



ADULT SUBCUTANEOUS INSULIN ORDER SHEET

1. "Sliding scale" insulin is an ineffective mode of therapy that is not typically used with our patients. Please call if another physician orders a "sliding scale" on this patient.
Virtually all patients should receive basal, pre-meal, and correction doses.

2. **BLOOD GLUCOSE MONITORING:** BEFORE meals & bedtime 2 A.M.

3. **SCHEDULED INSULIN DOSES** (Typically ~½ of insulin is basal insulin, ~½ is pre-meal)

Mealtime	INSULIN	BREAKFAST	LUNCH	DINNER	BEDTIME
	Novolog				
	Humalog				
	Apidra				
	Regular				

Basal	INSULIN	BREAKFAST	LUNCH	DINNER	BEDTIME
	Lantus				
	Levemir				
	NPH				

4. CORRECTION DOSE with fast acting Insulin

To be administered in addition to SCHEDULED INSULIN or oral diabetes meds.

Do not accept a correction dose as the only source of diabetes treatment.

Fast acting Insulin Type: Novolog Humalog Apidra Regular

Give at these times: Breakfast Lunch Dinner HS 2am

BG	Range A	Range B	Range C	Custom Range
< 65	-2	-2	-3	
66-100	-1	-1	-2	
101-140	0	0	0	
141-170	+1	+1	+2	
171-200	+1	+2	+3	
201-250	+2	+3	+4	
251-300	+3	+5	+7	
>300	+4	+7	+10	

5. HYPOGLYCEMIA: Follow standard NWTH/BSA Hypoglycemia Protocol.

Do not arbitrarily "hold" insulin without calling. Please call if dose change needed.

6. TIMING: Give Novolog, Humalog, or Apidra 0 – 10 minutes **before eating**. Give Regular 20 – 30 minutes **before eating**. (Note: The Pharmacy and IT departments may list the mealtime insulin at an arbitrary time different than mealtime. This is a "feature" of their computer. **Please give the insulin before the meal as ordered here unless specified otherwise by the MD.**)

7. GIVE A COPY OF THIS ORDER TO THE PATIENT FOR THEIR RECORDS. This allows our patient to verify proper insulin dosing, insulin timing, and know their dose upon discharge.

8. KEEP YOUR PATIENT'S CARE COORDINATED: PLEASE CALL THE ENDOCRINOLOGIST if another physician changes or holds this patient's diet, makes patient NPO, starts or stops TPN, or attempts to change insulin orders.

<http://amarillomed.com/diabetes/hospform.htm> V2.25 10/29/2007

Endocrinologist Signature _____ Date: _____ Time: _____