

# Insulin Order & Prescription

## For Type 2 Diabetes Management

Refer immediately to endocrinology if client is pregnant, planning pregnancy or has T1DM

Patient/Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. (m/d/y): \_\_\_\_\_

	CHOOSE: I. INSULIN & DEVICE	2. DOSE (subcutaneous)	3. TITRATION AMOUNT †Adjustment is made to only one insulin dose per day	4. CAPILLARY BLOOD GLUCOSE (CBG) TARGETS*
BASAL	<b>Long-acting analogues (clear)</b> <i>Take at one consistent time of the day</i> <b>Levemir®</b> Prefilled pen Cartridge _____ <b>Lantus®</b> Prefilled pen Cartridge Vials _____	<b>Once daily dosing:</b> ___ units at bedtime or ___ units at: _____	†Adjust dose by:  1 unit every 1 or more days OR up to ___ units every ___ or more days	<b>For evening dosing:</b> <b>Adjust dose until fasting CBG is:</b> 4.0 – 7.0 mmol/L or ___ – ___ mmol/L  <b>For morning dosing:</b> <b>Adjust dose until ac supper CBG is:</b> 4.0 – 7.0 mmol/L or ___ – ___ mmol/L
	<b>Intermediate acting (cloudy)</b> <i>Take at one consistent time of the day</i> <b>Novolin®ge NPH</b> Cartridge Vials _____ <b>Humulin® N</b> Prefilled pen Cartridge Vials _____	<b>Twice daily dosing:</b> ___ units at: _____ ___ units at: _____		
BOLUS	<b>Rapid-acting analogues (clear)</b> <i>Take immediately before meal</i> <b>Humalog®</b> Prefilled pen Cartridge Vials _____ <b>Novorapid®</b> Prefilled pen Cartridge Vials _____ Limited use: 389 390 _____ <b>Apidra®</b> Prefilled pen Cartridge Vials _____	<b>ac Breakfast:</b> ___ units  <b>ac Lunch:</b> ___ units  <b>ac Dinner:</b> ___ units	†Adjust BREAKFAST dose by: 1 unit every 1 or more days OR up to ___ units every ___ or more days  †Adjust LUNCH dose by: 1 unit every 1 or more days OR up to ___ units every ___ or more days  †Adjust DINNER dose by: 1 unit every 1 or more days OR up to ___ units every ___ or more days	<b>Adjust BREAKFAST dose until CBG at:</b> 2 hr pc breakfast is less than: 10.0 mmol/L or ___ mmol/L OR ac lunch is: 4.0 – 7.0 mmol/L or ___ – ___ mmol/L  <b>Adjust LUNCH dose until CBG at:</b> 2 hr pc lunch is less than: 10.0 mmol/L or ___ mmol/L OR ac dinner is: 4.0 – 7.0 mmol/L or ___ – ___ mmol/L  <b>Adjust DINNER dose until CBG at:</b> 2 hr pc dinner is less than: 10.0 mmol/L or ___ mmol/L
	<b>Short-acting (clear) - Take 30 min before meal</b> <b>Humulin® R</b> Cartridge Vials _____ <b>Novolin®ge Toronto</b> Cartridge Vials _____			
PREMIXED	<b>Premixed analogues - Take immediately before meal</b> <b>Humalog® Mix 25® OR Humalog® Mix 50®</b> Prefilled pen Cartridge _____ <b>Novomix® 30</b> Cartridge _____	<b>ac Breakfast:</b> ___ units  <b>ac Dinner:</b> ___ units	†Adjust BREAKFAST dose by: 1 unit every 1 or more days OR up to ___ units every ___ or more days  †Adjust DINNER dose by: 1 unit every 1 or more days OR up to ___ units every ___ or more days	<b>Adjust BREAKFAST dose until CBG ac supper is:</b> 4.0 – 7.0 mmol/L or ___ – ___ mmol/L Without causing hypoglycemia post-breakfast.  <b>Adjust DINNER dose until CBG ac breakfast/fasting is:</b> 4.0 – 7.0 mmol/L or ___ – ___ mmol/L Without causing hypoglycemia post-dinner.
	<b>Premixed regular - Take 30 min before meal</b> <b>Humulin® 30/70</b> Cartridge Vials _____ <b>Novolin®ge 30/70 Novolin®ge 40/60 OR</b> <b>Novolin®ge 50/50</b> Cartridge _____			
MITTE	<b>Insulin: ___ boxes x ___ repeats (Units/box: Cartridges &amp; prefilled pens = 1500, Vials = 1000)</b>		Notes:	<b>Prescriber Information/Stamp:</b>  <b>Name (printed):</b>  <b>License #:</b>  <b>Address:</b>  <b>Tel:</b>  <b>Fax:</b>  <b>Date (m/d/y):</b> _____  <b>Signature:</b> _____
	<b>Supplies: ___ boxes x ___ repeats pen pen needles syringes meter strips lancets</b>			
<b>OTHER ANTIHYPERGLYCEMIC AGENT(S) Rx: Upon Insulin Initiation</b>				
<b>To Discontinue:</b>		<b>To Continue (new Rx) (name, route, does &amp; frequency):</b>		

Abbreviations: ac=before meal; pc=after meal; CBG=capillary blood glucose

Adapted from the Ontario College of Family Physicians Insulin Prescription Tool - March 2014 by a working group of the

\*Additional Reference: Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada:

appendix 3 - examples of insulin initiation and titration regimens in people with type 2 diabetes. Can J Diabetes 2013; 37(suppl 1): 200-201.