

## Adult Diabetes Discharge Prescriptions [4721]

Prescriptions at the bottom of this order set are post-discharge prescriptions and will appear on the patient's After Visit Summary.

If patient does not have insurance, consider the following low-cost insulin options:

- Insulin regular (short-acting insulin)
- Insulin NPH (intermediate-acting insulin)
- Insulin NPH/Regular 70-30 (combination insulin)

## General

### Discharge Instructions - Hypoglycemia and Hyperglycemia Management

[X] Hypoglycemia Management Instructions:

Routine, Normal, Check your blood glucose, if you have these symptoms: Shaking, anxiety, sweating, dizziness, hunger, fast heartbeat, blurred vision, fatigue, headache, irritability. If your blood glucose is less than 70 mg/dl: eat or drink a simple sugar such as 1 tablespoon honey, 1 tablespoon sugar, 4 ounces (1/2 cup) fruit juice or regular soda (NOT diet), or 3 - 4 glucose tablets. Wait 15 minutes, then check your blood glucose again. 3. If your blood glucose is still less than 70 mg/dl: have another serving of simple sugar and eat a snack of complex carbohydrate with protein such as cheese and crackers or half of a sandwich. IF YOUR FAMILY OR FRIENDS FIND YOU "SLEEPING" AND CANNOT WAKE YOU, MAKE SURE THEY KNOW TO CALL 911.

[X] Hyperglycemia Management Instructions

Routine, Normal, Check your blood glucose, if you have these symptoms: very thirsty, hunger weakness, fatigue, blurred vision, dry skin, slowly healing sore, nausea, or urinating often. If your blood glucose is more than 180 mg/dl: Did you eat too much food? If yes, drink 1 cup of water or a sugar-free drink every hour. Did you forget to take your medicine? If yes, take your medicine. 3. Do you have an infection? Flu? Stress? IF YOU HAVE HIGH BLOOD GLUCOSE GREATER THAN 180 MG/DL FOR MORE THAN THREE DAYS, CALL YOUR DOCTOR.

### Follow-Up with Endocrinologist and Outpatient Diabetes Education (Selection Required)

[X] Ambulatory referral to HM Weight Management - Diabetes Education

Internal Referral  
Select type of services needed and number of hours requested: Initial Comprehensive Diabetes Ed - up to 10 hrs and all 9 ADA core topics  
Indicate any special needs requiring Individual or Customized Education:  
For Diabetes related Medical Nutrition Therapy (MNT), please select type needed: Nutrition Consultation (IBT or MNT per RD discretion)  
I hereby certify that I am managing this patient's Diabetes condition and that the above prescribed training is a necessary part of management. Yes  
Let me know if the patient declines service or is unable to be contacted? Yes  
File referral to ordering clinic?

[X] Follow-up with Endocrinologist

Follow up on:  
Appointment Time:  
Follow up in:  
Instructions for Follow Up:

## Vial Prescriptions

### Syringes (Single Response)

0.3 mL is for up to 30 units  
 0.5 mL is for up to 50 units  
 1 mL is for up to 100 units

( ) insulin syringe-needle U-100 0.3 mL 31 gauge x 5/16" syringe	Normal, 100 each,
( ) insulin syringe-needle U-100 0.5 mL 31 gauge x 5/16" syringe	Normal, 100 each,
( ) insulin syringe-needle U-100 1 mL 31 gauge x 5/16 syringe	Normal, 100 each,

**Intermediate & Long-Acting Insulin (e.g. insulin NPH, insulin glargine, insulin detemir) (Single Response)**

( ) insulin NPH (HumuLIN-N) 100 unit/mL injection	Normal
( ) insulin GLARGINE (LANTUS) 100 unit/mL injection	Normal
( ) insulin detemir (LEVEMIR) 100 unit/mL injection	Normal

**Rapid-Acting/Short-Acting Insulin (e.g. insulin lispro, insulin aspart, insulin glulisine) (Single Response)**

( ) Nutritional Insulin Only (i.e. scheduled mealtime doses) (Single Response)

( ) HumaLOG U-100 Insulin 100 unit/mL injection	Normal
( ) insulin ASPART (NovoLOG U-100 Insulin aspart) 100 unit/mL injection	Normal
( ) insulin lispro (Admelog U-100 Insulin lispro) 100 unit/mL injection	Normal
( ) insulin glulisine U-100 (APIDRA) 100 unit/mL injection	Normal
( ) insulin regular (HumuLIN-R) 100 unit/mL injection	Normal

( ) Corrective Scale Insulin Only (Single Response)

