



PATIENT LABEL

NorthPoint Insulin Start Orders

Date: _____ A1c: _____ Weight: _____ kg (lb/2.2)

BASAL INSULIN THERAPY

Basal Insulin only, combination with oral agent therapy

- A1c < 9 start NPH or Glargine or Detemir 0.1 unit/kg at bedtime
- A1c > 9 start NPH or Glargine or Detemir 0.2 units/kg at bedtime

- NPH _____ units at bedtime
- Glargine _____ units at bedtime or anytime
 - Glargine Pen
- Detemir _____ units at bedtime AM and PM
 - Detemir Pen

BASAL AND BOLUS THERAPY

Twice daily insulin regimens

- A1c > 9 on combination oral agents or A1c > 11
- Start mixed insulin therapy (Novolin 70/30 or NovoLOG mix 70/30) 0.3 to 0.4 units/kg/24 hours

- Novolin 70/30 _____ units SQ AM and _____ units SQ PM (30 minutes before meals)
 - Novolin 70/30 Pen
- NovoLOG Mix 70/30 _____ units SQ AM and _____ units SQ PM (with meals or right after)
 - NovoLOG Mix 70/30 Pen

BOLUS THERAPY

Short and Rapid acting insulin, can be used in combination with basal regimens above

- Regular _____ units _____
- NovoLOG _____ units _____
- HumaLOG _____ units _____
 - Novolog or Humalog Pen

DISPENSE: One vial/box One month supply Other _____ Refills _____

- Stop Secretagogue (Glyburide, Glipizide, Glimepiride, Prandin (repaglinide))
- Continue Sensitizer (Metformin, Pioglitazone, Rosiglitazone)
- Stop _____

MONITORING AND SUPPLIES

- Blood Glucose Monitor One Touch Ultra Bayer Contour
- Strips Lancets Pen Needles
- Alcohol Pads Insulin Syringes

Refill _____ (no refills on monitor)

TEST _____ TIMES PER DAY; before meals, 2 hours after meals, bedtime, _____

FOLLOW-UP

Appointment with Diabetes Nurse NOW _____ 1 week _____

Appointment with Provider in _____ week(s)

Call Diabetes Nurse with any questions and with follow-up blood glucose levels: **612-302-4676**

Provider Signature **Date**

- Dictated Note
- Registered Nurse Reviewed