

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"/> Daily Basal Starting/Current dose: _____ units at bedtime OR _____ units at _____	<input type="checkbox"/> Glargine biosimilar (Basaglar®) <input type="checkbox"/> Glargine biosimilar (Semglee®) <input type="checkbox"/> Glargine (Lantus®) <input type="checkbox"/> Glargine U300 (Toujeo® SoloSTAR) (1.5ml 300u/ml pen) <input type="checkbox"/> Glargine U300 (Toujeo® DoubleSTAR) (3.0 ml 300u/ml) <input type="checkbox"/> Degludec U100 (Tresiba®) <input type="checkbox"/> Degludec U200 (Tresiba®)	<input type="checkbox"/> Adjust insulin dose by 1-2 units daily or up to 20% prn to achieve fasting targets of 4-7 mmol/L or individual target of: _____ <input type="checkbox"/> If using Tresiba: Adjust insulin by 2 units q 3-4 days to achieve fasting targets of 4-7 mmol/L or individual target of: _____ Notes: _____
<input type="checkbox"/> Weekly Basal Starting/Current dose: 70 units if in insulin naïve OR _____ units once weekly	<input type="checkbox"/> Icodec U700 (Awiqli®) 1.5 ml <input type="checkbox"/> Icodec U700 (Awiqli®) 3.0 ml	<input type="checkbox"/> Adjust insulin dose by 20 units weekly to achieve fasting targets of 4-7 mmol/L, based on the last 3 days of fasting glucose readings or individual target of: _____ Notes: _____
<input type="checkbox"/> Intermediate Acting Starting/Current dose: _____ units at _____	<input type="checkbox"/> NPH (Humulin®N)	<input type="checkbox"/> Adjust dose by _____ units (or up to 40%*) every _____ to achieve fasting targets of 4-7 mmol/L and 5-10 mmol/L 2 hr pc meals or individual target of: _____ (*more aggressive titration may be required to manage steroid induced DM) Notes: _____
<input type="checkbox"/> Bolus Starting/Current doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper	<input type="checkbox"/> Glulisine (Apidra®) <input type="checkbox"/> Aspart Ultra Rapid (Fiasp®) <input type="checkbox"/> Aspart (NovoRapid®) <input type="checkbox"/> Aspart biosimilar (Trurapi®) <input type="checkbox"/> Aspart biosimilar (Kristy®) <input type="checkbox"/> Lispro U100 (Humalog®) <input type="checkbox"/> Lispro U200 (Humalog®) <input type="checkbox"/> Lispro biosimilar (Admelog®)	<input type="checkbox"/> Adjust insulin dose by 1-2 units or up to 20% prn to achieve fasting targets of 4-7 mmol/L and 5-10mmol/L 2 hr pc meals 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 fasting targets of 4-7 mmol/L and 5-10mmol/L 2 hr pc meals 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

Signature: _____

Date: _____

Print Name: _____

Ph#: _____

Address (or stamp): _____

Fax#: _____