Adult Inpatient BBIT Order Set

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. (Strike out entire page and initial when starting new order set).
3. Orders marked with ☐ are active by default, unless crossed out and initiated by prescriber. Boxed orders (☐) require prescriber check mark (☒) to be initiated.

Blood Glucose (BG) Monitoring
☐ 4 times per day (15 - 30 minutes before scheduled meals and at bedtime), as well as PRN for suspected hypoglycemia.
☐ Q20h x ☐ days
☐ Other (specify)
☐ If BG less than 4.0 mmol/L initiate Hypoglycemia Procedure. Do Not Hold Insulin without prescriber order
☐ If BG greater than 18.0 mmol/L initiate Hyperglycemia Procedure 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 1/3 TDD (given initially as equal, twice daily doses at breakfast and bedtime; glargine may be given once daily)

Choose One Basal Insulin
☐ glargine (Lantus®)
☐ detemir (Levemir®)
☐ Humulin N

Units
☐ With Breakfast or time (hr:mm)
☐ At Bedtime or time (hr:mm)

Bolus and Correction Insulin Use the same insulin (rapid or short-acting) for bolus and correction.

Choose One Bolus/Correction Insulin
☐ lispro (Humalog®) sc with meal
☐ aspart (Novorapid®) sc with meal
☐ Humulin R sc 30 mm before meal

Bolus Insulin Home dose (corresponding reduction of 25-50% for hospital diet) or 1/3 TDD divided initially into 3 equal doses

Hold if no caloric intake, NPO or bolus feeds stopped. Continue basal and correction insulin.
☐ Patient may determine and administer own dose and report dose to nurse (Order insulin type and acceptable dose range)

Units
☐ With Breakfast or feed at time (hr:mm)

Units
☐ With Lunch or feed at time (hr:mm)

Units
☐ With Dinner or feed at time (hr:mm)

Units
☐ With Other at time (hr:mm)

Correction for hyperglycemia: Choose one based on current Total Daily Dose (TDD)
☐ Correction dose to be determined and administered with/without 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.

BG
☐ TDD 15 -30 units
☐ TDD 31 - 50 units
☐ TDD 51 - 80 units
☐ TDD 81 units or more
☐ Custom

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 - 8.0
+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

Prescriber Name (print)
Signature
Date (yyyy-MM-dd)
Time (hr:mm)}