

Safe Insulin Prescribing Practices

- Orders for insulin should include:
 1. At least 2 patient identifiers
 2. Specific indication for use of insulin with appropriate terminology of insulin therapy defined by the organization (eg, insulin-deficient patient, basal, prandial, supplemental, correction dose, etc)
 3. Target range of therapy in terms of control of hyperglycemia and lower limits of blood glucose
 4. Insulin type(s)—all orders for “insulin” without qualifying type of insulin (eg, regular, NPH, lente, aspart, glargine, lispro) must be clarified prior to administration. For greatest clarity, provide both generic and brand name of insulin product
 5. Dose(s) for each insulin type
 6. Specific time of administration (or preferably use of organization standard times), either as specific time of day (clock hour) or as time prior to or with food or meals
 7. Blood glucose monitoring regimen specified by time of day and/or as time prior to food or meals
 8. Specific insulin dose regimen adjustment based on dietary intake and/or blood glucose results
 9. Route of administration
 10. Orders for management of hypoglycemia
 11. Description of the role of the patient in management of insulin therapy
 12. Patient-specific issues and care needs
- Individuals prescribing insulin should be familiar with the patient’s medical history related to insulin and other hypoglycemic agent use.
- Prescribers should actively participate in communications with the patient and family regarding insulin therapy while in the hospital and upon discharge.
- Insulin therapy should be ordered in a standardized format or by using preprinted or electronic order sets that prompt appropriate guideline-directed orders.
- Handwritten insulin therapy orders or handwritten components of preprinted order sets should be legible. All illegible orders should be clarified in writing prior to administration.
- The abbreviation “u” or “U” should not be used for units. The word “units” must be written in full.
- Leading zeroes should be used before all decimal points when insulin is ordered. No “trailing” zeroes should be used following decimal points.

Safe Insulin Prescribing Practices (cont)

- Verbal and telephone orders for insulin should be minimized and used only when necessary in urgent medical situations. In all cases, such orders should be immediately transcribed into the patient's medical record and then read back to the prescriber for confirmation.
- All orders for standing regimens (ie, not correction doses) of rapid- or short-acting insulins (including insulin mix products) should be ordered to be given at an appropriate time prior to or with meals rather than a specific time of day or as a number of times per day (eg, "twice daily" or "B.I.D." should not be used).
- All patients receiving insulin should have blood glucose monitored. Blood glucose measurements should be ordered to be done at appropriate times and evaluated at least daily. Appropriate adjustments of basal and/or prandial insulin dose regimen should be made.
- A plan for increased patient monitoring early in hospitalization should be in place for appropriate patients because hypoglycemia commonly occurs with change in caloric intake as patients are transitioned from outpatient to inpatient settings.
- Standardized correction, supplemental, or adjustment insulin dose orders should be established and ordered in a standard format, using CPOE, or approved preprinted order sheets.
- Only regular, aspart, or lispro insulins should be used for adjustment, supplemental, or correction dose.
- Intermittent sliding-scale insulin regimens should not be used alone to manage hyperglycemia in diabetic patients.
- Patients with type 1 diabetes should have orders to continue basal insulin at appropriately adjusted doses when patients are not eating (except for temporary discontinuation due to significant hypoglycemia) and receive a parenteral source of dextrose.
- Nonspecific orders such as "titrate insulin drip to target BG range" should not be allowed. Instead provide specific titration parameter or refer to an established standard process.
- All insulin infusions (for critically ill, non-critically ill, severe hyperglycemic, DKA patients) should only be ordered using approved protocols, algorithms, or order sets.