

(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 with multiple rows for patient information.

Pharmacist review

Table for Pharmacist review with columns for Date and rows for initials.

Doctor to Notify

Dr.
or Ward doctor

Special Instructions

Special Instructions section with multiple rows for notes.

Monitoring Record

Monitoring Record table with columns for Date (DD/MM/YY) and rows for BGL frequency, Diet, Time, Alerts (Ketones, Hypoglycaemia), and 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, and 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, and rows for Meal or time (Breakfast, Lunch, Dinner, Pre-bed).

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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

(Affix identification label here)

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

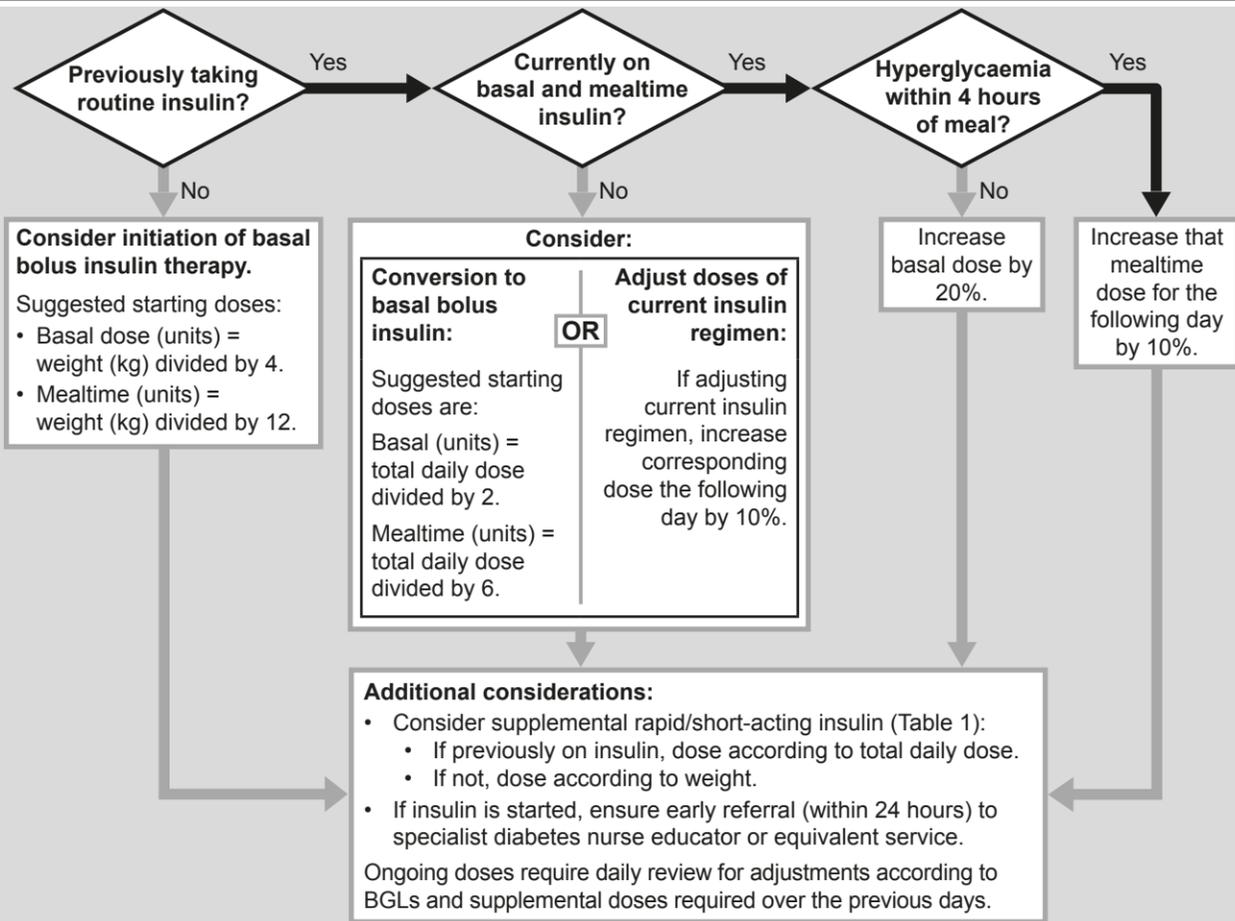
Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex:  M  F  X

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## Guidelines for Treatment Review Following Hyperglycaemia Alert

- Assess
- 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?



