

SubQ Insulin Management in TogetherCare

Cliff Notes:

Our **current** rapid acting insulin sliding scales are built to include both prandial coverage and an appropriate correction dose. By combining both, the nurse references 1 scale, and can administer the appropriate dose.

In TogetherCare, the **prandial** insulin is ordered as a fixed dose TID with meals, and a SEPARATE order is placed for the **correction dose** based on BG. The nurse must now reference both orders and add the prandial dose to the correction dose (dictated by the sliding scale) to get the total dose. The total dose is then administered prior to the patient eating their meal.

What do we do NOW?

- Calculate total daily dose (TDD) of insulin (based on home regimen, weight, etc.)
- Place orders for 50% TDD as basal insulin (Lantus)
- Place orders 50% TDD divided into 3 meals as rapid acting insulin
 - **Example:** Total daily dose = 20 units
 - **Currently, 2 inpatient orders placed for:**
 1. Lantus 10u nightly
 2. Sliding Scale #3 (10 units/3 meals = 3 units TID)
- *Current SJH sliding scales account for prandial coverage and correction doses*

How does this CHANGE in TogetherCare?

- Calculate total daily dose of insulin (based on home regimen, weight, etc.)
- Place orders for 50% TDD as basal insulin (Lantus)
- Place orders 50% TDD divided into 3 meals as rapid acting insulin
- Place **an additional** order for the low dose correctional scale (explained more below...)
 - **Example:** Total daily dose = 20 units
 - **In TogetherCare, 3 inpatient orders placed for:**
 1. Lantus 10u nightly
 2. Humalog 3 units TID
 3. Low dose correction scale
- ***If a patient is NPO the scheduled prandial coverage will be held!!***

Quick/Easy way to think of this:

The fixed prandial TID Humalog dose is the SAME as the numerical scale you'd currently order in our EPIC!

Ex: If you want a Humalog Scale #5 → order Humalog 5u TID + the appropriate correctional scale

How to do you pick your correction scale?? It's easy... there are only 3 options!

- You select the correctional scale (AKA: sliding scale) based on the patients TDD
 - **TDD <40 units:** order the **low** dose scale
 - **TDD 40-80 units:** order the **moderate** dose scale
 - **TDD >80 units:** order the **high** dose scale

Screenshots from the Insulin Order set in TogetherCare:

Basal and Mealtime (Prandial) Insulin

Uncheck Basal and Mealtime (Prandial) group for ordering only correctional scale

Basal and Prandial groups should be used with the Correctional Scale

General Guidance on How to Estimate Total Daily Dose (TDD) of Insulin Naive Patients (oral agents at home **OR** hyperglycemic with no previous history of diabetes):

- Calculate TDD then divide to 50% basal and 50% prandial (+ correctional scale);
- Select correctional scale based on TDD:**
 - Low dose = TDD **LESS** than 40 units
 - Moderate dose = TDD 40 - 80 units
 - High dose = TDD **GREATER** than 80 units

Example: Calculated TDD is 24 units = 12 units basal insulin + 12 units prandial (divided as 4 units with each meal) + low dose correctional scale

Insulin Naive Patient Criteria	Suggested Initial TDD Insulin
-Age GREATER than 70 years OR -GFR LESS than 60 mL/min OR -Actual body weight is LESS than Ideal body weight	0.2 - 0.3 units/kg/day
None of the above criteria AND glucose levels 140 - 200 mg/dL	0.3 - 0.4 units/kg/day
None of the above criteria AND average glucose ABOVE 200 mg/dL	0.4 - 0.5 units/kg/day

Basal Dose - insulin glargine (LANTUS) injection

insulin glargine (LANTUS) injection 100 Units/mL
subcutaneous, Nightly, Before holding basal insulin, contact provider for approval to hold.

Mealtime (Prandial) Dose - insulin lispro (HumaLOG) injection

Mealtime (Prandial): SAME Dose - insulin lispro (HumaLOG) injection

Mealtime (Prandial): VARIABLE Dose - insulin lispro (HumaLOG) injection

Correctional Scale - insulin lispro (HumaLOG)

Correctional Scale insulin alone should be limited to 24 hours or LESS

- Correction insulin is **given in addition** to prandial insulin
- If NPO, continue to give correction insulin based on blood glucose
- If on **continuous tube feeds**, consider adjusted dose basal insulin **AND** correctional dosing every four hours

Low Dose - insulin lispro (HumaLOG) injection

Moderate Dose - insulin lispro (HumaLOG) injection

High Dose - insulin lispro (HumaLOG) injection

Custom Dose - insulin lispro (HumaLOG) injection

You have the option to order variable prandial doses in TogetherCare, we anticipate the majority of our orders will be the SAME dose TID

Things to keep in mind:

- Always ensure orders are placed for **BOTH** the prandial and the correction coverage.
 - o *Patients should not be on just one, or the other!!*
- If the patient is **NPO**, the prandial coverage is **HELD**. The correction scale is still administered, if the BG warrants coverage.
 - o This mirrors our current sliding scales with the eats 0% column
- When you titrate the insulin for hyperglycemia, the goal is to maintain a 50/50 split between long acting and rapid acting insulin.
 - o In TogetherCare, you would increase the PRANDIAL dose accordingly, and only increase the correction scale if your TDD reaches a threshold (40u or 80u daily).
- If your patient is on **ENTERAL FEEDS or TPN** → you need to convert the insulin orders via the **ENTERAL FEED** order set to regular insulin scales!!