



Osler Standard Order Set

WEIGHT: _____ kg	HEIGHT: _____ cm
ESTIMATED DATE OF DISCHARGE: _____	
ALLERGIES: <input type="checkbox"/> NO KNOWN ALLERGIES	

Patient Identification

Insulin Orders for Patients with Type 2 Diabetes Order Set

ACTION

Fill in required blanks and check appropriate boxes. To delete order, draw line through and initial. Orders not checked will not be implemented.

- Discontinue all Previous Insulin Orders and Oral Hypoglycemics (See reverse for list)**
 Except for: _____

Monitoring

- Blood Glucose Meter:**
 TID ac TID ac + QHS q4h BID 0300 hrs Other: _____

Scheduled Insulin

- No Basal Insulin Order OR**
 Basal Insulin (select one):
 Insulin Humulin N _____ units subcutaneously _____ (frequency)
 Insulin Novolin NPH _____ units subcutaneously _____ (frequency)
 Insulin Glargine _____ units subcutaneously _____ (frequency)

- No Pre-Mixed Insulin Orders OR**
 Premixed insulin (select one):
 Insulin Novolin 30/70® **OR** Insulin Humulin 30/70®
 - Administer premixed insulin _____ units subcutaneously prior to breakfast
 - Administer premixed insulin _____ units subcutaneously prior to dinner

- No Mealtime Insulin Orders OR**
 Mealtime insulin (select one):
 Insulin Aspart (NovoRapid®) **OR** Insulin Lispro (Humalog®) **OR** Insulin Humulin R **OR**
 Insulin Novolin ge Toronto
 - Administer mealtime insulin _____ units subcutaneously prior to breakfast
 - Administer mealtime insulin _____ units subcutaneously prior to lunch
 - Administer mealtime insulin _____ units subcutaneously prior to dinner

ORDER ENTRY RECORD

 Prescriber Signature and Mnemonic

 Date/Time

 Transcribed By

 Date/Time

 Checked By

 Date/Time



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Insulin Orders for Patients with Type 2 Diabetes Order Set

ACTION

Fill in required blanks and check appropriate boxes. To delete order, draw line through and initial. Orders not checked will not be implemented.

Correctional Subcutaneous Sliding Scale Insulin

ORDER
ENTRY
RECORD
OF
MEDICATION
CARE
PLAN

Correctional subcutaneous insulin (Select One):

- Insulin Aspart (NovoRapid®) OR Insulin Lispro (Humalog®) OR Insulin Humulin R OR
 Insulin Novolin ge Toronto
 Correctional subcutaneous insulin to be administered in addition to mealtime insulin orders (if ordered)

Correctional Subcutaneous Sliding Scale Insulin to be administered (Indicate Frequency):

Coverage: Every time before meals q4h None Other: _____

Scale (Select one)	<input type="checkbox"/> Low Dose	<input type="checkbox"/> Moderate Dose	<input type="checkbox"/> Patient-Specific
Less than 4 mmol/L	Hypoglycemia protocol	Hypoglycemia protocol	Hypoglycemia protocol
4.1 – 9.9 mmol/L	0 units	0 units	_____ units
10.0 – 13 mmol/L	2 units	4 units	_____ units
13.1 – 17 mmol/L	3 units	5 units	_____ units
17.1 – 20 mmol/L	4 units	8 units	_____ units
Greater than 20 mmol/L	6 units and Notify Physician	10 units and Notify Physician	_____ units and Notify Physician

- To be used in conjunction with Hypoglycemia Protocol
 Do not administer correctional subcutaneous sliding scale insulin at bedtime
 Administer one-half dose correctional subcutaneous insulin at bedtime as per sliding scale and document in Medication Administration Record (MAR)
 Refer to Diabetes Education Clinic for insulin education upon discharge
 Notify MRP or Endocrinologist (if Endocrinologist involved) if
 - Patient becomes NPO
 - Oral diet initiated from NPO status
 - Oral diet advances from fluids to solids
 - Tube feeds held/stopped due to a test(s) or change in medical condition
 - Reduction with tube feed rate due to intolerance or other acute medical condition

THEN

Physician to reassess Patient Blood Glucose **within 48 hours** and rewrite **new insulin orders if required**

Prescriber Signature and Mnemonic

Date/Time

Transcribed By

Date/Time

Checked By

Date/Time