

Pharmacist review				
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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?

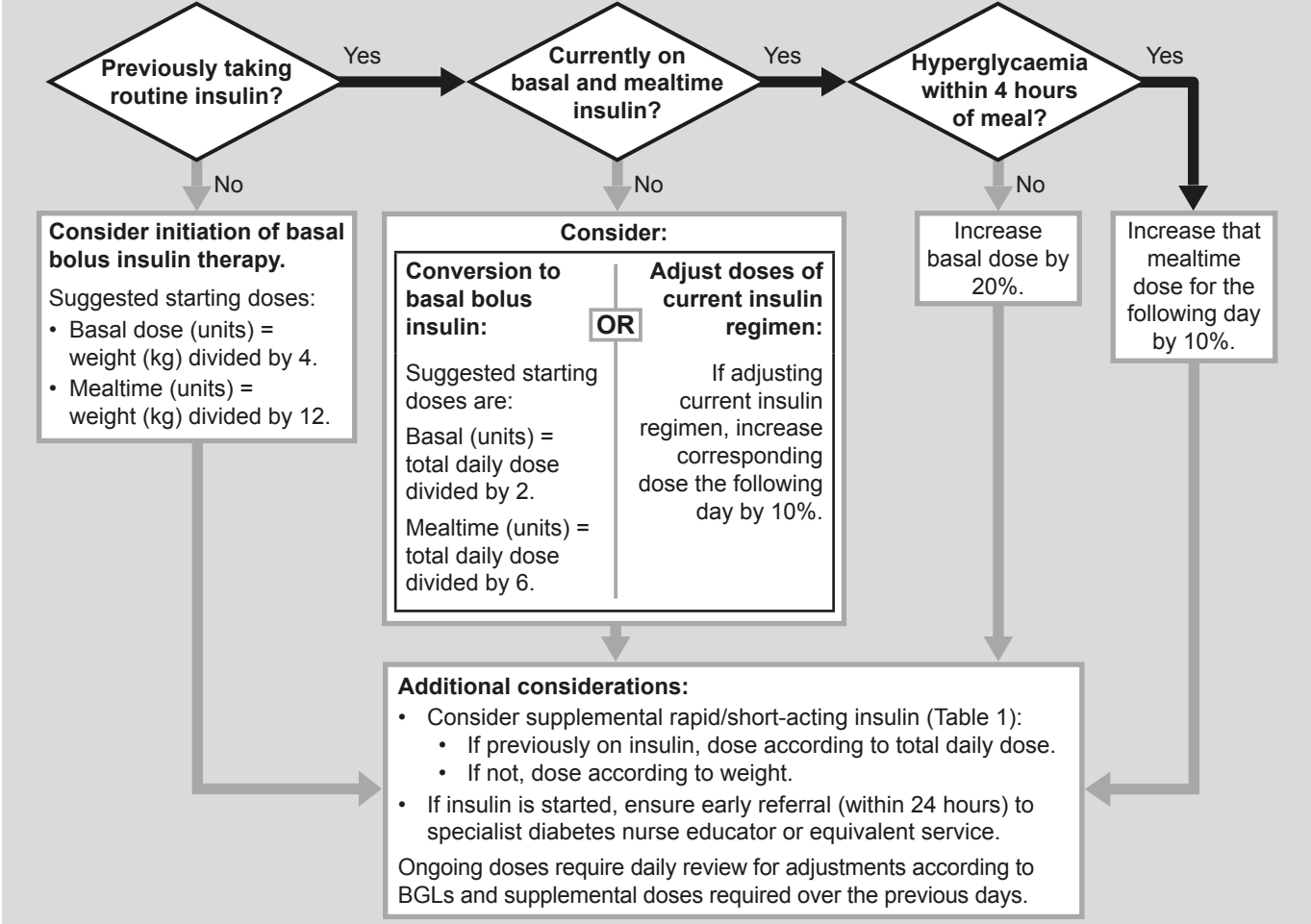


Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses

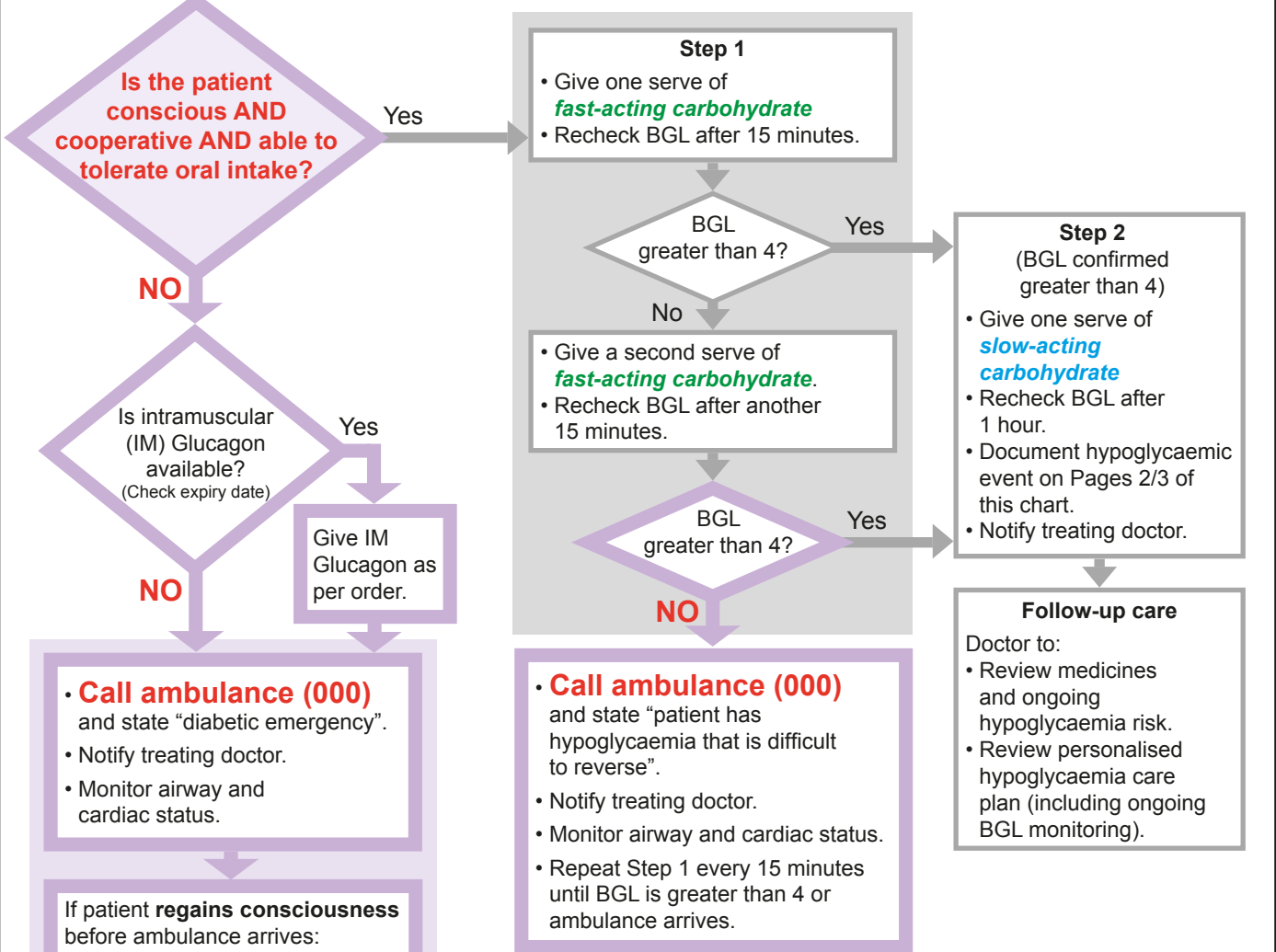
		Previously on insulin: Determine using previous total daily dose →			
		Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units
	OR	Not previously on insulin: Determine using the patient's actual weight →			
		Less than 50 kg	50 – 75 kg	76 – 100 kg	More than 100 kg
BGL (mmol/L) with suggested 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.

Responding to 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

DO NOT WRITE IN THIS BINDING MARGIN

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

V3 - 12/2021

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT