

## Adult Inpatient BBIT Order Set



Affix patient label within this box

### Basal Bolus Insulin Therapy (BBIT) Adult Inpatient Subcutaneous Insulin Order Set

1. Discontinue all previous insulin and blood glucose monitoring orders.
2. All adult subcutaneous BBIT insulin orders (except STAT orders) must be documented using this order set. Any change in insulin orders requires completion of a new BBIT order set (Stroke out entire page and initial, when starting new order set).
3. Orders marked with  are active by default, unless crossed out and initialed by prescriber. Boxed orders () require prescriber check mark () to be initiated.

| Blood Glucose (BG) Monitoring   |       |  |  |   |       |  |       |                                 |       |  |
|---|-------|--|--|---|-------|--|-------|---------------------------------|-------|--|
| <input checked="" type="checkbox"/> 4 times per day (15 - 30 minutes before scheduled meals and at bedtime), as well as PRN for suspected hypoglycemia<br><b>and:</b> <input type="checkbox"/> 0200h x _____ days <input type="checkbox"/> 2 hours after meal time <input type="checkbox"/> Other (specify) _____ |       |  |  |   |       |  |       |                                 |       |  |
| <input checked="" type="checkbox"/> If BG less than 4.0 mmol/L initiate <b>Hypoglycemia Procedure. Do Not Hold Insulin without prescriber order</b>   |       |  |  |   |       |  |       |                                 |       |  |
| <input checked="" type="checkbox"/> If BG greater than 18.0 mmol/L initiate <b>Hyperglycemia Procedure</b> and call prescriber  |       |  |  |   |       |  |       |                                 |       |  |
| Total Daily Dose (TDD) See calculation instructions on reverse for Prescriber Guidance only   |       |  |  |   |       |  |       |                                 |       |  |
| Calculated TDD for this order (Physician to use as guide for Basal, Bolus & Correction Calculations) →  |       |  |  |   |       |  |       |                                 |       |  |
| Basal Insulin   |       |  |  |   |       |  |       |                                 |       |  |
| Home dose or ½ TDD (given initially as equal, twice daily doses at breakfast and bedtime; glargine may be given once daily)   |       |  |  |   |       |  |       |                                 |       |  |
| Choose One Basal Insulin  |       |  |  |   |       |  |       |                                 |       |  |
| <input type="checkbox"/> glargine (Lantus®)<br><input type="checkbox"/> detemir (Levemir®)<br><input type="checkbox"/> HumuLIN® N   |       |  | Units _____<br><input type="checkbox"/> With Breakfast or<br><input type="checkbox"/> Time (hh:mm) _____ |   |       | Units _____<br><input type="checkbox"/> At Bedtime or<br><input type="checkbox"/> Time (hh:mm) _____ |       |                                 |       |  |
| Bolus and Correction Insulin Use the same insulin (rapid or short-acting) for bolus and correction.   |       |  |  |   |       |  |       |                                 |       |  |
| Choose One Bolus/Correction Insulin   |       |  |  |   |       |  |       |                                 |       |  |
| <input type="checkbox"/> lispro (HumaLOG®) sc with meal<br><input type="checkbox"/> aspart (Novorapid®) sc with meal<br><input type="checkbox"/> HumuLIN® R sc 30 min before meal   |       |  |  |   |       |  |       |                                 |       |  |
| Bolus Insulin Home dose (consider reduction of 25-50% for hospital diet) or ½ TDD divided initially into 3 equal doses  |       |  |  |   |       |  |       |                                 |       |  |
| <input checked="" type="checkbox"/> <b>Hold if no caloric intake, NPO or bolus feeds stopped. Continue basal and correction insulin.</b><br><input type="checkbox"/> Patient may determine and administer own dose and report dose to nurse (Order insulin type and acceptable dose range)                        |       |  |  |   |       |  |       |                                 |       |  |
| Units _____<br><input type="checkbox"/> With Breakfast or feed at time (hh:mm) _____  |       | Units _____<br><input type="checkbox"/> With Lunch or feed at time (hh:mm) _____ |  | Units _____<br><input type="checkbox"/> With Dinner or feed at time (hh:mm) _____ |       | Units _____<br><input type="checkbox"/> With Other _____ at time (hh:mm) _____                       |       |                                 |       |  |
| Correction for hyperglycemia: Choose one based on current Total Daily Dose (TDD)  |       |  |  |   |       |  |       |                                 |       |  |
| <input checked="" type="checkbox"/> Correction dose to be determined and administered with/before meal/feed OR at scheduled mealtime if NPO. Bedtime dose not routinely recommended. Correction and bolus doses can be combined and administered as a single subcutaneous injection.                              |       |  |  |   |       |  |       |                                 |       |  |
| <input type="checkbox"/> TDD 15-30 units  |       | <input type="checkbox"/> TDD 31-50 units   |  | <input type="checkbox"/> TDD 51-80 units  |       | <input type="checkbox"/> TDD 81 units or more  |       | <input type="checkbox"/> Custom |       |  |
| BG  | Units | BG   | Units  | BG  | Units | BG   | Units | BG                              | Units |  |
| 4.1-10.0  | +0    | 4.1-9.0  | +0   | 4.1-10.0  | +0    | 4.1-9.0  | +0    |                                 |       |  |
| 10.1-14.0   | +1    | 9.1-12.0   | +1   | 10.1-12.0   | +2    | 9.1-11.0   | +2    |                                 |       |  |
| 14.1-18.0   | +2    | 12.1-15.0  | +2   | 12.1-14.0   | +3    | 11.1-13.0  | +4    |                                 |       |  |
|   |       | 15.1-18.0  | +3   | 14.1-16.0   | +4    | 13.1-15.0  | +6    |                                 |       |  |
|   |       |  |  | 16.1-18.0   | +5    | 15.1-17.0  | +8    |                                 |       |  |
|   |       |  |  |   |       | 17.1-18.0  | +10   |                                 |       |  |
| Prescriber Name (print)   |       |  | Signature  |   |       | Date (yyyy-Mon-dd)   |       | Time (hh:mm)                    |       |  |

19885(Rev2017-05)

White - Chart

Canary - Pharmacy