



Sunnybrook

HEALTH SCIENCES CENTRE

PHYSICIAN'S ORDERS

Standard Subcutaneous Insulin Orders for Non-pregnant Patients

DATE: _____ YYYY / MM / DD TIME (h): _____

PATIENT IDENTIFICATION

SIGNATURE OF NURSE	
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YES	NO	Doctor Must Check Off Appropriate Orders
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A new insulin order form should be completed for subsequent changes to type of insulin and/or frequency of administration

✓		1.	Check <input checked="" type="checkbox"/> times for point of care meter blood glucose testing. <input type="checkbox"/> Pre-Breakfast <input type="checkbox"/> Post-Breakfast <input type="checkbox"/> Pre-Lunch <input type="checkbox"/> Post-Lunch <input type="checkbox"/> Pre-Dinner <input type="checkbox"/> Post-Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> 0300hrs <input type="checkbox"/> All <input type="checkbox"/> Other (specify): _____
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✓		2.	Insulin Regimen: Select type of insulin and indicate dose (See reverse for guidelines)
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			Basal Insulin	Breakfast	Lunch (not recommended)	Dinner	Bedtime
			Lantus® (glargine)	_____ units	_____ units	_____ units	_____ units
			Levemir® (detemir)	_____ units	_____ units	_____ units	_____ units
			Humulin N® (NPH)	_____ units	_____ units	_____ units	_____ units
			Novolin ge NPH®	_____ units	_____ units	_____ units	_____ units
			Mealtime Insulin	Breakfast	Lunch	Dinner	Bedtime (not recommended)
			Humalog® (lispro)	_____ units	_____ units	_____ units	_____ units
			NovoRapid® (aspart)	_____ units	_____ units	_____ units	_____ units
			Apidra® (glulisine)	_____ units	_____ units	_____ units	_____ units
			Humulin R® (regular)	_____ units	_____ units	_____ units	_____ units
			Novolin ge Toronto® (regular)	_____ units	_____ units	_____ units	_____ units
			Premixed Insulin (Mealtime+Basal)	Breakfast	Lunch (not recommended)	Dinner	Bedtime (not recommended)
			Humalog Mix 25® (lispro mix)	_____ units	_____ units	_____ units	_____ units
			NovoMix 30® (aspart mix)	_____ units	_____ units	_____ units	_____ units
			Humulin 30/70® (regular/NPH)	_____ units	_____ units	_____ units	_____ units
			Novolin ge 30/70® (regular/NPH)	_____ units	_____ units	_____ units	_____ units

Doctor's Signature: _____	PRINT NAME: _____	Pager: _____
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DISTRIBUTION: White Original - Chart Yellow Copy - Pharmacy



DPR15010A

PR 15010 (2010/08/26)

**Guidelines for Use of the Standard Subcutaneous Insulin Orders
For Non-pregnant Patients**

<p>“SLIDING SCALE INSULIN” refers to a treatment regimen that provides NO basal insulin and provides ONLY short acting insulin if needed according to blood glucose test results. This is a reactive way of managing hyperglycemia and should NOT be used as the sole means of controlling blood glucose unless absolutely necessary.</p>																
<p>How to use this form: A <u>new</u> insulin order form should be completed for major changes to insulin orders (eg. type of insulin and/or frequency of administration). Exceptions include: (a) ONE-time insulin orders (e.g., give 5 units immediately) can be ordered on blank doctor’s orders sheet (b) To discontinue insulin or make minor dose adjustments to a single insulin, use blank doctor’s orders sheet</p>																
1.	<p>Tick the boxes to indicate times blood glucose is to be tested. (Note: correction doses should not be given at 0300hrs. This test is only to assess night time basal doses). Target values are 5.0 mmol/L – 11.0 mmol/L. Notify MD if blood glucose is below 4.0 mmol/L or above 20.0 mmol/L.</p>															
2.	<p>Basal Insulin: Insulin required to cover a rise in blood glucose between meals and overnight. To estimate the initial empiric dose to be administered at breakfast, dinner, or bedtime (lunchtime not recommended) : (a) Type 1 Diabetes - start at 0.25 units/kg/day (Lantus or Levemir once daily) (NPH twice daily) (b) Type 2 Diabetes in patients on oral antidiabetic agents – start at 0.15 units/kg/day at bedtime (any basal insulin) Adjust dose to reach target blood glucose based primarily on fasting blood glucose results (pre-breakfast)</p> <p>Mealtime Insulin: Insulin required to cover a rise in blood glucose due to meals. To estimate the initial empiric dose, start at 0.1 units/kg tid (for Type 1 or 2 Diabetes). Adjust dose to reach target blood glucose according to post-meal blood glucose results. Bedtime administration of short acting insulin is not recommended. For continuous enteral feeds or TPN, mealtime insulin may not be necessary; however correction dose insulin (as per algorithm) may be used to control blood glucose.</p> <p>Premixed Insulin (Mealtime + Basal): Used in patients with type 2 diabetes not requiring intensive therapy or patients on enteral feeds/TPN. May be administered either once or twice daily pre-breakfast, or pre-dinner, or at both times, as follows: (a) Once daily regimen: Start with an initial empiric dose of 0.15 units/kg at dinner or at breakfast (b) Twice daily regimen: Start with an initial empiric dose, of 0.1 units/kg at breakfast and 0.1 units/kg at dinner Adjust dose to reach target blood glucose according to fasting (pre-breakfast) and/or pre-dinner blood glucose results. Administration is not recommended at lunch or bedtime.</p>															
<p>Mealtime Correction Dose Algorithm Used to determine if any extra rapid or short-acting insulin is to be given in addition to the scheduled dose in order to treat (“correct for”) hyperglycemia (blood glucose 8.0 mmol/L or greater).</p>																
3.	Physician to select times for correction doses and type of insulin to be given.															
4.	Physician to select one algorithm: low-dose, medium-dose, high-dose, or individualized (indicate doses).															
<p>Administration:</p> <ol style="list-style-type: none"> Before meals (or qid if on enteral feeds or TPN) test blood glucose by point of care meter and determine the correction dose using the <i>Mealtime Correction Dose Algorithm</i> selected by physician. Add the correction dose to any existing routine mealtime dose. <p align="center">DO NOT DRAW CORRECTION DOSE INTO SAME SYRINGE AS PREMIXED INSULIN.</p>																
<p align="center">Hypoglycemia Treatment Orders for Non-pregnant patients</p>																
5.	<p>(a) Monitor for hypoglycemia: (1) test blood glucose by point of care meter; and (2) observe for/inquire about symptoms (see below).</p> <table border="0"> <tr> <td>Trembling</td> <td>Hunger</td> <td>Anxiety</td> <td>Weakness</td> <td>Difficulty speaking</td> </tr> <tr> <td>Palpitations</td> <td>Nausea</td> <td>Difficulty concentrating</td> <td>Drowsiness</td> <td>Headache</td> </tr> <tr> <td>Sweating</td> <td>Tingling</td> <td>Confusion</td> <td>Vision changes</td> <td>Dizziness</td> </tr> </table> <p>(b) Determine treatment route for patient and follow treatment orders.</p>	Trembling	Hunger	Anxiety	Weakness	Difficulty speaking	Palpitations	Nausea	Difficulty concentrating	Drowsiness	Headache	Sweating	Tingling	Confusion	Vision changes	Dizziness
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6.	<p>Determine if patient requires an Endocrinology consult. The Endocrinology Division welcomes all consults for patients with DIABETES MELLITUS, especially the following:</p> <ol style="list-style-type: none"> Admission for Diabetic ketoacidosis (DKA) or Hyperosmolar Hyperglycemic State Patient with Type 1 Diabetes or genetic cause of diabetes Using insulin pump Pregnant or planning pregnancy Hemoglobin A1C greater than 8% On 3 or more oral anti-hyperglycemia agents 2 or more episodes of hypoglycemia in hospital Glucose greater than 14 mmol/L on 3 or more occasions in hospital Perioperative patients with difficult to control diabetes Consider if patient has diabetes and is on corticosteroids or enteral feeds Consider if patient does not have endocrinologist and is on insulin 															
7.	<p>The Sunnybrook Diabetes Education (SUNDEC) program, offers group sessions and individual appointments with a Dietitian and a Nurse Educator. Referrals are available on the intranet. Fax referrals to 416-480-5774 or call 416-480-4805.</p>															



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YES	NO	Doctor Must Check Off Appropriate Orders	SIGNATURE OF NURSE																																								
Extra Mealtime Insulin if needed as per blood glucose Algorithm (Correction Dose Insulin)																																											
		3. Check <input checked="" type="checkbox"/> times and insulin to be given. a. <input type="checkbox"/> ac meals <input type="checkbox"/> qid – for enteral feeds or TPN only b. <input type="checkbox"/> Humalog® (lispro) <input type="checkbox"/> NovoRapid® (aspart) <input type="checkbox"/> Apidra® (glulisine) <input type="checkbox"/> Humulin R® (regular) <input type="checkbox"/> Novolin ge Toronto® (regular)																																									
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		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Measured Premeal blood glucose (mmol/L)</th> <th style="width:20%;">Low-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 40 units/d or less OR Body weight 70 kg or less</th> <th style="width:20%;">Medium-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 41-99 units/d OR Body weight 71-99 kg</th> <th style="width:20%;">High-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 100 units/d or greater OR Body weight 100 kg or greater</th> <th style="width:25%;">Individualized Algorithm <input type="checkbox"/> _____ (MD initials)</th> </tr> </thead> <tbody> <tr> <td>3.9 or less</td> <td colspan="4">Follow Hypoglycemia Treatment Orders on page 3 and contact physician to reassess insulin dosing.</td> </tr> <tr> <td>4.0 to 7.9</td> <td>+ 0 units</td> <td>+ 0 units</td> <td>+ 0 units</td> <td>+ 0 units</td> </tr> <tr> <td>8.0 to 10.9</td> <td>+ 1 units</td> <td>+ 1 units</td> <td>+ 2 units</td> <td>+ _____ units</td> </tr> <tr> <td>11.0 to 13.9</td> <td>+ 2 units</td> <td>+ 3 units</td> <td>+ 4 units</td> <td>+ _____ units</td> </tr> <tr> <td>14.0 to 16.9</td> <td>+ 3 units</td> <td>+ 5 units</td> <td>+ 7 units</td> <td>+ _____ units</td> </tr> <tr> <td>17.0 to 19.9</td> <td>+ 4 units</td> <td>+ 7 units</td> <td>+ 10 units</td> <td>+ _____ units</td> </tr> <tr> <td>20 or greater</td> <td>+ 5 units and call physician</td> <td>+ 8 units and call physician</td> <td>+ 12 units and call physician</td> <td>+ _____ units and call physician</td> </tr> </tbody> </table>	Measured Premeal blood glucose (mmol/L)	Low-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 40 units/d or less OR Body weight 70 kg or less	Medium-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 41-99 units/d OR Body weight 71-99 kg	High-Dose Algorithm <input type="checkbox"/> _____ (MD initials) Total 100 units/d or greater OR Body weight 100 kg or greater	Individualized Algorithm <input type="checkbox"/> _____ (MD initials)	3.9 or less	Follow Hypoglycemia Treatment Orders on page 3 and contact physician to reassess insulin dosing.				4.0 to 7.9	+ 0 units	+ 0 units	+ 0 units	+ 0 units	8.0 to 10.9	+ 1 units	+ 1 units	+ 2 units	+ _____ units	11.0 to 13.9	+ 2 units	+ 3 units	+ 4 units	+ _____ units	14.0 to 16.9	+ 3 units	+ 5 units	+ 7 units	+ _____ units	17.0 to 19.9	+ 4 units	+ 7 units	+ 10 units	+ _____ units	20 or greater	+ 5 units and call physician	+ 8 units and call physician	+ 12 units and call physician	+ _____ units and call physician	
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Hypoglycemia Treatment Orders for Non-pregnant Patients													
