

## Subcutaneous Insulin Prescribing Chart Audit Form for an Episode

Hospital: \_\_\_\_\_

Bed/ID: \_\_\_\_\_

Ward: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

No.	Audit question	Result	Comments (optional)
1	Does this patient have diabetes?		
2	Is this patient taking insulin?		
3	Is this patient using the ACI Chart?		
4	Why was this patient admitted? ( <i>state principal diagnosis or symptom if undiagnosed</i> )		
5	Has this chart been completed correctly, as per the guidelines throughout the episode of care? ( <i>If yes, skip to Q14</i> )		
	Throughout the episode of care		
6	Has the 'regular insulin' prescribing section been completed correctly?		
7	Has the 'regular insulin' administration section been completed correctly?		
8	Has the 'supplemental order' prescribing section been completed correctly?		
9	Has the 'supplemental order' administration section been completed correctly?		
10	Has the 'once only order' prescribing section been completed correctly?		
11	Has the 'once only order' administration section been completed correctly?		
12	Has the 'telephone order' prescribing section been completed correctly?		
13	Has the 'telephone order' administration section been completed correctly?		
14	Has insulin been prescribed daily?		
15	Has insulin been administered daily?		
16	Has there been daily monitoring of blood glucose?		
17	Has there been daily monitoring of ketones?		
18	How many times was the BGL < 4 mmol/L?		
19	How many times was the BGL ≥ 10 mmol/L?		