #1		Dosing Time #2	
<i>List basal insulin(s) available as per hospital formulary</i>	__:__		__:__	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 basal insulin dose). 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.

Correction insulin should be given in addition to basal insulin orders.

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

Select bolus correction insulin:

- List bolus insulins available as per hospital formulary
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Select times insulin is to be given, e.g.,

- QID
- q_h

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
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