

CUT OFF SECTION



Facility/Service:
Ward/Unit:

ALERTS

Nil
Notify doctor _____ if; _____
OR
BGL less than _____ mmol/L OR BGL greater than _____ mmol/L
OR
Blood ketones greater than _____ mmol/L
OR
Urine ketones _____
Prescriber Signature: _____ Print Name: _____

Reason for nurse not administering insulin Codes MUST be circled	
Absent	(A)
Fasting	(F)
Refused-notify Dr	(R)
Vomiting-notify Dr	(V)
On Leave	(L)
Not Available - obtain supply or contact doctor and generate incident report	(N)
Withheld-Enter reason in clinical record	(W)
Self Administering	(S)

- Insulin pump - Order type of insulin on this chart. Write "insulin pump" in 'frequency' box and sign order. Document dosing in notes
- Other diabetes medication on National Inpatient Medication Chart (NIMC)

Special Instructions

DATE	INSTRUCTIONS	NAME (DESIGNATION)	SIGNATURE

Instructions for Using Prescribing Chart

- All Insulin prescription orders except intravenous (IV) infusions are to be recorded on this chart.
- Patients receiving subcutaneous insulin are to have their blood glucose levels (BGL) and ketones recorded on this chart.
- Specify the frequency of BGL monitoring (page 3). Tick as appropriate. Patients with unstable BGLs require more frequent monitoring.
- All patient management must also be documented in the patient's health care records.

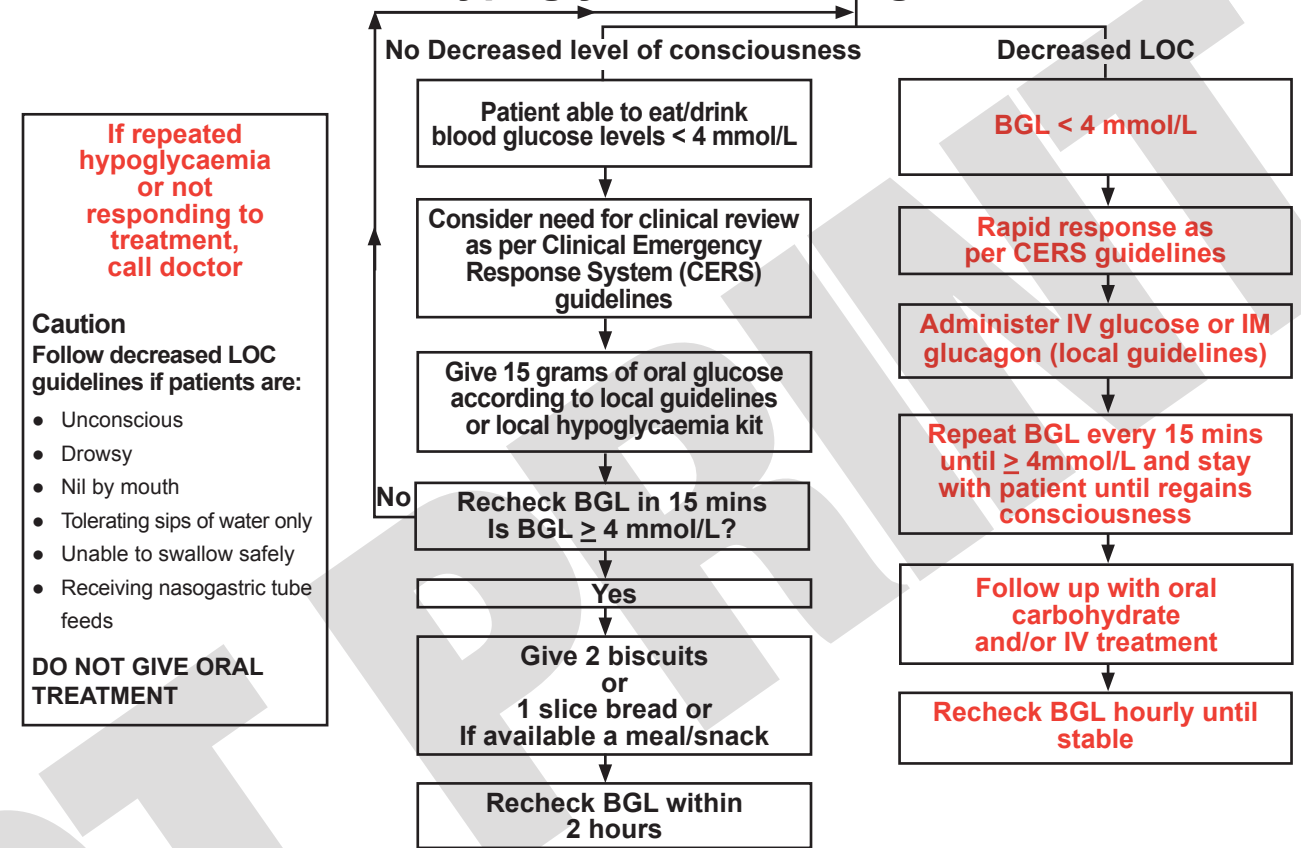
Insulin Prescription and Administration Guidelines

