

**PHYSICIAN'S ORDERS
INSULIN SUBCUTANEOUS THERAPY (Adult)**

Weight _____ (kg)

Allergies: _____

**To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.**

Discontinue all previous insulin orders.

A new pre-printed order form must be completed each time insulin therapy is changed.

Capillary Glucose Monitoring (before meal monitoring should be done within 30 min of the meal):

- Before each meal and at bedtime (four times a day)
- Before breakfast and supper (twice a day)
- Before each meal (three times a day)

If capillary glucose is less than 4 mmol/L, implement the Medical Directive for Management of Hypo/Hyperglycemia in patients with Diabetes (MD 13-1)

Scheduled Insulin (see reverse for insulin initiation guidelines and other suggestions):

<input type="checkbox"/> Basal Insulin	Before Breakfast	Before Lunch	Before Supper	At Bedtime
NPH (Novolin ge NPH) SC	units	 	units	units
Glargine (Lantus) SC	units	 	units	units
Other:	units	 	units	units

<input type="checkbox"/> Mealtime Insulin	Before Breakfast	Before Lunch	Before Supper	At Bedtime
Regular (Toronto) SC	units	units	units	
Aspart (Novorapid) SC	units	units	units	

<input type="checkbox"/> Mixed Insulin	Before Breakfast	Before Lunch	Before Supper	At Bedtime
Novolin ge 30/70 SC	units	 	units	
Novomix 30 SC	units	 	units	
Other:	units	 	units	

Supplemental Insulin (see reverse for dosing guidelines):

Administer the following insulin subcutaneously according to the capillary glucose at the time of monitoring.

This insulin to be given at mealtime, in addition to any other insulin ordered at that time. Do not administer at bedtime.

- Aspart insulin (Novorapid) Regular insulin (Novolin ge Toronto)

Pre-meal capillary glucose (mmol/L)	Units of SC Insulin
Less than 4	Refer to Medical Directive for management of hypoglycemia
4 to 8	units
8.1 to 12	units
12.1 to 16	units
16.1 to 20	units
20.1 to 24	units
Greater than 24	Notify MRP

Date: _____ Time: _____

_____ **MD SIGNATURE**



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Supplemental Insulin Dosing Guidelines:

Capillary glucose (mmol/L)	Scale 1 (for patients on oral anti-hyperglycemic medications +/- bedtime insulin or premixed insulin)	Scale 2 (if TDI* less than 0.5 units/kg)	Scale 3 (if TDI* 0.5 to 0.7 units/kg)	Scale 4 (if TDI* 0.8 to 1.2 units/kg)	Scale 5 (if TDI* greater than 1.2 units/kg)
Less than 4	0	0	0	0	0
4 to 8	0	0	0	0	0
8.1 to 12	2	1	3	4	6
12.1 to 16	4	3	6	8	12
16.1 to 20	8	5	10	15	20
20.1 to 24	12	8	14	22	28
Greater than 24	Notify MRP	Notify MRP	Notify MRP	Notify MRP	Notify MRP

*Calculate Total Daily Insulin (TDI):

1. Add up all the insulin the patient takes in a day
2. If the mealtime insulin varies, take the average amount over the past few days
3. The total amount is the TDI

Scheduled Insulin Guidelines:

- a patient receiving mealtime insulin should also receive basal insulin either once or twice a day
- a patient receiving premixed insulin should not receive scheduled mealtime or basal insulin (in most situations)
- basal insulin alone (without scheduled mealtime insulin) should only be ordered if a patient will be maintained on oral antihyperglycemic agents OR if a patient is on continuous enteral or parenteral feeds
- discontinue sulfonylureas when patient is on mealtime insulin or premixed insulin
- discontinue thiazolidinedione when patient is started on insulin (in most situations)

Insulin Initiation Guidelines:

For people new to insulin, select one of the following regimens:

1. Bedtime insulin: initiate 0.1 to 0.2 units/kg of basal insulin, give at bedtime
2. Two insulin injections/day: premixed insulin (eg. 30/70 insulin): initiate 0.5 units/kg
 - a. 2/3 of total insulin dose in the morning before breakfast
 - b. 1/3 of total insulin dose with evening meal
3. Intensive Insulin Regimen: initiate 0.5 units/kg
 - a. 40% of Total Daily Dose as basal insulin
 - b. 60% of Total Daily Dose as mealtime insulin



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