

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth:
Sex: M F X
First prescriber to complete this box:
Patient name:
ID label has been checked
Cross-referenced: NIMC EMM

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Insulin Subcutaneous Order and Blood Glucose Record - Adult

Facility:
Ward / Unit:
Year: 20

Once only/Phone Orders (also complete Administration Record)

Table with columns: Date prescribed, Name of insulin, Units, When to administer (Date, Time), Replaces or additional to existing order?, Order type, Phone order, Prescriber (Signature, Print prescriber name)

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).

Start date and time

Table for Start date and time with columns for Date and Time (24 hr) and rows for various BGL ranges.

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.

Diabetes Treatment Prior to Admission

Form for recording diabetes treatment prior to admission.

Pharmacist review

Table for Pharmacist review with columns for Date and Initials.

Doctor to Notify

Dr.
or Ward doctor

Special Instructions

Special Instructions section for additional notes.

Monitoring Record

Monitoring Record table with columns for Date (DD/MM/YY) and rows for BGL frequency, Diet, Time, Alerts (Ketones, Hypoglycaemia), Hypoglycaemia intervention, Ketones, Doctor notified.

Administration Record (mealtime insulin is given at start of meal unless otherwise specified in Special Instructions)

Administration Record table with columns for 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)

Routine Insulin Orders table with columns for Prescriber signature, Print your name, Name of insulin, Date, Meal or time, Units, Initials.

DO NOT WRITE IN THIS BINDING MARGIN

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.

Insulin Subcutaneous Order and Blood Glucose Record - Adult

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URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F X

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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?