		5. a. For patients with oral or enteral access: Test blood glucose by point of care meter. If blood glucose is 3.9 mmol/L or less, or if patient is symptomatic (see reverse for details), follow table below according to patient needs.											
		<table border="1"> <thead> <tr> <th>Patient Attribute</th> <th>Treatment for Hypoglycemia</th> </tr> </thead> <tbody> <tr> <td>Can chew tablets</td> <td> <ul style="list-style-type: none"> glucose (dextrose) tablets – 4 g each Patient to chew 4 tablets, then swallow with water (available in Hypoglycemia Kit) </td> </tr> <tr> <td>Cannot chew tablets Can swallow liquids</td> <td> <ul style="list-style-type: none"> Fruit juice – apple preferred; orange acceptable 2 mini-cartons or 2 Dixie Cups (approximately 200 mL) </td> </tr> <tr> <td>Dysphagic (requires thickened liquids)</td> <td> <ul style="list-style-type: none"> glucose gel (Insta-Glucose®) Contents of 1 tube (24 g glucose) squeezed into mouth and swallowed (available in Hypoglycemia Kit) </td> </tr> <tr> <td>Enteral Feeding Tube</td> <td> <ul style="list-style-type: none"> Fruit juice – apple preferred; orange acceptable 2 mini-cartons or 2 Dixie Cups (approximately 200 mL) Flush tube before and after juice with 30 mL of water to reduce risk of clogging due to interaction of juice with feeds </td> </tr> </tbody> </table>	Patient Attribute	Treatment for Hypoglycemia	Can chew tablets	<ul style="list-style-type: none"> glucose (dextrose) tablets – 4 g each Patient to chew 4 tablets, then swallow with water (available in Hypoglycemia Kit) 	Cannot chew tablets Can swallow liquids	<ul style="list-style-type: none"> Fruit juice – apple preferred; orange acceptable 2 mini-cartons or 2 Dixie Cups (approximately 200 mL) 	Dysphagic (requires thickened liquids)	<ul style="list-style-type: none"> glucose gel (Insta-Glucose®) Contents of 1 tube (24 g glucose) squeezed into mouth and swallowed (available in Hypoglycemia Kit) 	Enteral Feeding Tube	<ul style="list-style-type: none"> Fruit juice – apple preferred; orange acceptable 2 mini-cartons or 2 Dixie Cups (approximately 200 mL) Flush tube before and after juice with 30 mL of water to reduce risk of clogging due to interaction of juice with feeds 	
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✓		6. Re-test blood glucose by point of care meter 15 min after treatment.											
✓		7. If blood glucose is 4.0 mmol/L or greater, do not re-test. If available, offer a snack if meal not due within 1 hr.											
✓		8. If blood glucose is 3.9 mmol/L or less after oral or enteral glucose/juice or IV dextrose , repeat treatment and re-test in 15 min. If blood glucose remains 3.9 mmol/L or less, notify physician.											
✓		9. If blood glucose remains 3.9 mmol/L or less after sc glucagon treatment , notify physician.											
✓		10. Document hypoglycemic episode and treatment, notify physician.											
✓		11. Indicate <input checked="" type="checkbox"/> whether patient requires Endocrinology consult. See reverse for criteria. <input type="checkbox"/> Yes <input type="checkbox"/> No											
✓		12. Refer to Diabetes Education Centre upon discharge: <input type="checkbox"/> Sunnybrook Diabetes Education (SUNDEC) <input type="checkbox"/> Other: _____											
Doctor's Signature:		PRINT NAME:	Pager:										

DISTRIBUTION: White Original - Chart Yellow Copy - Pharmacy



DPR15010B

PR 15010
(2010/08/26)

**Guidelines for Use of the Standard Subcutaneous Insulin Orders
For Non-pregnant Patients**

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