

SAMPLE SUBCUTANEOUS INSULIN CLINICAL ORDER SET

Addressograph

Adult Inpatient

This subcutaneous insulin order set is for use on all adult inpatients unless there is an order set that is more appropriate (eg. critical care, obstetrics).

INVESTIGATIONS

Bedside Blood Glucose Monitoring
(BBGM) (mmol/L)

QID – AC meals,
2200h & prn

add 0200h x
3 days

other

NON-INSULIN ANTIHYPERGLYCEMIC MEDICATIONS

Other non-insulin antihyperglycemic medications

discontinue (list all):

order (list all):

no change



INSULIN CONSIDERATIONS

- **Most patients should receive scheduled and supplemental/correction insulin**
- If patient is on insulin pre-hospitalization, initial dose should be based on usual home insulin requirements.
- If new to insulin:
 - 0.3 units / kg / day if age > 70 years or eGFR < 60 mg / mmol
 - 0.4 units / kg / day if random BG < 11.0 mmol/L
 - 0.5 units / kg / day if random BG > 11.0 mmol/L or BMI > 27 kg/m² or patient on glucocorticoid
 - 40-50% of total insulin dose is given as basal; balance as prandial / pre-meal bolus

INSULIN


Discontinue all previous insulin orders

SCHEDULED INSULIN

	Breakfast	Lunch	Supper	Bedtime / hs
Basal (Long-acting) <input type="checkbox"/> Lantus® <input type="checkbox"/> Levemir® <input type="checkbox"/> Toujeo® <input type="checkbox"/> Humulin® N <input type="checkbox"/> Novolin® NPH	_____ units subcutaneously		_____ units subcutaneously	_____ units subcutaneously
Prandial / bolus (Short-acting) <input type="checkbox"/> Apidra® <input type="checkbox"/> Humalog® <input type="checkbox"/> NovoRapid® <input type="checkbox"/> Humulin® R <input type="checkbox"/> Novolin® ge Toronto	_____ units subcutaneously	_____ units subcutaneously	_____ units subcutaneously	

If it is anticipated that the patient will eat LESS than 50% of the meal or is NPO, do not give prandial insulin.

SCHEDULED INSULIN continued

	Breakfast	Lunch	Supper	Bedtime / hs
Premixed <input type="checkbox"/> Humalog® Mix25™ <input type="checkbox"/> Humalog® Mix50™ <input type="checkbox"/> Novomix® 30 <input type="checkbox"/> Humulin® 30/70 <input type="checkbox"/> Novolin® ge 30/70 <input type="checkbox"/> Novolin® ge 40/60 <input type="checkbox"/> Novolin® ge 50/50	_____ units subcutaneously	_____ units subcutaneously	_____ units subcutaneously	

SUPPLEMENTAL / CORRECTION INSULIN (Should be the same type/brand as prandial insulin)

<input type="checkbox"/> No correction <input type="checkbox"/> Apidra® <input type="checkbox"/> Humalog®		<input type="checkbox"/> NovoRapid® <input type="checkbox"/> Humulin® R <input type="checkbox"/> Novolin® ge Toronto		
	<input type="checkbox"/> Insulin sensitive < 40 units / day of scheduled insulin	<input type="checkbox"/> Standard 40 – 80 units / day of scheduled insulin	<input type="checkbox"/> Insulin resistant > 80 units / day of scheduled insulin	<input type="checkbox"/> Customized
BBGM (mmol/L)	AC meal	meal	meal	meal
< 4.0	Follow hypoglycemia protocol			
4.1-8.0	Give scheduled insulin			
8.1 – 10.0	0 units	1 units	2 units	
10.1 – 12.0	1 units	2 units	4 units	
12.1 – 14.0	2 units	3 units	6 units	
14.1 – 16.0	2 units	4 units	8 units	
16.1 – 18	3 units	6 units	12 units	
18.1 – 20	4 units	7 units	14 units	
> 20	Contact prescriber for orders if BG > 20 mmol/L.			
Signature, Designation:		College License#:	Date:	Time: