

Sex: ☐ M ☐ F ☐ X

☐ ID label has been checked Cross-referenced: ☐ NIMC ☐ EMM

Nurses must write insulin name (if omitted by doctor), dose given, time given and initials.

If for any reason insulin cannot be administered as ordered, notify registrar or consultant, enter code (W) for withheld and document in clinical record.

Administration Record (mealtime insulin is given at start of meal unless otherwise specified in Special Instructions)																														
Name of routine insulin:																														
Name of routine insulin:																														
Name of routine insulin:																														
Name of supplemental insulin:																														
Time given (24 hr)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Nurse 1/2 initials																														
Comments																														

Prescriber signature	Print your name	Name of insulin	Date	DD / MM / YY			DD / MM / YY			DD / MM / YY			DD / MM / YY			DD / MM / YY		
				Meal or time:			Meal or time:			Meal or time:			Meal or time:			Meal or time:		
					units	initials		units	initials		units	initials		units	initials		units	initials
				Meal or time: Breakfast		initials	Meal or time: Breakfast		initials	Meal or time: Breakfast		initials	Meal or time: Breakfast		initials	Meal or time: Breakfast		initials
				Meal or time: Lunch		initials	Meal or time: Lunch		initials	Meal or time: Lunch		initials	Meal or time: Lunch		initials	Meal or time: Lunch		initials
					units	initials		units	initials		units	initials		units	initials		units	initials
				Meal or time: Dinner		initials	Meal or time: Dinner		initials	Meal or time: Dinner		initials	Meal or time: Dinner		initials	Meal or time: Dinner		initials
					units	initials		units	initials		units	initials		units	initials		units	initials
				Meal or time: Pre-bed		initials	Meal or time: Pre-bed		initials	Meal or time: Pre-bed		initials	Meal or time: Pre-bed		initials	Meal or time: Pre-bed		initials
					units	initials		units	initials		units	initials		units	initials		units	initials

Diabetes Treatment Prior to Admission

Pharmacist review

DD / MM	DD / MM	DD / MM	DD / MM	DD / MM
initials	initials	initials	initials	initials

Insulin Subcutaneous
Order and Blood Glucose
Record - Adult

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth:
Sex: ☐ M ☐ F ☐ X

NOT A VALID
PRESCRIPTION UNLESS
IDENTIFIERS PRESENT

Guidelines for Treatment Review Following Hyperglycaemia Alert

- Assess
- Hydration and dietary status: Is hyperglycaemia easily explained by dietary indiscretion?
 - Ketones: If ketone test is positive, consider diabetic ketoacidosis (DKA). Seek expert advice.
 - Concurrent medications: If on oral corticosteroids or Total Parenteral Nutrition (TPN), seek expert advice.
 - Missed doses of insulin or other hypoglycaemic agent.
 - If Blood glucose levels (BGL) are not adequately controlled, consider an insulin infusion and seek expert advice.
 - 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.
 - Are alterations to insulin regimen or initiation of insulin required? Consider:
 - Does the patient need long term insulin treatment? If so, what is their preferred regimen?
 - What was the pre-morbid BGL control like? What is the current HbA1c?
 - Was hyperglycaemia secondary to treated hypoglycaemia?
 - Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?