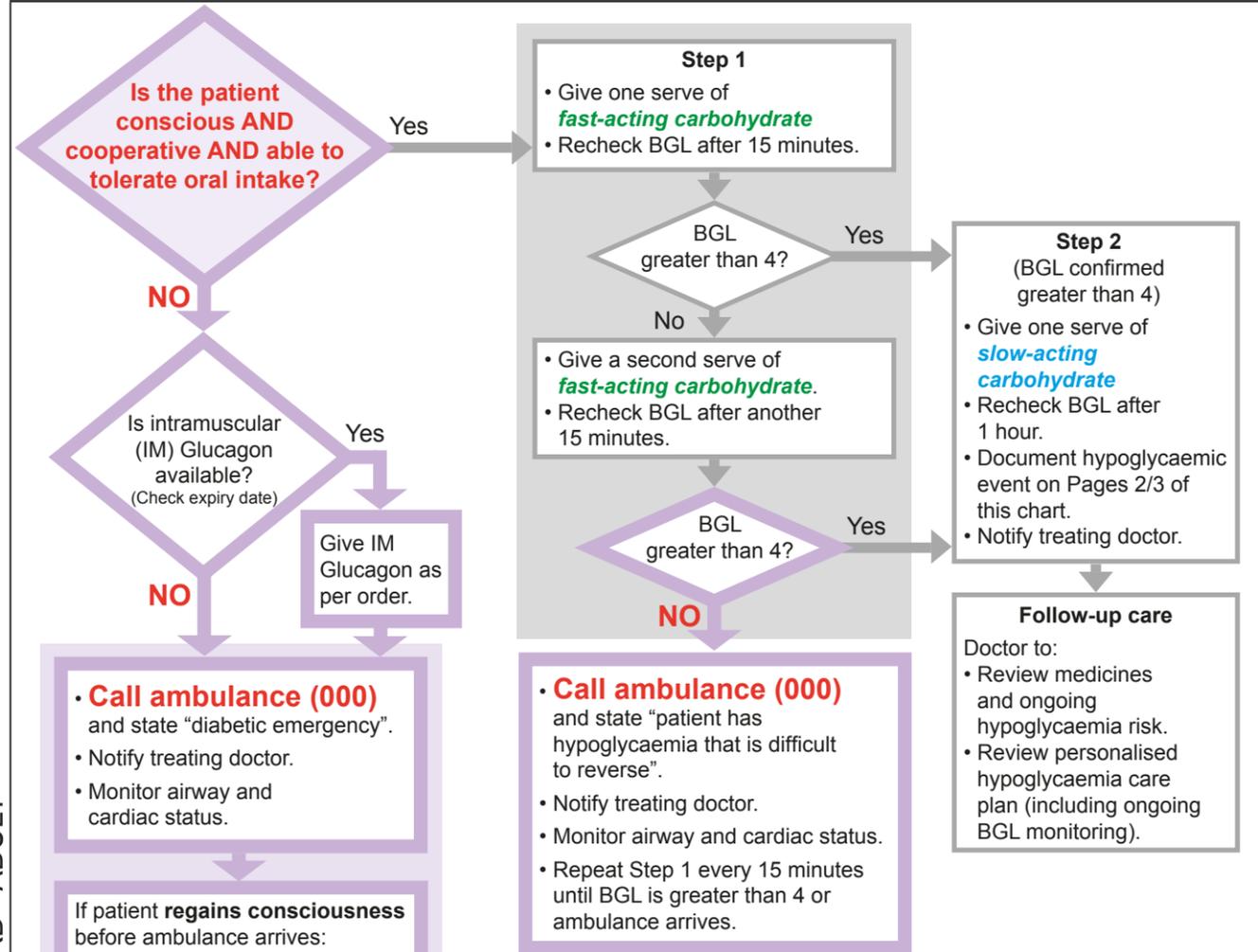
**Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses**

Previously on insulin: Determine using previous total daily dose →	Less than 25 units	25 – 49 units	50 – 80 units	More than 80 units	
<b>OR</b>					
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)



	<b>Fast-Acting Carbohydrate</b>	<b>Slow-Acting Carbohydrate</b>
	Give one serve (15 grams) of one of the following as initial treatment.	Give one serve (15 grams) of one of the following as follow-up treatment.
<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

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

V3 - 12/2021

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

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