

(Affix identification label here)	
URN:	
Family name:	
Given name(s):	
Address:	
Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
<b>First prescriber to complete this box:</b>	
Patient name: .....	
<input type="checkbox"/> ID label has been checked	Cross-referenced: <input type="checkbox"/> NIMC <input type="checkbox"/> EMM

Insulin **Subcutaneous** Order and Blood Glucose Record - Adult      Facility: \_\_\_\_\_ Ward / Unit: \_\_\_\_\_ Year: 20\_\_\_\_\_

Once only/Phone Orders (also complete Administration Record)									
Date prescribed	Name of insulin	Units	When to administer		Replaces or additional to existing order? (✓)	Order type (✓)	Phone order: Nurse 1/2 initials	Prescriber	
			Date	Time (24 hr)				Signature	Print prescriber name
DD / MM		units	DD / MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Once only <input type="checkbox"/> Phone	/		
DD / MM		units	DD / MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Once only <input type="checkbox"/> Phone	/		
DD / MM		units	DD / MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Once only <input type="checkbox"/> Phone	/		
DD / MM		units	DD / MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Once only <input type="checkbox"/> Phone	/		
DD / MM		units	DD / MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Once only <input type="checkbox"/> Phone	/		

**Supplemental Insulin Orders**  
(valid until changed or ceased)

Supplemental insulin should NOT be prescribed for all patients.

Sliding scale insulin alone is **NOT** recommended. Consider basal insulin needs.

**Remember:** Adjust routine insulin based on recent supplemental insulin requirements.

**If unsure, seek advice.**

**At the following intervals...**

☐ With meals **only** (unless NBM)

☐ Other: .....

...administer **additional** insulin as specified below (dose depends on current BGL range row).

<b>Start date and time</b>
06-09-2018 07:00

Start Date	DD / MM	DD / MM	DD / MM	DD / MM	DD / MM
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Time (24 hr)	:	:	:	:	:
-----------------	---	---	---	---	---

Greater than 20	units	units	units	units	units
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16.1-20					
	units	units	units	units	units

12.1-16					
	units	units	units	units	units
8.1-12					

0-1-12	units	units	units	units	units
4-8					


Initial	initials	initials	initials	initials	initials
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**Name of insulin** (should match the routine short-acting insulin):

Prescriber signature:

Print your name:

If supplemental short-acting insulin is ordered for the same time as routine short-acting insulin, they may be given together but must be recorded separately.

**Doctor to Notify**

Dr.....

.....

or Ward doctor

[illegible]

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.

[illegible]

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																														

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	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
				<b>Breakfast</b>		initials	<b>Breakfast</b>		initials	<b>Breakfast</b>		initials	<b>Breakfast</b>		initials	<b>Breakfast</b>		initials
					units			units			units			units			units	
				Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials
				<b>Lunch</b>		initials	<b>Lunch</b>		initials	<b>Lunch</b>		initials	<b>Lunch</b>		initials	<b>Lunch</b>		initials
					units			units			units			units			units	
				Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials
				<b>Dinner</b>		initials	<b>Dinner</b>		initials	<b>Dinner</b>		initials	<b>Dinner</b>		initials	<b>Dinner</b>		initials
					units			units			units			units			units	
				Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials
				<b>Pre-bed</b>		initials	<b>Pre-bed</b>		initials	<b>Pre-bed</b>		initials	<b>Pre-bed</b>		initials	<b>Pre-bed</b>		initials
					units			units			units			units			units	
				Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials	Meal or time:		initials
					units			units			units			units			units	

Diabetes Treatment Prior to Admission	

Pharmacist review				
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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
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?

