

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

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	
				Meal or time:			Meal or time:			Meal or time:			Meal or time:			Meal or time:		
				Breakfast			Breakfast			Breakfast			Breakfast			Breakfast		
				units	initials		units	initials		units	initials		units	initials		units	initials	
				Meal or time:			Meal or time:			Meal or time:			Meal or time:			Meal or time:		
				Lunch			Lunch			Lunch			Lunch			Lunch		
				units	initials		units	initials		units	initials		units	initials		units	initials	
				Meal or time:			Meal or time:			Meal or time:			Meal or time:			Meal or time:		
				Dinner			Dinner			Dinner			Dinner			Dinner		
				units	initials		units	initials		units	initials		units	initials		units	initials	
				Meal or time:			Meal or time:			Meal or time:			Meal or time:			Meal or time:		
				Pre-bed			Pre-bed			Pre-bed			Pre-bed			Pre-bed		
				units	initials		units	initials		units	initials		units	initials		units	initials	
				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	

(Affix identification label here)

URN:

Family name:

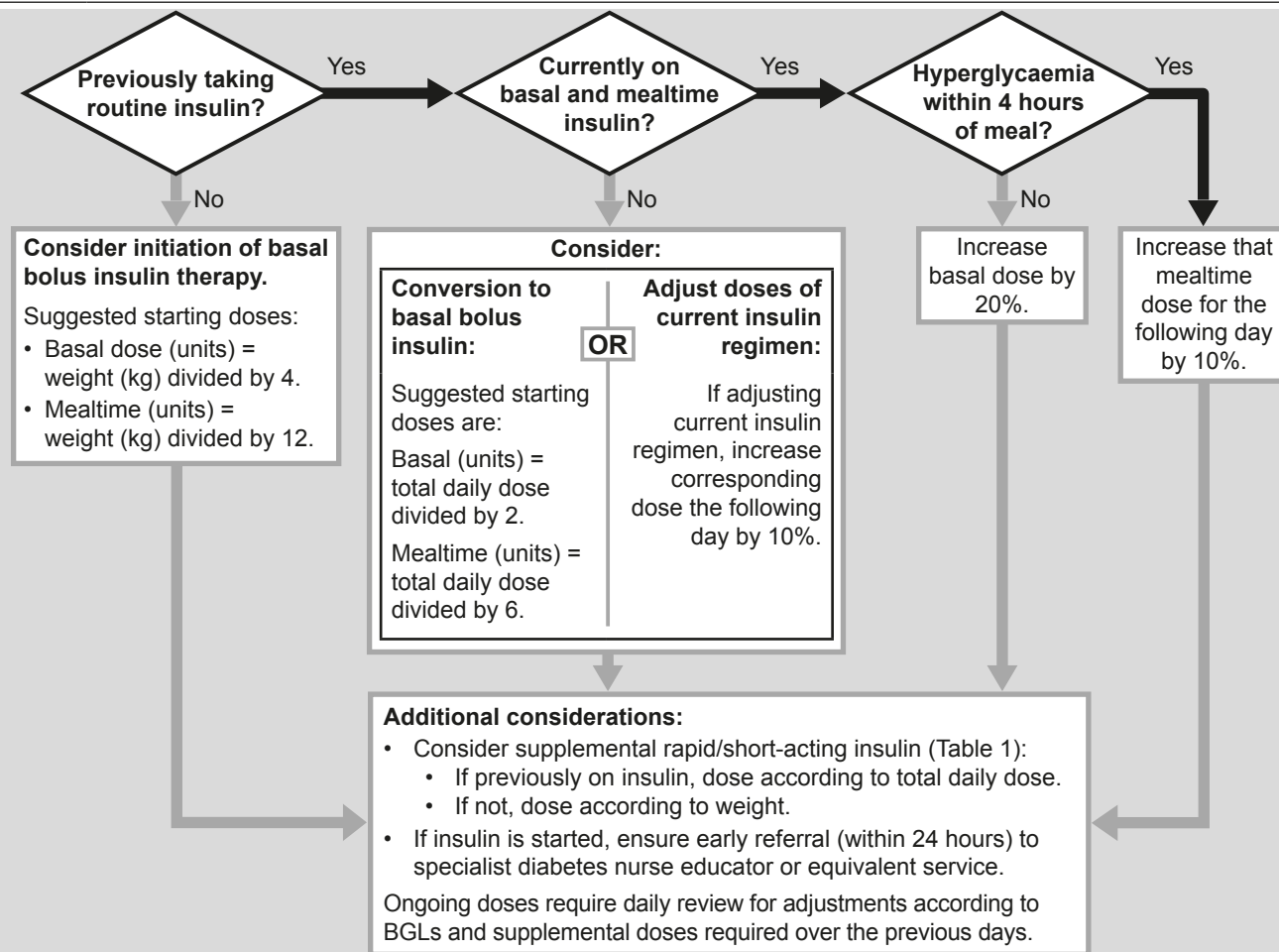
Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ X

