

Concerns around Rapid-acting Insulin Ordered on Discharge

There have been some issues identified when providers place outpatient RX orders for rapid-acting insulin:

- Pushing across inpatient orders with their lengthy instruction verbiage – This isn't able to be reproduced on the outpatient RX label thus the patient does not have all of the information on dosing.
- Pushing across inpatient orders as vials (used in the hospital); pens are the desired option for outpatient RX, not vials.
- Pushing across multiple outpatient prescription for the same product – correction scale order + nutritional insulin order. The pharmacy should receive only **one RX** for all rapid-acting insulin.

To facilitate the desired practice – a block while be put in place if you attempt to “push across” one or more rapid-acting hospital inpatients orders to generate an outpatient RX. This is what you will see:

Alternative Selection

Alternative Recommended

You are reordering:

insulin lispro (HumaLOG/Admelog) injection - CORRECTION DOSING: 0-12 Units, subcutaneous, 3 times daily before meals insulin, First dose on Tue 2/3/26 at 1200, For 90 days Moderate Intensity regimen BKC-(Black dispose) Dispose of leftover medication in black waste container BG 140-180: 2 BG 181-220: 4 BG 221-260: 6 BG 261-300: 8 BG 301-350: 10 BG > 350: 12 BG > 350 instructions: call provider

Details

Hospital orders for rapid-acting insulin (correct/nutritional) should NOT be pushed across as outpatient prescriptions. Only one RX should be sent for each type of insulin (rapid-acting/basal), using insulin Pen dosage form, to encompass all of the patient's required rapid-acting insulin dosing.

Calculate the patient's **Max Daily Dose** – Taking into account nutritional (if applicable) & correctional (assume pt will use the highest scale dose for insulin amount calculation).

Specific detailed dosing instructions should be put into the AVS document – not on the insulin RX.

Alternatives

Alternative	Details
<input type="radio"/> insulin lispro (HumaLOG) 100 unit/mL subcutaneous pen	Use as directed - please see the discharge summary sheet for your specifi...

The text in red describes what should and should not occur. There is an “alternatives” order for an insulin pen, which you can select. It leads to this:

insulin lispro (HumaLOG) 100 unit/mL subcutaneous pen ✓ Accept ✕

BG 140-180: 2
 BG 181-220: 4
 BG 221-260: 6
 BG 261-300: 8
 BG 301-350: 10
 BG > 350: 12
 BG > 350 instructions: call provider
 Instructions:
 Moderate Intensity regimen
 BKC-(Black dispose) Dispose of leftover medication in black waste container

Product: **INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN**

Sig Method: Specify Dose, Route, Frequency | Taper/Ramp | Combination Dosage | **Use Free Text**

Start Date: 3/3/2026 End Date: First fill:

Dispense: Quantity: [] [] [] Refill: [] [0] [1] [2] [3] [11]

Dispense As Written

Renewal Provider: Do not send renewal requests to the authorizing provider (None selected)

Mark long-term: INSULIN LISPRO

Patient Sig: **Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = *** units. Amount of pen 5 packs (1500u total) = *** for 30 days.**

Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = [***] units.
 Amount of pen 5 packs (1500u total) = [***] for 30 days.

⚠ Patient sig contains unfilled wildcards (**) or SmartLists.**

Class: Normal Normal Print Phone In No Print Sample

- 1) Place the number of 5 pack insulin pens to dispense. A five pack has a total of 1500units of insulin.
- 2) Calculate max daily dose. If only generating a sliding scale RX – assume the patient is using the highest correction (sliding-scale) dose at the max frequency – say usually around 10 units three times a day – so 30 units per day. Then calculate the 30-day amount, in this case 900 units. This would round to one insulin five pack of pens per month. If a patient is receiving nutritional insulin, such as 5 units with each meal -- add that up as a total daily dose (15 units) – add that to the correction amount if ordered to yield the overall total dose.

Note: Please avoid the use of nighttime correct insulin dosing; just stick to prior to meals correction (AC).

- 3) Because there is a limited space on the label of the outpatient prescription for patient instructions; we have included text that states – see discharge summary for detailed specific insulin instructions – you do not need to put extensive instructions on the RX.

Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = *** units.
 Amount of pen 5 packs (1500u total) = *** for 30 days.

- 4) There are three different smart text options with canned insulin instructions that you can select from depending upon the regimen that your patient is going home on. Search using the word “insulin” in the smart text box to find these options:

- ☆ CHS DISCHARGE CORRECTION AND NUTRITIONAL INSULIN INSTRUCTIONS
- ☆ CHS DISCHARGE CORRECTION INSULIN INSTRUCTIONS
- ☆ CHS DISCHARGE NUTRITIONAL INSULIN INSTRUCTIONS

The screenshot shows a medical software interface. On the left is a navigation menu with options like 'Open i-Vents', 'New i-Vent', 'Progress Notes', 'Education', 'AFTER VISIT SUMMARY', 'Medication Detail', 'Instructions', 'AVS Preview', and 'After Visit Summ...'. The main area displays a search bar with 'insulin' entered and circled in blue. Below the search bar, there are several video links: 'Video: Blood Pressure Medicines (English)', 'Video: Calcium Channel Blockers (English)', 'Video: Diuretics (English)', 'Video: Managing Your High Blood Pressure (English)', and 'Video: Potassium or Magnesium Supplements (English)'. Below the videos, a 'Correction Insulin:' section is visible, containing a list of blood sugar ranges and corresponding insulin doses: '150-200 = give yourself 2 units of insulin', '201-250 = give yourself 4 units of insulin', '251-300 = give yourself 6 units of insulin', '301-350 = give yourself 8 units of insulin', '351-400 = give yourself 10 units of insulin', and 'Greater than 400 = give yourself 12 units of insulin'. At the bottom, there are buttons for 'Restore', 'Close', 'Previous', and 'Next'. A timestamp 'Last Modified by Pharmacist Willow, RPh at 3/10/26 0819' is also present.

For this example with correction insulin, you can see the standard recommendations for the scale. This should be applicable to most patients; although you can edit the insulin amount if desired. The instruction wording is in plain language.