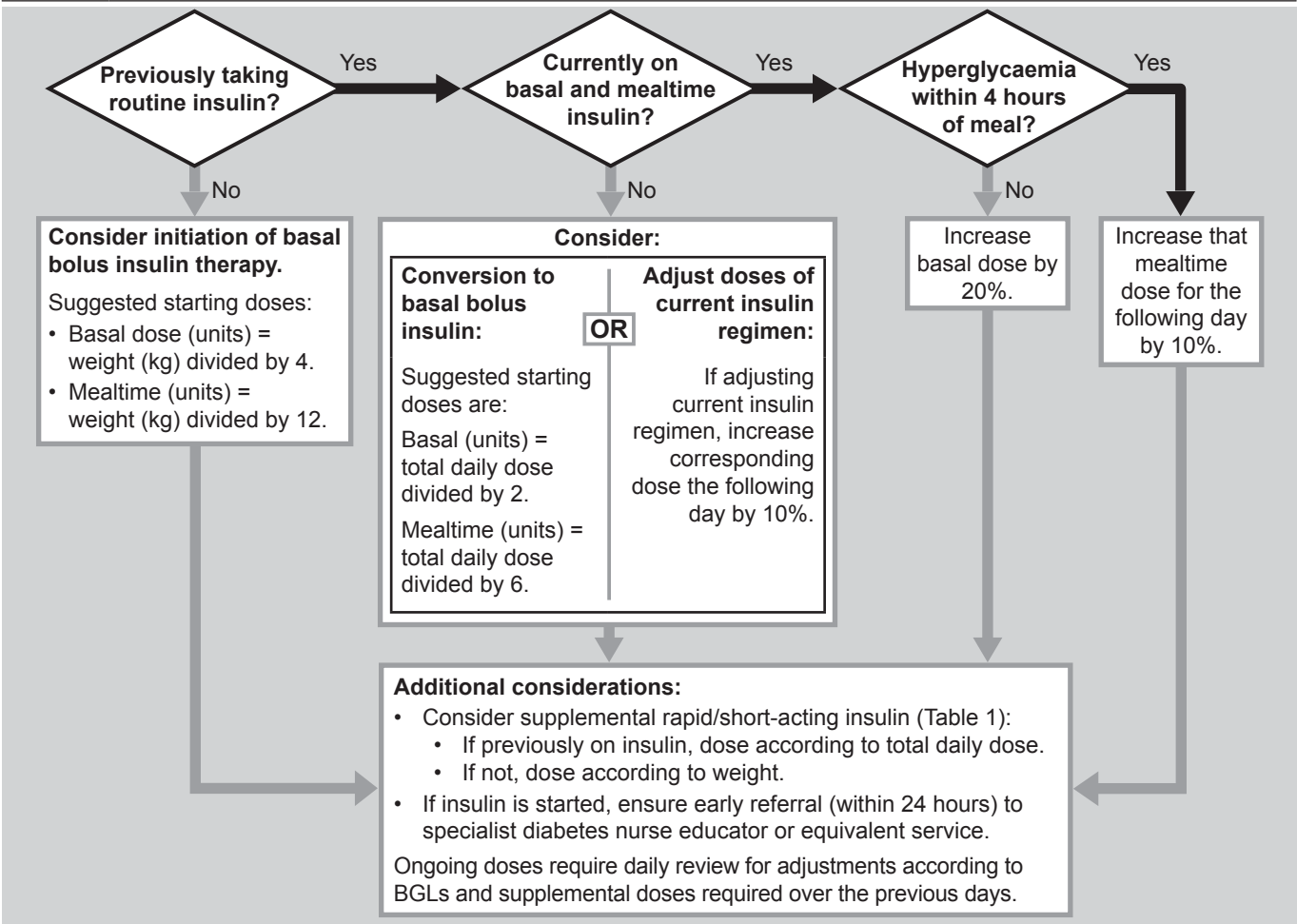


Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses					
Previously on insulin: Determine using previous total daily dose →		Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units
OR					
Not previously on insulin: Determine using the patient's actual weight →		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

Possible signs and symptoms of hypoglycaemia (BGL less than 4 mmol/L)

Pale, sweating, shaky, palpitations, light-headed, dizzy, irritable, speech problems, confusion, fitting, change in consciousness, or change in behaviour (including aggressive behaviour).

If hypoglycaemia is suspected, test BGL. If BGL cannot be tested immediately, then it is safer to assume hypoglycaemia and respond as per the flowchart below.

