Insulin Order & Prescription

For Type 2 Diabetes Management

Refer immediately to endocrinology if client is pregnant, planning pregnancy or has T1DM

Patient/Client's Name: _____
Address: _____
D.O.B. (m/d/y): _____

	Step 1: Choose Insulin Type (to be administered subcutaneously)	Step 2. Enter Starting Dose	Step 3: Enter Titration/Adjustment Instructions (Authorization) (amount to adjust dose by [units] and CBG target to adjust to [mmol/L])
BASAL	**Long-acting analogues (clear)** ☐**Basaglar™** ☐Cartridge ☐Prefilled pen ☐**Lantus®** ☐Cartridge ☐Vial ☐Prefilled pen ☐**Levemir®** ☐Cartridge ☐Prefilled pen ☐**Toujeo™** ☐Prefilled pen **Intermediate acting (cloudy)** ☐**Humulin® N** ☐Cartridge ☐Vial ☐Prefilled pen ☐**Novolin®ge NPH** ☐Cartridge ☐Vial	**Once daily dosing:** ___ units at bedtime ___ units at _____ **Twice daily dosing:** ___ units at: _____ ___ units at: _____	**†Adjust dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **For evening dosing adjust dose until CBG:** fasting is ☐4.0 – 7.0 or ☐_____ – _____ OR **For morning dosing adjust dose until CBG:** ac supper is ☐4.0 – 7.0 or ☐_____ – _____
BOLUS	**Rapid-acting analogues (clear)** *Take 0-10 min before meal* ☐**Apidra®** ☐Cartridge ☐Vial ☐Prefilled pen ☐**Fiasp®** ☐Cartridge ☐Vial ☐Prefilled pen ☐**Humalog®** ☐Cartridge ☐Vial ☐Prefilled pen ☐**Humalog®200 units/ml** ☐Prefilled pen ☐**Novorapid®** ☐Cartridge ☐Vial ☐Prefilled pen **Short-acting (clear)** *Take 30 min before meal* ☐**Humulin® R** ☐Cartridge ☐Vial ☐**Novolin®ge Toronto** ☐Cartridge ☐Vial	**ac Breakfast:** _____ units **ac Lunch:** _____ units **ac Dinner:** _____ units	**†Adjust BREAKFAST dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **Adjust dose until CBG:** 2 hrs pc breakfast is less than: ☐10.0 or ☐_____ OR ac lunch is ☐4.0 – 7.0 or ☐_____ – _____ **†Adjust LUNCH dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **Adjust dose until CBG:** 2 hr pc lunch is less than: ☐10.0 or ☐_____ – _____ OR ac dinner is ☐4.0 – 7.0 or ☐_____ – _____ **†Adjust DINNER dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **Adjust dose until CBG:** 2 hrs pc dinner is less than: ☐10.0 or ☐_____
PREMIXED	**Premixed analogues (cloudy)** *Take 0-10 min before meal* ☐**Humalog® Mix 25™** ☐Cartridge ☐Prefilled pen ☐**Humalog® Mix 50™** ☐Cartridge ☐Prefilled pen ☐**Novomix® 30** ☐Cartridge **Premixed regular (cloudy)** *Take 30 min before meal* ☐**Humulin® 30/70** ☐Cartridge ☐Vial ☐**Novolin®ge 30/70** ☐Cartridge ☐Vial ☐**Novolin®ge 40/60** ☐Cartridge ☐**Novolin®ge 50/50** ☐Cartridge	**ac Breakfast:** _____ units **ac Dinner:** _____ units	**†Adjust BREAKFAST dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **Adjust dose until CBG:** ac supper is ☐4.0 – 7.0 or ☐_____ – _____ *Without causing hypoglycemia post-breakfast* **†Adjust DINNER dose by:** ☐1 unit every 1 or more days OR ☐up to ___ units every ___ or more days **Adjust dose until CBG is:** fasting is ☐4.0 – 7.0 or ☐_____ – _____ *Without causing hypoglycemia post-dinner*

Insulin: Mitte: _____ boxes Repeats x _____

Supplies: ☐pen ☐pen needles ☐syringes ☐meter strips ☐lancets ☐other:

Instructions for existing antihyperglycemic agents: (e.g. discontinue or adjust upon insulin initiation)

Prescriber Information/Stamp:

Name (printed):
CPSO #:
Address:
Phone & Fax:
Date (m/d/y): _____
Signature: _____

†Adjustment is made to only one insulin dose per day
Abbreviations: CBG=capillary blood glucose (mmol/L); ac=before meal; pc=after meal
Adapted March 2014 from the Ontario College of Family Physicians Insulin Prescription Tool - March 2014 using 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada (Diabetes Canada) and revised September 2017 to include new insulins.

