Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Diagnosis: Diabetes Mellitus

Physician Orders for Insulin Administration

Insulin Type 1 (Long-Acting/Basal): [Name of Insulin]
Dosage: [Number] Units
Frequency: [e.g., Once daily at bedtime]
Route: Subcutaneous Injection

Insulin Type 2 (Rapid/Short-Acting): [Name of Insulin]
Route: Subcutaneous Injection

A. Mealtime Coverage (Fixed Dose):
Administer [Number] units before each meal.

B. Correction/Sliding Scale:
Administer additional units based on pre-meal Blood Glucose (BG) levels:
- BG [Range Low] to [Range High]: [Number] units
- BG [Range Low] to [Range High]: [Number] units
- BG [Range Low] to [Range High]: [Number] units
- If BG is greater than [Threshold]: Call Physician

Blood Glucose Monitoring:
Frequency: [e.g., Before meals and at bedtime]

Hypoglycemia Protocol:
If BG is less than [e.g., 70 mg/dL] or patient is symptomatic, initiate hypoglycemia treatment (e.g., 15g fast-acting carbohydrate).

Physician Name: [Physician Name]
Physician Signature: _____
Phone Number: [Phone Number]
NPI Number: [NPI Number]