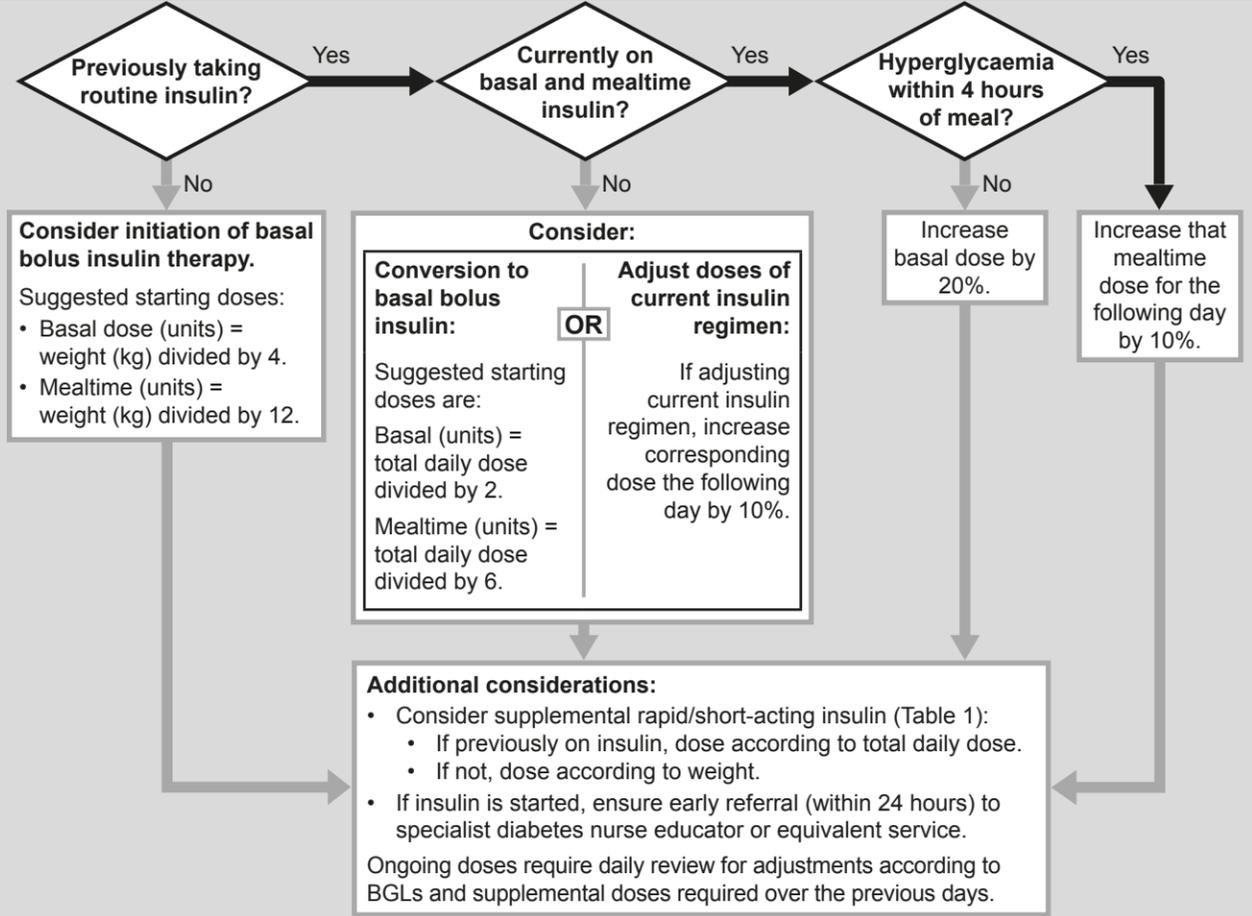


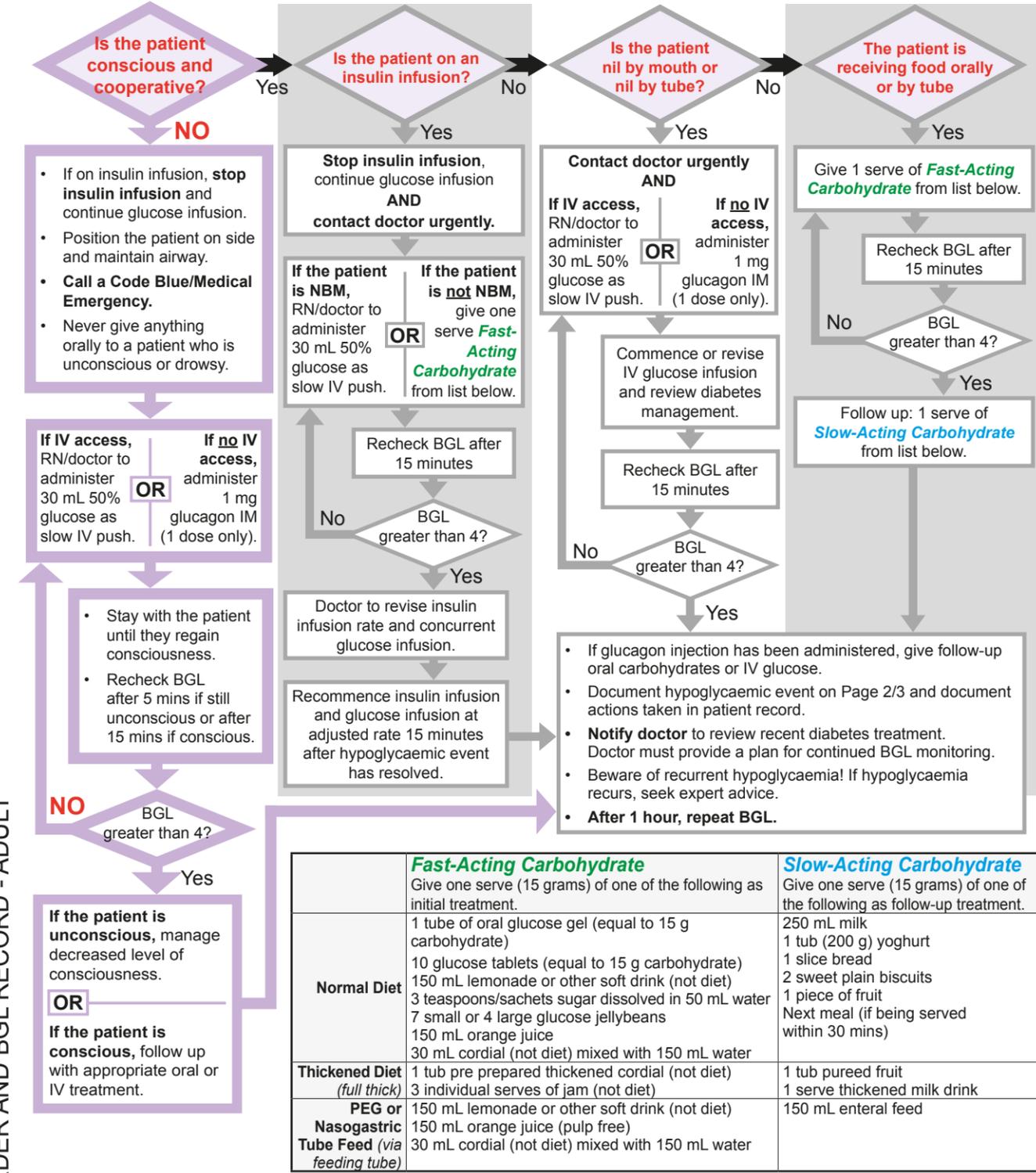
Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses

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

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

V3 - 12/2021

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



	Fast-Acting Carbohydrate Give one serve (15 grams) of one of the following as initial treatment.	Slow-Acting Carbohydrate Give one serve (15 grams) of one of the following as follow-up treatment.
Normal Diet	1 tube of oral glucose gel (equal to 15 g carbohydrate) 10 glucose tablets (equal to 15 g carbohydrate) 150 mL lemonade or other soft drink (not diet) 3 teaspoons/sachets sugar dissolved in 50 mL water 7 small or 4 large glucose jellybeans 150 mL orange juice 30 mL cordial (not diet) mixed with 150 mL water	250 mL milk 1 tub (200 g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece of fruit Next meal (if being served within 30 mins)
Thickened Diet (full thick)	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
PEG or Nasogastric Tube Feed (via feeding tube)	150 mL lemonade or other soft drink (not diet) 150 mL orange juice (pulp free) 30 mL cordial (not diet) mixed with 150 mL water	150 mL enteral feed

Guidelines for Diabetes Treatment Review Following Treated Hypoglycaemia

- Provide a plan for continued BGL monitoring.**
1. 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 insulin dose(s).
 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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