WaterlooWellington DIABETES

INSULIN ORDERS FORM

DIABETES PROGRAM: _____
PHONE NUMBER: _____
FAX NUMBER: _____

Patient Name: **DOB (dd/mm/yy):**
Address: **City:** **Postal Code:**
Telephone: **Language Barrier:** ☐ YES ☐ NO
Health Card Number: **Language Spoken:** _____

Insulin Regimen	Insulin Type	Adjustments
☐ **Daily Basal** Starting/Current dose: _____ units at bedtime **OR** _____ units at _____	☐ Glargine biosimilar (Basaglar®) ☐ Glargine biosimilar (Semglee®) ☐ Glargine (Lantus®) ☐ Glargine U300 (Toujeo® SoloSTAR) (1.5ml 300u/ml pen) ☐ Glargine U300 (Toujeo® DoubleSTAR) (3.0 ml 300u/ml) ☐ Degludec U100 (Tresiba®) ☐ Degludec U200 (Tresiba®)	☐ 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: _____ ☐ If using Tresiba: Adjust insulin dose by 2 units or up to 20% q 3-4 days to achieve fasting targets of 4-7 mmol/L or individual target of: _____ Notes:
☐ **Weekly Basal** Starting/Current dose: 70 units if in insulin naïve OR _____ units once weekly	☐ Icodec U700 (Awiqli®) 1.5 ml ☐ Icodec U700 (Awiqli®) 3.0 ml	☐ 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:
☐ **Intermediate Acting** Starting/Current dose: _____ units at _____	☐ NPH (Humulin®N)	☐ 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:
☐ **Bolus** Starting/Current doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper	☐ Glulisine (Apidra®) ☐ Aspart Ultra Rapid (Fiasp®) ☐ Aspart (NovoRapid®) ☐ Aspart biosimilar (Trurapi®) ☐ Aspart biosimilar (Kristy®) ☐ Lispro U100 (Humalog®) ☐ Lispro U200 (Humalog®) ☐ Lispro biosimilar (Admelog®)	☐ 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:
☐ **Other:** Starting/Current doses: _____ units ac breakfast _____ units ac supper	☐ Insulin: _____	☐ 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:
☐ Discontinue the following medications:		
☐ 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#: