



GREY BRUCE HEALTH NETWORK

Page 2 of 2 SITE: _____

Allergies: NKA or: _____

Weight (kg) _____



Processed	Adult Subcutaneous Insulin Order Set	Kardex
	<p style="text-align: center;">General Instructions</p> <ol style="list-style-type: none"> 1) A NEW pre-printed order form for “Subcutaneous Insulin Orders – Adult” is used when a physician: <ol style="list-style-type: none"> a. Initially orders subcutaneous insulin; <u>OR</u>, b. Makes changes in subsequent insulin orders. 2) Clinical objectives incorporated in this pre-printed order: <ol style="list-style-type: none"> a. This order set is not used in patients who are NPO. Please specify IV dextrose and IV insulin on a different order sheet. b. Standardize insulin treatment according to an evidence-based approach; c. Provide an insulin adjustment scale to address unanticipated hyperglycemia; d. Promote safe use of basal (long-acting) insulin. E.g. NPH insulin given at breakfast and supper or breakfast and bedtime. e. Promote use of individualized meal time (bolus or short-acting) insulin to address prandial hyperglycemia; f. Remind physicians that short-acting insulins are <u>not</u> usually given at bedtime; g. When premixed insulin is used, it is given <u>before breakfast</u> and <u>before supper</u> only. h. Short-acting insulins are given at times that relate to meals so that the peak effect of the insulin being used is optimized. e.g. Regular (Toronto) insulin – 20-30 min. before meals; Humalog (Lispro) insulin – immediately before meals NovoRapid (Aspart) insulin – immediately before meals i. Make a connection to the hypoglycemia protocol, which provides nurses and other healthcare providers with a standardized approach to treating hypoglycemia. j. Standardize the adjustment scale with regard to blood sugar ranges* k. Address euglycemia appropriately. <p><u>References:</u></p> <ol style="list-style-type: none"> 1. Inzucchi, Silvio. “Management of hyperglycemia in the hospital setting”. NEJM 2006;355:1903-11. 2. *Donihi AC et al. “Use of standardized protocol to decrease medication errors and adverse events related to sliding scale insulin” Qual Saf Health Care 2006;15:89-91. 3. Baldwin D et al. “Eliminating Inpatients sliding-scale insulin” Diabetes Care 2005;28:1008-1011. 4. Browning LA. “Sliding-scale insulin: An antiquated approach to glycemic control in hospitalized patients”. Am J Health-Sys Pharm 2004;61:1611-4. 5. American Society of Health-System Pharmacists. “Professional Practice Recommendations for Safe Use of Insulin in Hospitals.” <p>Physician’s Signature _____ Date _____ Time _____</p> 	