Toronto Diabetes Care Connect

INSULIN INITIATION AND TITRATION SUGGESTIONS

(for type 2 diabetes)

People starting insulin should be counseled about the prevention, recognition and treatment of hypoglycemia .

The following are suggestions for insulin initiation and titration. Clinical judgment should always be used as the suggestions may not apply to every patient.

Basal Insulin added to Oral Antihyperglycemic Agents (Lantus®, Levemir®, Humulin® N, Novolin®ge NPH)

- Target fasting blood glucose (BG) of 4-7 mmol/L
- Most patients will need 40-50 units at bedtime to achieve target but there is no maximum dose
- Start at a low dose of 10 units at bedtime (may start at lower dose (0.1-0.2 units/kg) for lean patients (< 50 kg))
- Patient should gently self-titrate by increasing the dose by 1 unit every night until fasting BG target of 4-7 mmol/L is achieved
- When fasting BG target is achieved, the patient should remain on that dose until reassessed by their diabetes team
- If fasting hypoglycemia occurs, the dose of bedtime basal should be reduced
- Metformin and the secretagogue are usually maintained when basal insulin is added
- If daytime hypoglycemia occurs, reduce the oral antihyperglycemic agents (especially secretagogues)
- Lantus® or Levemir® can be given at bedtime or in the morning

Basal + Bolus Insulins

- When basal insulin is not enough to achieve glycemic control, bolus insulin should be added before meals. There is the option of only adding bolus insulin to the meal with the highest postprandial BG as a starting point for the patient who is not ready for more injections.
- For current basal insulin users, maintain the basal dose and add bolus insulin with each meal at a dose equivalent to 10% of the basal dose. For example, if the patient is on 50 units of basal insulin, add 5 units of bolus insulin with each meal
- For new insulin users starting with Basal + Bolus regimen, calculate total daily insulin dose (TDI) as 0.3 to 0.5 units / kg, then distribute as follows:
  - 40% of TDI dose as basal insulin (Lantus®, Levemir®, Humulin® N, Novolin®ge NPH) at bedtime
  - 20% of TDI dose as bolus insulin prior to each meal
- Rapid-acting insulin analogues (Apidra®, Humalog®, NovoRapid®) should be given immediately before eating
- Short-acting insulin (Humulin® R, Novolin®ge Toronto) should be given 30 minutes before eating
- Adjust the dose of the basal insulin to achieve the target fasting BG level (usually 4-7 mmol/L)
- Adjust the dose of the bolus insulin to achieve postprandial BG levels (usually 5-10 mmol/L)
- Consider stopping the secretagogue when bolus insulin is added

Premixed Insulin before breakfast and before dinner (Humalog® Mix25®, Humalog Mix50®, NovoMix® 30, Humulin® 30/70, Novolin®ge 30/70, Novolin®ge 40/60, Novolin®ge 50/50)

- Target fasting and presupper BG levels of 4-7 mmol/L
- Most patients with type 2 diabetes will need 40-50 units twice a day to achieve target but there is no maximum dose
- Start at a low dose of 5 to 10 units twice daily (before breakfast and before supper)
- Patient can gently self-titrate by increasing the breakfast dose by 1 unit every day until the presupper BG is at target
- Patient can gently self-titrate by increasing the supper dose by 1 unit every day until the fasting BG is at target
- Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs
- When target BG levels are achieved, the patient should remain on that dose until reassessed by their diabetes team
- Premixed analogue insulins (Humalog® Mix25,® Humalog Mix50®, NovoMix® 30) should be given immediately before eating
- Premixed regular insulins (Humulin® 30/70, Novolin®ge 30/70 or 40/60 or 50/50) should be given 30 minutes before eating
- Continue the meformin and consider stopping the secretagogue

Basal Insulin Example

Starting dose **10** units at bedtime

Increase dose by **1** unit every **1** night until fasting blood glucose has reached the target of **4-7** mmol/L

Basal + Bolus example (80kg person)

Total daily insulin = 0.5 units/kg
= 0.5 x 80
TDI = 40 units
Basal insulin = 40% of TDI
= 40% x 40 units
Basal bedtime = 16 units
Bolus insulin = 60% of TDI
= 60% x 40 units
Bolus = 24 units
= 8 units with each meal

Premixed insulin example

10 units ac breakfast
10 units ac supper

Increase breakfast dose by **1** unit every **1** day until presupper blood glucose has reached the target of **4-7** mmol/L

Increase supper dose by **1** unit every **1** day until fasting blood glucose has reached the target of **4-7** mmol/L

Adapted from the Ontario College of Family Physicians Insulin Prescription Tool - March 2014

To obtain more referral forms please go to www.torontodiabetesreferral.com
or call the Toronto Central Diabetes Program Referral Service at 416-778-0676 x 242