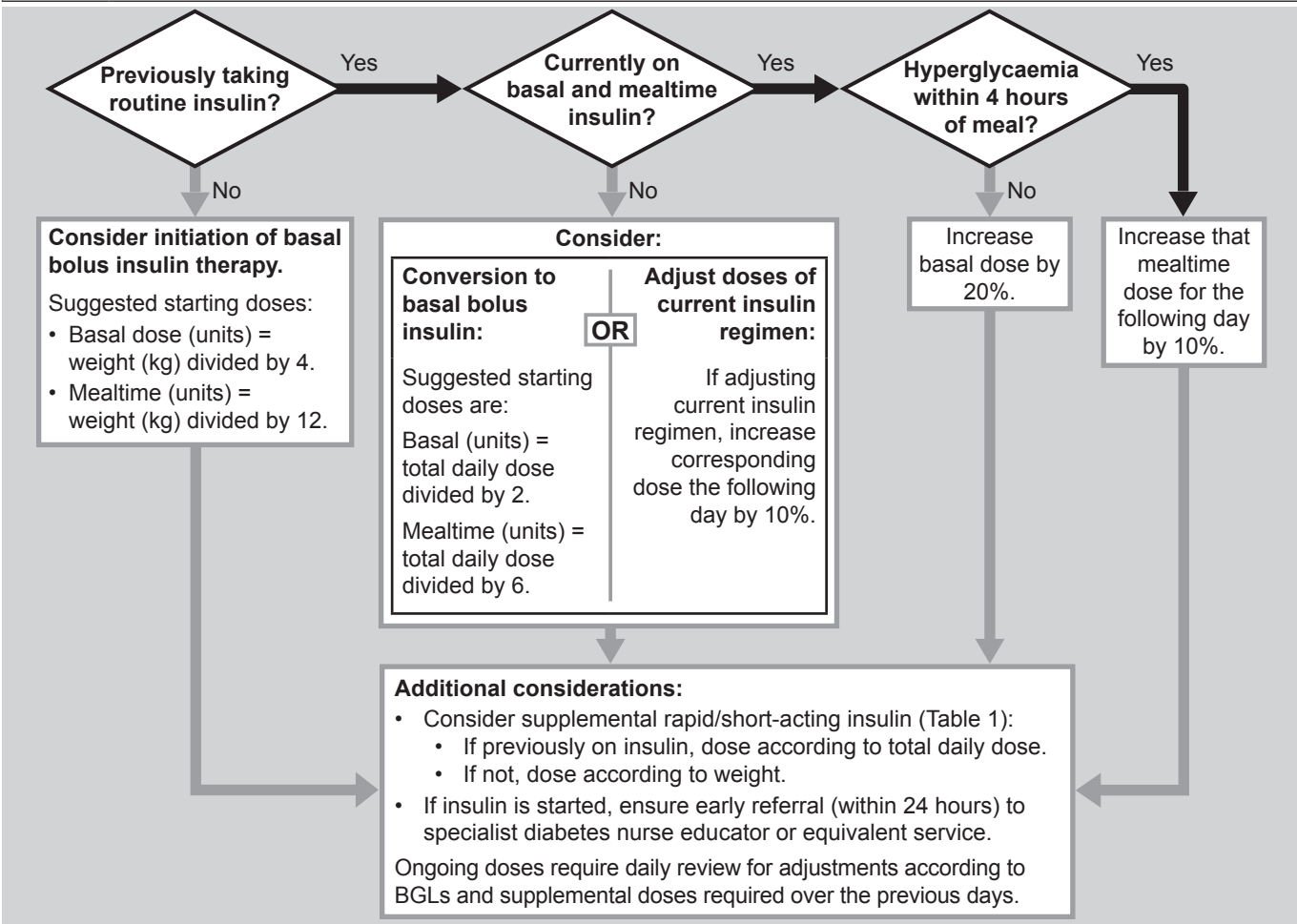
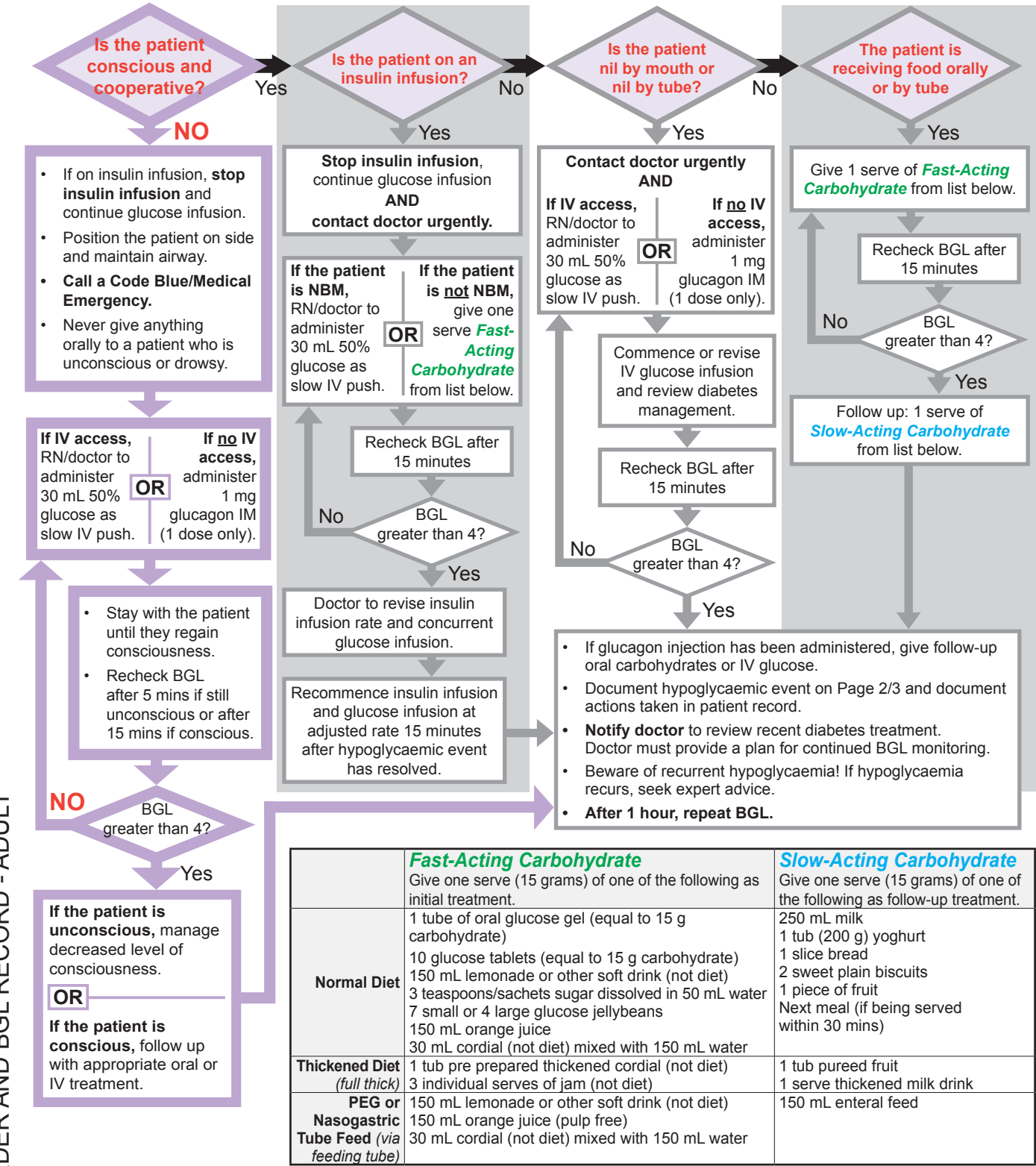


Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses					
Previously on insulin: Determine using previous total daily dose → OR Not previously on insulin: Determine using the patient's actual weight →	Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units	
	Less than 50 kg	50 – 75 kg	76 – 100 kg	More than 100 kg	
BGL (mmol/L) with suggested insulin doses	Greater than 20	4 units	6 units	8 units	12 units
	16.1–20	3 units	4 units	6 units	9 units
	12.1–16	2 units	3 units	4 units	6 units
	8.1–12	1 unit	1 unit	2 units	3 units

Guidelines for Treating Hypoglycaemia (BGL less than 4 mmol/L)



Guidelines for Diabetes Treatment Review Following Treated Hypoglycaemia

- Provide a plan for continued BGL monitoring.**
- Review diabetes management for causes of hypoglycaemia and correct avoidable causes.
 - If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemia recurs.
 - If the cause is not identified or cannot be corrected and:
 - hypoglycaemia has occurred **within** 4 hours after mealtime insulin, reduce the dose of **that** mealtime insulin by 20% the following day.
 - hypoglycaemia has occurred **outside** 4 hours after mealtime insulin, reduce the basal insulin dose by 20%.
 - If the patient is on insulin and is:
 - eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia.
 - on reduced oral intake, consider reducing mealtime insulin dose(s).
 - 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.

DO NOT WRITE IN THIS BINDING MARGIN

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

V3 - 12/2021