

**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 dose: _____ units at bedtime or at _____	<input type="checkbox"/> Lantus® <input type="checkbox"/> Toujeo® (300u/mL) <input type="checkbox"/> Levemir® <input type="checkbox"/> Basaglar®  <input type="checkbox"/> Tresiba® (100u/mL) <input type="checkbox"/> Tresiba® (200 u/mL)  <input type="checkbox"/> Humulin®N <input type="checkbox"/> Novolin®ge NPH	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____  <input type="checkbox"/> For Tresiba: Adjust insulin by 4 units once per week to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____
<input type="checkbox"/> Bolus Starting doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper	<input type="checkbox"/> Fiasp®  <input type="checkbox"/> Apidra® <input type="checkbox"/> NovoRapid® <input type="checkbox"/> Humalog®  <input type="checkbox"/> Humulin®R <input type="checkbox"/> Novolin®ge Toronto	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____ <input type="checkbox"/> Adjust by the following correction factor _____
<input type="checkbox"/> Premixed Starting doses: _____ units ac breakfast _____ units ac supper	<input type="checkbox"/> Humalog®Mix25® <input type="checkbox"/> Humalog®Mix50® <input type="checkbox"/> NovoMix®30  <input type="checkbox"/> Humulin®30/70 <input type="checkbox"/> Novolin®ge 30/70 <input type="checkbox"/> Novolin®ge 40/60 <input type="checkbox"/> Novolin®ge 50/50	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____
<input type="checkbox"/> Insulin Pump Therapy Starting doses: Basal Rate: _____ units/hr Bolus: 1unit/_____gm CHO Correction Factor: _____	<input type="checkbox"/> Apidra® <input type="checkbox"/> NovoRapid® <input type="checkbox"/> Humalog®	<input type="checkbox"/> Adjust basal rates by 20% until CDA CPG 2008 targets are achieved <input type="checkbox"/> Adjust bolus rates to match the carbohydrate intake until CDA CPG 2008 targets are achieved <input type="checkbox"/> Adjust correction factor if correction boluses make up over 8% of TDD
<input type="checkbox"/> Discontinue the following medications: _____		

- Allow Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia
- Allow Certified Diabetes Educator to adjust carb/insulin ratios for self management of insulin therapy
- Allow Certified Diabetes Educator to dispense insulin samples for teaching and financial need
- Allow Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control
- Allow Registered Dietitian to perform blood glucose monitoring with a meter

**AUTHORIZING PHYSICIAN INFORMATION**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Ph#: \_\_\_\_\_

Address (or stamp): \_\_\_\_\_

Fax#: \_\_\_\_\_