

| Insulin Orders (SC):  |               |               |            |             |                           |         |                   |             |
|---|---------------|---------------|------------|-------------|---------------------------|---------|-------------------|-------------|
| Patient Name:Date:Physician:  |               |               |            |             |                           |         |                   |             |
| Premeal Blood Glucose (BG) Goal: 80-130 or A1C Goal: <7.0% or                                     |               |               |            |             |                           |         |                   |             |
| BG Monitoring:  |               |               |            |             |                           |         |                   |             |
| □Before breakfast   |               |               |            |             |                           |         |                   |             |
| □Before meals and at bedtime  |               |               |            |             |                           |         |                   |             |
| □ 90-120 minutes after meals  |               |               |            |             |                           |         |                   |             |
| $\Box 2$ -3 am  |               |               |            |             |                           |         |                   |             |
|   |               |               |            |             |                           |         |                   |             |
|   |               | Breakfa       | ıst        | Lunch       | Dinner                    | Bedtime |                   |             |
| Short-Acting I  |               |               |            |             |                           |         |                   |             |
| Take 0-15 minu  |               | _Units        | Units      | Unit        | Units                     |         |                   |             |
| □Humalog  |               | or            | or         | or          | or                        |         |                   |             |
| □Novolog  |               | _I/C ratio    | I/C ratio  |             | atio                      |         |                   |             |
| □ Patient may adjust rapid/bolus insulin as needed per Standing Order Protocol (See reverse side) |               |               |            |             |                           |         |                   |             |
| Long-acting Insulin (basal):  |               |               |            |             |                           |         |                   |             |
| □ Lantus  |               | Units         |            |             | _                         |         | Units             |             |
| □ Levemir   |               |               |            |             |                           |         |                   |             |
| Patient may adjust long-acting/basal insulin as needed per Standing Order Protocol                |               |               |            |             |                           |         |                   |             |
| (2 units every 2-3 days until fasting BG is within target range of 90-130 mg/dL)                  |               |               |            |             |                           |         |                   |             |
|   |               |               |            |             |                           |         |                   |             |
| Premeal Humalog / Novolog / Adjustment for Hyperglycemia (Correction Bolus):                      |               |               |            |             |                           |         |                   |             |
| Add to scheduled <b>before meal</b> (rapid-insulin) dose to correct high blood glucose.           |               |               |            |             |                           |         |                   |             |
| □Low Dose □Me   |               | □Medium Dos   | se         | □High Dose  | □High Dose                |         | □Individualized   |             |
| (<40 U/day)   | Additional    | (40-80 U/day) | Additional | (>80 U/day) | Additional                |         |                   | Additional  |
| Premeal BG  | Humalog<br>or | Premeal BG    | Humalog    |             | Humalog                   |         |                   | Humalog     |
|   |               |               | or         | Premeal BG  | Premeal BG Humalog or Pre |         | eal BG Humalog or |             |
|   | Novolog       |               | Novolog    |             | Novolog                   |         |                   | Novolog     |
|   |               |               |            |             |                           |         |                   |             |
| 150-199   | 1 unit        | 151-200       | 1 unit     | 151-200     | 2 unit                    | 151-200 |                   |             |
| 201-250   | 2 units       | 201-250       | 3 units    | 201-250     | 4 units                   | 201-250 |                   |             |
| 251 200   | 2             | 254 200       | F          | 251 200     | 7                         | 254 200 |                   |             |
| 251-300   | 3 units       | 251-300       | 5 units    | 251-300     | 7 units                   | 251-300 |                   |             |
| 301-350   | 4 units       | 301-350       | 7 units    | 301-350     | 10 units                  | 301-350 |                   |             |
| >351  | 5 units       | >351          | 8 units    | >351        | 12 units                  | >351    |                   |             |
| Physician Signature: Date:  |               |               |            |             |                           |         |                   |             |
| i ilysiciali sigli  |               |               |            |             | Date                      |         |                   | <del></del> |
| Educator Signature:   |               |               |            |             | Contact #:                |         |                   |             |