

INSULIN ORDERS FORM

DIABETES PROGRAM: _____

PHONE NUMBER: _____

FAX NUMBER: _____

Patient Name: _____

Address: _____

Telephone: _____

Health Card Number: _____

City: _____

DOB (dd/mm/yy): _____

Postal Code: _____

Language Barrier: YES NO

Language Spoken: _____

Insulin Regimen	Insulin Type	Adjustments
<input type="checkbox"/> Basal Starting/Current dose: _____ units at bedtime or at _____	<input type="checkbox"/> Basaglar® (glargine) <input type="checkbox"/> Lantus® (glargine) <input type="checkbox"/> Levemir® (detemir) <input type="checkbox"/> Toujeo® SoloSTAR (1.5ml 300u/ml pen, glargine) <input type="checkbox"/> Toujeo® DoubleSTAR (3.0 ml 300u/ml, glargine) <input type="checkbox"/> Tresiba® 100u/mL (degludec) <input type="checkbox"/> Tresiba® 200 u/mL (degludec)	<input type="checkbox"/> Adjust insulin dose by 1-2 units daily or up to 20% prn to achieve DC CPG glycemic targets of 4-7 mmol/L ac or individual target of: _____ <input type="checkbox"/> If using Tresiba: Adjust insulin by 2 units q 3-4 days to achieve DC CPG glycemic targets of 4-7 mmol/L ac or individual target of: _____ Notes:
<input type="checkbox"/> Intermediate Acting Starting/Current dose: _____ U at _____	<input type="checkbox"/> Humulin®N (NPH human) <input type="checkbox"/> Novolin®ge (NPH human)	<input type="checkbox"/> Adjust dose by _____ units (or up to 40%*) every _____ to achieve DC CPG glycemic targets of 4-7 mmol/L ac and 5-10 mmol/L pc or individual target of: _____ (*more aggressive titration may be required to manage steroid induced DM)
<input type="checkbox"/> Bolus Starting/Current doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper	<input type="checkbox"/> Admelog® (biosimilar lispro) <input type="checkbox"/> Apidra® (glulisine) <input type="checkbox"/> Fiasp® (aspart) <input type="checkbox"/> Humalog® (lispro) 100U/ml <input type="checkbox"/> Humalog® (lispro) 200U/ml <input type="checkbox"/> NovoRapid® (aspart) <input type="checkbox"/> Trurapi® (biosimilar aspart) 100U/ml	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve DC CPG glycemic targets of 4-7 mmol/L ac and 5-10mmol/L pc or individual target of: _____ Notes:
<input type="checkbox"/> Other: Starting/Current doses: _____ units ac breakfast _____ units ac supper	<input type="checkbox"/> Insulin: _____	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve DC CPG glycemic targets of 4-7 mmol/L ac and 5-10mmol/L pc or individual target of: _____ Notes:
<input type="checkbox"/> Discontinue the following medications:		
<input type="checkbox"/> Additional Notes:		

- Authorize Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia
- Authorize Certified Diabetes Educator to adjust carb/insulin ratios and correction factors for self management of insulin therapy
- Authorize Certified Diabetes Educator to dispense insulin samples for teaching and financial need
- Authorize RD to take blood samples by skin pricking for teaching/monitoring capillary BG
- Authorize Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control

AUTHORIZING PHYSICIAN INFORMATION

Print Name: _____

Date: _____

Signature: _____

Ph#: _____

Address (or stamp): _____

Fax#: _____