

**LTC Diabetes Management****Page 1 of 2****Key:** Req – Requisition **MAR** – Medication Administration Record **K** – Kardex **Dis** – Discontinued**Key****Phase****Instructions for completing this order set:**

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*Island Health Long-term Care order sets follow [Choosing Wisely Canada](#) Guidelines***LTC Diabetes Management****Patient Care****BEDSIDE BLOOD GLUCOSE MONITORING (BBGM)**

- ☒ Blood Glucose Monitoring POC, PRN, BBGM when clinically indicated

INITIAL ADMISSION

Blood Glucose Monitoring POC, Notify Provider with blood glucose results when initial monitoring period complete

Duration: For the first ☐ 1 week ☐ 2 weeks ☐ 3 weeks from admission ☐ Ongoing**Frequency:** ☐ Daily ☐ BID ☐ QID ☐ M, Th Daily ☐ M, Th BID ☐ M, Th QID ☐ Q7D

- ☒ Nurse Protocol Hypoglycemia Long Term Care (Module) – *See attached*

Communication Orders

Notify Provider

- ☒ If Resident on any diabetic medication: Contact MRP if Resident becomes NPO, or develops nausea or vomiting
- ☒ If BBGM less than 5 mmol/L more than once in 5 days contact MRP (non-urgent)
- ☒ If BBGM between 20 and 30 mmol/L more than once in 5 days contact MRP (non-urgent)
- ☒ If BBGM greater than 30 mmol/L call MRP (URGENT)

Laboratory- HgA1c target for most frail Residents ([Clinical Frailty Scale](#) Index: 6 – 8) is 7.5 to 8.5% as per *Choosing Wisely Canada*☐ Hemoglobin A1c, Blood, Q90D **OR** ☐ Q180D**Medications**- See "[Diabetes Canada Clinical Practice Guidelines online: Pharmacotherapy for Type 2 Diabetes](#)" for ordering support**ORAL HYPOGLYCEMICS**

When ordering metformin, consider restrictions based on renal function:

- eGFR 60 to 90 mL/min - 1,700 mg/day or less
- eGFR 30 to 60 mL/min - 850 mg/day or less
- eGFR less than 30 mL/min – Do NOT use

metFORMIN

- ☐ _____ mg, Tab, oral, BID
- ☐ _____ mg, Tab, oral, TID

Other: _____

See Page 2 for insulin orders

Signature, Designation

College License #

Date

Time

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EOS – LTC3402Dec2020

Diabetes/MD/12-20/v1

Email orderset@viha.ca to provide feedback or report concerns regarding this order set*Original content by Island Health; Clinical review and local adaptation recommended before use at external health authorities***NOTE: This is a controlled document, and printed copies may not reflect the current version on the Intranet: Order Sets SharePoint Library**

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INSULINS

- Insulin orders should ALWAYS include basal insulin if prandial or supplemental insulin is ordered

Basal and Prandial Insulin

| Therapy | Insulin | With Breakfast | With Lunch | With Dinner | At Bedtime (HS) |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|
| BASAL Insulin (Long-Acting) | <input type="checkbox"/> insulin glargine (Basaglar KwikPen) | _____ units SUBCUT | | _____ units SUBCUT | _____ units SUBCUT |
| | <input type="checkbox"/> insulin isophane (NPH) | _____ units SUBCUT | | _____ units SUBCUT | _____ units SUBCUT |
| PRANDIAL Insulin (Short-Acting) | <input type="checkbox"/> insulin lispro (HumaLOG) | _____ units SUBCUT | _____ units SUBCUT | _____ units SUBCUT | |
| PREMIX Insulin | <input type="checkbox"/> insulin 30/70 (HumaLIN 30/70) | _____ units SUBCUT | | _____ units SUBCUT | |

Supplemental Insulin – TID with Meals

- **STRONGLY RECOMMENDED** to order supplemental insulin if on QID insulin, and **CONSIDER** ordering if on BID premix
- Not recommended if on basal insulin only
- Order TID with meals for hyperglycemia; do not order at bedtime

| | | |
|----------------------------------|---|---|
| Insulin | <input type="checkbox"/> insulin lispro (HumaLOG), Adjust per Blood Glucose, Soln-Inj, TID with meals, SUBCUT | |
| Before Meal BBGM (mmol/L) | <input type="checkbox"/> LOW Dose - Suggested for use if total daily insulin requirement LESS than 50 units | <input type="checkbox"/> HIGH Dose - Suggested for use if total daily insulin requirement GREATER than 50 units |
| 12.1 to 16 | Add 2 units to prandial dose | Add 4 units to prandial dose |
| 16.1 to 20 | Add 3 units to prandial dose | Add 6 units to prandial dose |
| 20.1 to 30 | Add 4 units to prandial dose | Add 8 units to prandial dose |

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LTC Nurse Protocol Hypoglycemia

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LTC Nurse Protocol Hypoglycemia

Hypoglycemia:

A blood glucose reading less than 5 mmol/L with symptoms (e.g. trembling, sweating, palpitations, nausea, hunger, confusion, drowsiness, weakness, difficulty speaking and headache)

Diet/Nutrition

| CARBOHYDRATE (CHO) EXAMPLES | |
|---|--|
| 15 g of carbohydrate (CHO) for treatment of hypoglycemia equivalent to: | <ul style="list-style-type: none"> • 3 teaspoons (15 mL) or 3 packets of table sugar dissolved in water • 3/4 cup (175 mL) juice or regular soft drink • 1 packet (15 mL) honey or jam • 6 life savers (1 = 2.5 g CHO) • 15 g glucose in the form of glucose tablets or glucose gel |
| Example of a snack: | <ul style="list-style-type: none"> • 1 slice of bread and 1 oz (30 g) cheese or meat |

Patient Care

- ☒ Blood Glucose Monitoring POC Long-term Care, As per hypoglycemia protocol; Refer to Hypoglycemia Guideline Steps
- ☒ Refer to Protocol/Guideline/Standard, Follow LTC Procedure "[10.3.7PR Hypoglycemia for Long-term Care](#)"

| Bedside Blood Glucose Monitoring (BBGM) Hypoglycemia Guideline Steps | | |
|--|---|--|
| Problem | Action | Notify (URGENT) |
| BBGM less than 5 mmol/L AND Resident able to INGEST | <ul style="list-style-type: none"> • Administer 15 g carbohydrate (CHO) orally (see table) • Wait 15 minutes and retest BBGM • If BBGM still less than 5 mmol/L then re-treat with 15 g CHO, and wait another 15 minutes before taking BBGM • Continue to treat/test until BBGM is greater than 5 mmol/L • If a meal is more than 30 minutes away, a snack containing CHO and protein should be provided | Provider/MRP |
| BBGM less than 5 mmol/L AND Resident is unable to ingest but is conscious | <ul style="list-style-type: none"> • Administer glucagon 1 mg IM (intramuscularly) x 1 dose • Wait 10 minutes and retest BBGM • If BBGM still less than 5 mmol/L then repeat glucagon 1 mg IM (intramuscularly) x 1 dose | Provider/MRP |
| BBGM less than 5 mmol/L AND Resident is unconscious | <ul style="list-style-type: none"> • Administer glucagon 1 mg IM (intramuscularly) x 1 dose • Wait 10 minutes and retest BBGM • If BBGM is still less than 5 mmol/L then repeat administration of glucagon 1 mg IM (intramuscularly) • Notify family of the event and outcomes | If Provider is not immediately available, then call 911 and transfer to Emergency if Resident is unconscious or unresponsive |