(Affix identification label here)			In	sulin <b>S</b>	Sub	cuta	neo	u <b>s</b> Or	der a	nd B	Bloo	d G	luco	se Re	ecor	d - A	Adul	lt	Facil	ity:				War	d / Uni	t:			Year	: 20
URN:  NOT A VALID  Family name:  DDECCRIPTION LINE FCC.			Once only/Phone Orders (also complete Administration Record)  Supplemental Insulin												1															
	PRESCRIPTION UNLESS ren name(s): IDENTIFIERS PRESENT			Date Name of insulin			ulin Units When to			to administer Replaces or addition to existing order? (			Phone order: Nurse 1/2			Prescriber					Orders (valid until changed or ceased)									
Address:			prescribe						Date	Time	(24 hr	r)		Addition	• )			initi	ials Sign	ature			Print pre	escriber n	name	Supr	lementa	ıl insuli	n should patients	<u>NOT</u>
Date of birth:	Sex: M F	$\Box x$	DD / MN					units	DD / MM		:		Replaces		_		Phone									Slidin	g scale	insulin a	lone is No	от
First prescriber to complete this box:			DD / MM					units DD / MM :				Replaces Additional Once Phone			le								need	S.		outine insi				
Patient name:	referenced: NIMC E	 MM	DD / MN					units	DD / MM		:	$\dashv =$	Replaces Replaces			Once only	Phone	+								base		ent supp	lemental	
								units								only -											sure, se			$\Box$
Doctor to Notify Mon	nitoring Record	D	D / MN	1177				/M / Y	<b>/</b>		DD	) / N/IN	M / Y	V		DE	) / MN	W I V	V		חח	/ MM	IVV	,	١	At th	e follow	-	rvals Ily (unless	s NBM)
Dr	BGL frequency			✓ 21:00hr	s	✓ Pre-r		21:		✓ Pre	e-meal		√ 21:		V Pı	re-mea		21		✓ Pre	-meals		√ 21:0	00hrs	-		Other	··		
or Ward doctor	(✓ to select; eross out words to cancel)	= .	st-meals	At 02:00	)hrs	= '		ls At (	02:00hrs		-			02:00hrs		-	-meals	At	02:00hrs			neals [	At 02	2:00hrs		spec	ified bel	low (dos	<u>nal</u> insul se depend	in as ds on
Cuscial Instructions	Diet	Other: .		Nil by mout	:: h	Other Full	r:	Nil by	mouth	Fu	her:		Nil by	mouth	Fı	ther:		Nil by	mouth	Oth		ı	Nil by m	nouth	-		nt BGL r		W).	
Special Instructions	(✓ to select; eross out words to cancel)	TPN Other: .		Clear fluids		TPN Other	r-	Clear	fluids	TP	N her:		Clear	fluids	TF	PN ther:		Clear	fluids	TPI			Clear flu		Start	DD / N	M DD/M		M DD / MM	I DD / MM
	ALERTS Time (24 hr)	: :	:	: :	:	: :	: :	:	: :	:	:	:	:	: :	:	:	:	:	: :	:	:	:	: :	: :	Time (24 hr)	<u>;</u>	:	:	:	:
Test k	ketones then notify Greater																								Greate	r				
	doctor immediately than 20 ketones then notify 16.1–20																								than 20 16.1–2		its uni	its uni	ts units	s units
	doctor if positive																								12.1–1	6 un	its uni	its uni	ts units	s units
BGL (r	GLs greater than 12 8.1–12																								8.1–12	- 1		411		
Write nur	· · · · · · · · · · · · · · · · · · ·				_																				4–8	un	its uni	its uni	ts units	s units
	eat hypoglycaemia Less																								Initial	100 101	la initia	la initi	la initiale	initiala
	and notify doctor				$\neg$																					Nam	e of ins	ulin (sh	ould matc	th the
	ooglycaemia intervention (✓) Ketones				_							_													1		ne short-			
	Doctor notified (✓)											_													1	Presc	riber sign	ature:		
Nurses must write Adm	ninistration Record	mealtime	insulin	n is given	at st	art of n	neal ur	less oth	nerwise	specif	fied ir	n Spe	cial In	structio	ns)											Print	your name	<b>ə</b> :		
by doctor), dose given,	of routine insulin:	units units		units units			nits unit		units units					units units	П	units	units	units	units units	units	units u	units u	ınits ur	nits units		L				
time given and initials.  If for any reason	of routine insulin:			units units		units u			units units					units units		units			units units					nits units		insu	ilin is or	dered f		ig
insulin cannot be administered	e of routine insulin:	units units		units units	units		nits unit		units units		units			units units			units		units units	unite				nits units		sho		g insulir	n, they m	
as ordered, notify	e of supplemental insulin:	units units		unite unite	unite	unite u	nite unit	e unite	unite unite	unite	unite	unite	unite	unite units	unite	unite	unite	unite	unite units	unite	unite	unite u	unite ur	nite unite	200	be o	given to ecorde	gether d separ	but must ately.	t
registrar or consultant, enter code W for	Time given (24 hr)	·	:	: :	:	:	: :	:	: :	:	:	·	:	: :	:	:	:	:	: :	:	:	:	: :	:			Tues	4	Duion	40
withheld and document in clinical record.	Nurse 1/2 initials				$\overline{A}$				//																	apete: Imissi		tmeni	Prior	το
	Comments	/ /										, v				<i>V V</i>									] [					
Routine Insulin Orders (should not be ordered more than 4 meals in advance - nurse must consult doctor if expected dose is not ordered)																														
Prescriber signature Print your name	Name of insulin Date	Meal or time:	D / MN	1/YY		Meal or time		/M / Y	Y	Meal or t		) / MI	M/Y	Y	Meal or		) / MI	M/Y	Y	Meal or ti		/ MM	/ YY		┨					
		Meal or time:		units	initials	Meal or time		uni	its initials	Meal or t			un	nits initials	Meal or			un	nits initials	Meal or ti			units	s initials	s			<u></u>		
		Breakfast Meal or time:	:	units	initials	Breakfa Meal or time	st	uni	its initials	Break Meal or t	kfast		un	nits initials		kfast		un	its initials	Break Meal or ti	fast		units	s initials	Ph	narma	cist re	view		
		Lunch		units	initials	Lunch Meal or time		uni	its initials	Lunc Meal or t	h		un	nits initials	Lunc Meal or	ch		un	nits initials	Lunch Meal or ti	1		units	s initials	S					
		Meal or time: <b>Dinner</b>		units	initials	Dinner		uni	its initials	Dinne	er		un	nits initials	Dinn	er		un	its initials	Dinne	r		units	s initials	s	<u></u>	<u></u>	<u></u>		<u></u>
		Meal or time: <b>Pre-bed</b>		units	initials	Meal or time Pre-bed	d	uni	its initials	Meal or t	ed		un	nits initials	Meal or Pre-l	bed		un	iits initials	Meal or ti	ed		units	s initials	DD.	/MM DE	O/MM [	DD/MM	DD/MM	DD / MM
		Meal or time:		units	initials	Meal or time	e:	uni	its initials	Meal or t	time:		un	nits initials	Meal or	time:		un	nits initials	Meal or ti	me:		units	s initials	S	initials	initials	initials	initials	initials

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## Insulin Subcutaneous Order and Blood Glucose Record - Adult

(Affix identification label here)

URN:

NOT A VALID Family name: PRESCRIPTION UNLESS

Address:

Date of birth:

Given name(s):

# Sex: M F

**IDENTIFIERS PRESENT** 

#### **Guidelines for Treatment Review Following Hyperglycaemia Alert**

### Assess 1. Hydration and dietary status: Is hyperglycaemia easily explained by dietary indiscretion?

- 2. Ketones: If ketone test is positive, consider diabetic ketoacidosis (DKA). Seek expert advice.
- 3. Concurrent medications: If on oral corticosteroids or Total Parenteral Nutrition (TPN), seek expert advice.
- 4. Missed doses of insulin or other hypoglycaemic agent.
- 5. If Blood glucose levels (BGL) are not adequately controlled, consider an insulin infusion and seek expert advice.
- 6. If a patient is Nil By Mouth, not maintaining a consistent oral intake, or receiving enteral/parenteral nutrition, consider an insulin infusion and seek expert advice.
- 7. Are alterations to insulin regimen or initiation of insulin required? Consider:
  - a. Does the patient need long term insulin treatment? If so, what is their preferred regimen?
- b. What was the pre-morbid BGL control like? What is the current HbA1c?
- c. Was hyperglycaemia secondary to treated hypoglycaemia?
- d. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?