- Evidence based practice is to manage a patient with a basal-bolus-supplemental (booster) insulin regimen. Advice should be sought for other clinical practice.
- Daily review and prescribing of insulin is recommended** as requirements can often vary whilst in hospital. Insulin may be prescribed in advance if the patient's glycaemic status is stable.
- Insulin requirements should be modified peri-operatively or when dietary intake is modified.
- For most patients the **target BGL range is 5-10mmol/L**, pregnancy is an exception.
- The word "units" has been pre-printed. Write the numeric value only.
- If any changes are to be made to the order - (eg. insulin type or dose), a completely new order is to be written. No alteration should be made to the original order.
- To discontinue an insulin order, the prescriber will draw two oblique lines in the administration column on the day of discontinuation and sign and date it. A single oblique line is drawn through the insulin name.
- The preferred site of insulin injection is the abdomen.

SUBCUTANEOUS INSULIN CHART AND BLOOD GLUCOSE CHART FOR ADULTS

SMR130.035

Hypoglycaemia Management Guidelines



- Identify and treat the cause of hypoglycaemia and document in the patient's health care records
- If the patient is hypoglycaemic when the next dose of insulin is due, delay administration until after correction of the hypoglycaemia. **Do not omit insulin**, consider dose review.

Hyperglycaemia Management Guidelines

- Identify and treat the cause of hyperglycaemia and document in the patient's health care record.
- Review current insulin regimen and adjust doses as necessary (requirements can change as the patient's clinical status alters).
- Consider commencement of an insulin infusion if the patient is nil by mouth, vomiting or if hyperglycaemia persists (according to local guidelines).
- Check ketones if type 1 diabetes and BGL is > 15 mmol/L then follow local guidelines.

Supplemental Insulin and Correction of Hyperglycaemia

- The patient's usual diabetes treatment, particularly insulin requirements, should be reviewed at least daily in the acute phase of their illness and adjusted as appropriate.
- Supplemental insulin is not a replacement for regular antihyperglycaemic therapy and should not be used in isolation.**
- Supplemental insulin is best given before a meal, in addition to the patient's usual insulin doses, in order to prevent post meal hyperglycaemia.
- When prescribing supplemental insulin, state (1) the BGL range for each dose of insulin (2) the timing and frequency of administration. It is preferable to use the insulin analogues, NovoRapid (aspart), Humalog (lispro) or Apidra (glulisine) due to their more rapid onset and shorter duration of action.
- Use local guidelines for supplemental insulin. Otherwise this guide may be used:**

If BGL range before meals is:		
10-12 mmol/L -----	Give 2 units of rapid acting insulin	
12.1-18 mmol/L -----	Give 4 units of rapid acting insulin	
18.1-20 mmol/L -----	Give 6 units of rapid acting insulin	
>20 mmol/L -----	Call for clinical review	

Note: Supplemental guide may need modification depending on patient's insulin sensitivity, weight and individual needs.

- Multiple doses of supplemental insulin given within a short time frame (e.g. less than every 4 hours) may have an additive effect and result in hypoglycaemia.
- If significant hyperglycaemia persists, consider an insulin infusion (according to local guidelines).



SMR130035

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
Nil known Unknown (tick appropriate box or complete details below)

Table with 3 columns: Drug (or other), Reaction/Date, Initials

Patient information fields: FAMILY NAME, MRN, GIVEN NAME, M.O., D.O.B., ADDRESS, LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
First Prescriber to Print Patient Name and Check Label Correct: Weight(kg): Height(cm):

CUT OFF SECTION

REGULAR SUBCUTANEOUS INSULIN PRESCRIPTION RECORD

Large table for insulin prescriptions with columns for Date, Type of Insulin, Frequency, Pharmacy, and Dose/Time given.

BLOOD GLUCOSE AND KETONE MONITORING

Monitoring table with columns for BGL Frequency, Ketones, and Hypoglycaemia Treatment Record.

SUPPLEMENTAL (BOOSTER) ORDER TO BE USED IN ADDITION TO PATIENT'S USUAL DIABETES TREATMENT. SEE GUIDELINES PAGE

Supplemental order form including Record of Administration table and Administration Times section.

ONCE ONLY ORDER

Once only order form with fields for Date, Type of Insulin, Dose, and Prescriber/Administration details.

TELEPHONE ORDERS (to be signed by prescriber within 24 hours of order)

Telephone orders form with fields for Date, Time, Type of Insulin, Dose, and Prescriber/Administration details.