( ) HumaLOG U-100 Insulin 100 unit/mL injection	Normal
( ) insulin ASPART (NovoLOG U-100 Insulin aspart) 100 unit/mL injection	Normal
( ) insulin lispro (AdmeLOG) injection	Normal
( ) insulin glulisine U-100 (APIDRA) 100 unit/mL injection	Normal
( ) insulin regular (HumuLIN-R) 100 unit/mL injection	Normal

( ) Nutritional and Corrective Scale Insulin (Single Response)

( ) HumaLOG U-100 Insulin 100 unit/mL injection	Normal
( ) insulin ASPART (NovoLOG U-100 Insulin aspart) 100 unit/mL injection	Normal
( ) insulin lispro (Admelog U-100 Insulin lispro) 100 unit/mL injection	Normal
( ) insulin glulisine U-100 (APIDRA) 100 unit/mL injection	Normal
( ) insulin regular (HumuLIN-R) 100 unit/mL injection	Normal

**Combination Insulin (Single Response)**

( ) insulin 70/30 NPH and regular human (HumuLIN 70/30) 100 unit/mL (70-30) injection	Normal
( ) insulin lispro protamin-lispro (HumaLOG 75-25) 100 unit/mL (75-25) suspension	Normal

**Pen Prescriptions**

**Pen needle**

<input type="checkbox"/> pen needle, diabetic (Pen Needle) 31 gauge x 5/16" needle	Normal, 100 each,
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**Intermediate & Long-Acting Insulin (e.g. insulin NPH, insulin glargine, insulin detemir) (Single Response)**

<input type="checkbox"/> insulin NPH isoph U-100 human (HumuLIN N NPH Insulin KwikPen) 100 unit/mL	Normal
<input type="checkbox"/> insulin GLARGINE (Lantus Solostar U-100 Insulin) 100 unit/mL injection (pen)	Normal
<input type="checkbox"/> insulin DETEMIR (LEVEMIR) 100 unit/mL insulin (pen)	Normal
<input type="checkbox"/> insulin GLARGINE (Basaglar KwikPen U-100 Insulin) 100 unit/mL injection (pen)	Normal

**Rapid-Acting/Short-Acting Insulin (e.g. insulin lispro, insulin aspart, insulin glulisine) (Single Response)** **Nutritional Insulin Only (i.e. scheduled mealtime doses) (Single Response)**

<input type="checkbox"/> insulin lispro (HumaLOG KwikPen Insulin) 100 unit/mL injection pen	Normal
<input type="checkbox"/> insulin ASPART (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) insulin pen	Normal
<input type="checkbox"/> insulin glulisine U-100 (Apidra SoloStar U-100 Insulin) 100 unit/mL insulin pen	Normal

 **Corrective Scale Insulin Only (Single Response)**

<input type="checkbox"/> insulin lispro (HumaLOG KwikPen Insulin) 100 unit/mL injection pen	Normal
<input type="checkbox"/> insulin ASPART (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) insulin pen	Normal
<input type="checkbox"/> insulin glulisine U-100 (Apidra SoloStar U-100 Insulin) 100 unit/mL insulin pen	Normal

 **Nutritional and Corrective Scale Insulin (Single Response)**

<input type="checkbox"/> insulin lispro (HumaLOG KwikPen Insulin) 100 unit/mL injection pen	Normal
<input type="checkbox"/> insulin ASPART (NovoLOG Flexpen U-100 Insulin) 100 unit/mL (3 mL) insulin pen	Normal
<input type="checkbox"/> insulin glulisine U-100 (Apidra SoloStar U-100 Insulin) 100 unit/mL insulin pen	Normal

**Combination Insulin (Single Response)**

<input type="checkbox"/> insulin ASPART protamine and insulin ASPART (NovoLOG 70/30) 100 unit/mL (70-30) insulin pen	Normal
<input type="checkbox"/> insulin lispro protamin-lispro 100 unit/mL (75-25) insulin pen	Normal

**Concentrated Insulin Pens (Single Response)**

NOTE: these are concentrated insulin products typically reserved for patients on higher doses (greater than 100 units) of insulin.

<input type="checkbox"/> insulin glargine (TOUJEO) U-300 conc 300 unit/mL (3 mL) insulin pen	Normal
<input type="checkbox"/> insulin degludec (Tresiba FlexTouch U-200) 200 unit/mL (3 mL) insulin pen	Normal

**Other Supplies****Other Supplies**

<input type="checkbox"/> Alcohol Pads	Normal, 100 each,
<input type="checkbox"/> Lancets	
<input type="checkbox"/> Lancets - Regular	Normal, 100 each,

<input type="checkbox"/>	Lancets - Ultra Fine	Normal, 100 each,
<input type="checkbox"/>	Monitor Kits and Test Strips	
<input type="checkbox"/>	blood-glucose meter kit	Normal, 1 each,
<input type="checkbox"/>	blood glucose test strips	Normal, 100 strip,