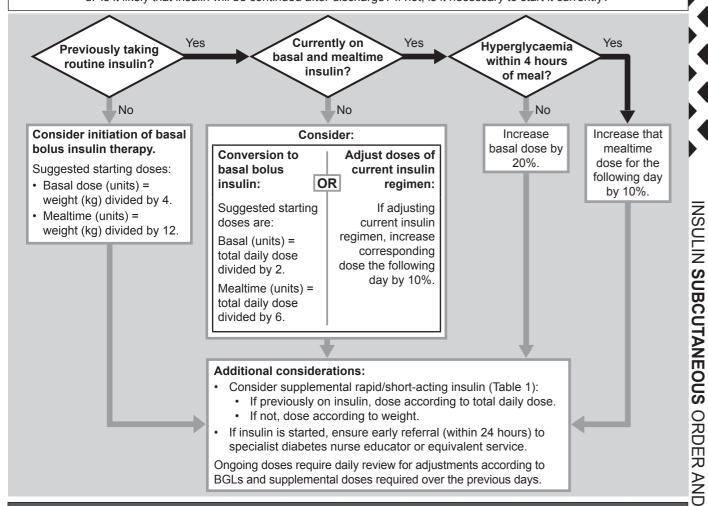
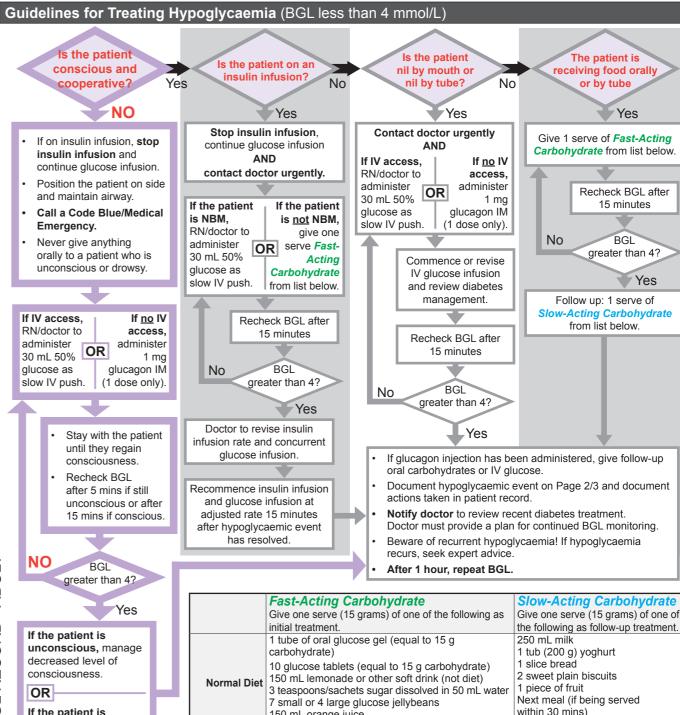


Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses												
Previously on insulin: using previous t	Determine otal daily dose →	Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units	GL RE						
Not previously on inst	ulin: Determine t's actual weight →	Less than 50 kg	50 – 75 kg	76 – 100 kg	More than 100 kg	ORD -						
	Greater than 20	4 units	6 units	8 units	12 units	Ż						
BGL (mmol/L) with suggested insulin doses	16.1–20	3 units	4 units	6 units	9 units	2						
	12.1–16	2 units	3 units	4 units	6 units							
	8.1–12	<b>1</b> unit	<b>1</b> unit	2 units	3 units	]						

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If the patient is conscious, follow up with appropriate oral or IV treatment.

**ADULT** 

RECORD

BGL

AND

ORDER

SUBCUTANEOU

INSULIN

150 mL orange juice 30 mL cordial (not diet) mixed with 150 mL water Thickened Diet 1 tub pre prepared thickened cordial (not diet) 1 tub pureed fruit 1 serve thickened milk drink (full thick) 3 individual serves of jam (not diet) **PEG or** 150 mL lemonade or other soft drink (not diet) 150 ml enteral feed Nasogastric 150 mL orange juice (pulp free)

Tube Feed (via 30 mL cordial (not diet) mixed with 150 mL water

### Guidelines for Diabetes Treatment Review Following Treated Hypoglycaemia

feeding tube)

#### Provide a plan for continued BGL monitoring.

- Review diabetes management for causes of hypoglycaemia and correct avoidable causes.
  - a. If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemia recurs
  - b. If the cause is not identified or cannot be corrected and
    - i. hypoglycaemia has occurred within 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day.
    - ii. hypoglycaemia has occurred outside 4 hours after mealtime insulin, reduce the basal insulin dose by 20%.

- 2. If the patient is on insulin and is:
- a. eating normally, do not withhold subsequent mealtime or basal insulin after treating hypoglycaemia.
- b. on reduced oral intake, consider reducing mealtime
- 3. If the patient is on a sulphonylurea or other long-acting oral hypoglycaemic agent:
  - Obtain specialist advice on management as hypoglycaemia can be recurrent or prolonged.
  - Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
  - Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after the last hypoglycaemic episode.
  - If hypoglycaemia recurs, commence IV glucose with titration rate to achieve BGL greater than 4 mmol/L.

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SAQ10511 Acute Insulin Chart v8.indd 2 26/11/21 3:16 pm