BASAL BOLUS PROTOCOL : BSL RECORD AND INSULIN ORDER FORM

Date	/ /20	/ /20	/ /20	/ /20	/ /20	/ /20	/ /20	
BSL 20+								BSL > 15
19								Consider
18								Extra dose
17								Call Doctor
16								
15								B = Breakfast
14								(Novorapid™)
13								
12								L = Lunch
11								(Novorapid™)
10								
9								D = Dinner
8								(Novorapid™)
7								
6								N - NOCTE
5								Glargine
4								(Lantus™)
BSL <4 is HYPO 3								See HYPO
2								Management
MEAL	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	B L D N	
BSL time								
Pre-meal?								30 mins max.
Pt Absent								OT or AWOL
?Fasting								WH Novorapid

Daily does adjustment	**See over for guide**		**BREAKFAST**			**LUNCH**			**DINNER**			**NOCTE**			EXTRA DOSE / TIME		*Sign Extra dose*	
Doctors ORDERS	Name	Sign	Dose	Time	Sign	Dose	Time	Sign	Dose	Time	Sign	Dose	Time	Sign			Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN
Date / / 20	Dr		IU	:	RN	IU	:	RN	IU	:	RN	IU	:	RN		:	Dr	RN

WA Country Health Service

.... Hospital

BASAL BOLUS MANAGEMENT

Patient name

DOB:

Gender

Address

URN

Indications:

- Hyperglycaemia - initial BSL > 10.0 mmol/l

AND

- Known type 2 Diabetes mellitus

OR

- Suspected type 2 diabetes / insulin resistance
  Risk factors: obesity,
  - ⇨ age > 40,
  - ⇨ Aboriginal,
  - ⇨ family history of type 2DM,
  - ⇨ "metabolic syndrome"
  - ⇨ (BP, gout, proteinuria,
  - ⇨ lipids)
  - ⇨ Previous hyperglycaemias documented
  - ⇨ Previous gestational DM

Contraindications

- Type 1 diabetes / diabetic ketoacidosis – use IV infusion
- Pancreatic insufficiency – eg. Chronic pancreatitis, CF
- End-stage renal disease / dialysis
- Severe hepatic impairment

Use with Precaution

- Stable diabetes with mild acute problem
- Acute alcohol intoxication (Precaution)

Monitoring

- Record BSLs QID
  - o Immediately pre-meals (and pre-dose) and at 21:00 OR
  - o Q6H for fasting patients
  - o Increase frequency if hypoglycaemia or change in situation as per **DMO** instructions

Insulin calculation and prescription:

- Discontinue all oral hypoglycaemic agents (DMO may use discretion in patients on long term meds who are stable)

- Calculate TOTAL dose for first 24 hours:
  - o = 0.4 units per kg / 24 hrs
  - o May increase to 0.5 units per kg / 24 hours where :
    - known insulin resistance / chronic high BSLs
    - high initial BSL > 15 mmol
    - patients on oral hypoglycaemic agents / insulin
- Chart 50% of this dose as nocte (21:00) glargine (Lantus™)
- The other 50% is divided into 3 pre-prandial doses given 5 – 10 mins before meals. Short acting human insulin – eg. Insulin aspart (NovoRapid™)

Daily review and Adjustment of Doses

- Patients on Basal bolus Protocol should be reviewed daily to assess the adequacy of the dosing / glycaemic control in the context of their acute medical or surgical problem.
- Adjustment for persistent hyperglycaemia:
  - o Increase all doses by ~ 20% (1 – 3 units)

- Adjustment for isolated hyperglycaemia (eg, midday BSL = 16)
  - o Increase the preceding dose (eg breakfast dose) by ~ 20% for the next 24 hours. If 07:30 BSL is high, increase nocte glargine by 20% (ie. ~ 2 - 3 units)
- Adjustment for hypoglycaemia (BSL < 4.0)
  - o Exclude reversible cause – eg, diet, sepsis, IV fluids
  - o DMO review
  - o Decrease next dose of short-acting insulin by 20%
  - o Ensure appropriate low-GI snack is given
  - o See management of Hypoglycaemia algorithm for symptomatic hypoglycaemic episode.

- FASTING patients
  - o give long acting glargine as per above calculation
  - o With-hold short-acting insulin whilst fasting
  - o Monitor BSL q6h, observe for symptoms of hypoglycaemia

If hyperglycaemic – DMO / Anaesthetic review