Assess	<ol style="list-style-type: none"> <li>1. Hydration and dietary status: Is hyperglycaemia easily explained by dietary indiscretion?</li> <li>2. Ketones: If ketone test is positive, consider diabetic ketoacidosis (DKA). Seek expert advice.</li> <li>3. Concurrent medications: If on oral corticosteroids or Total Parenteral Nutrition (TPN), seek expert advice.</li> <li>4. Missed doses of insulin or other hypoglycaemic agent.</li> <li>5. If Blood glucose levels (BGL) are not adequately controlled, consider an insulin infusion and seek expert advice.</li> <li>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.</li> <li>7. Are alterations to insulin regimen or initiation of insulin required? Consider:             <ol style="list-style-type: none"> <li>a. Does the patient need long term insulin treatment? If so, what is their preferred regimen?</li> <li>b. What was the pre-morbid BGL control like? What is the current HbA1c?</li> <li>c. Was hyperglycaemia secondary to treated hypoglycaemia?</li> <li>d. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?</li> </ol> </li> </ol>
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<b>Previously on insulin:</b> Determine using previous total daily dose →		Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units
<b>OR</b>					
<b>Not previously on insulin:</b> 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

**Flowchart for the management of hypoglycaemia in adults**

**Is the patient conscious and cooperative?**

- NO**
  - If on insulin infusion, **stop insulin infusion** and continue glucose infusion.
  - Position the patient on side and maintain airway.
  - Call a Code Blue/Medical Emergency.**
  - Never give anything orally to a patient who is unconscious or drowsy.
- Yes**

**Is the patient on an insulin infusion?**

  - Yes**

**Stop insulin infusion, continue glucose infusion AND contact doctor urgently.**

**If the patient is NBM, RN/doctor to administer 30 mL 50% glucose as slow IV push. OR If the patient is not NBM, give one serve **Fast-Acting Carbohydrate** from list below.**

Recheck BGL after 15 minutes

**BGL greater than 4?**

    - No** (Loop back to "Is the patient on an insulin infusion?")
    - Yes**

Doctor to revise insulin infusion rate and concurrent glucose infusion.

Recommence insulin infusion and glucose infusion at adjusted rate 15 minutes after hypoglycaemic event has resolved.
  - No**

**Is the patient nil by mouth or nil by tube?**

    - Yes**

**Contact doctor urgently AND**

**If IV access, RN/doctor to administer 30 mL 50% glucose as slow IV push. OR If no IV access, administer 1 mg glucagon IM (1 dose only).**

Commence or revise IV glucose infusion and review diabetes management.

Recheck BGL after 15 minutes

**BGL greater than 4?**

      - No** (Loop back to "Is the patient nil by mouth or nil by tube?")
      - Yes**
        - If glucagon injection has been administered, give follow-up oral carbohydrates or IV glucose.
        - Document hypoglycaemic event on Page 2/3 and document actions taken in patient record.
        - Notify doctor** to review recent diabetes treatment. Doctor must provide a plan for continued BGL monitoring.
        - Beware of recurrent hypoglycaemia! If hypoglycaemia recurs, seek expert advice.
        - After 1 hour, repeat BGL.**
    - No**

**The patient is receiving food orally or by tube**

Give 1 serve of **Fast-Acting Carbohydrate** from list below.

Recheck BGL after 15 minutes

**BGL greater than 4?**

      - No** (Loop back to "The patient is receiving food orally or by tube")
      - Yes**

Follow up: 1 serve of **Slow-Acting Carbohydrate** from list below.

**Is the patient conscious and cooperative?**

  - NO**

Stay with the patient until they regain consciousness.

Recheck BGL after 5 mins if still unconscious or after 15 mins if conscious.

**BGL greater than 4?**

    - Yes**

**If the patient is unconscious, manage decreased level of consciousness. OR If the patient is conscious, follow up with appropriate oral or IV treatment.**
    - No** (Loop back to "Is the patient conscious and cooperative?")

**Fast-Acting Carbohydrate**

Give one serve (15 grams) of one of the following as initial treatment.

	<b>Fast-Acting Carbohydrate</b>	<b>Slow-Acting Carbohydrate</b>
<b>Normal Diet</b>	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)
<b>Thickened Diet (full thick)</b>	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
<b>PEG or Nasogastric Tube Feed (via feeding tube)</b>	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

### 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