

## Prescriber tasks

# 1

8

# 5

# 3



2

6

4

9

For further information about the *National Subcutaneous Insulin Chart*, consult the online User Guide ([safetyandquality.gov.au](http://safetyandquality.gov.au)).

# Insulin chart quick start guide

## Nurse tasks

See reverse for prescriber tasks

1

If the patient ID box is **incomplete**, contact the prescriber urgently as insulin must not be withheld unnecessarily. DO NOT administer insulin until ID has been verified.

2

Check if there is a relevant stat or phone order.

If so, check whether the order replaces an existing or expected order, or is in addition to existing insulin orders.

3

If you receive a phone order for insulin, record it in the Stat/Phone Orders section.

A second nurse must read the order back to the prescriber to confirm that it is correct. Both nurses must then initial the order.

If the phone order replaces an existing or expected routine order, cross-reference it by writing 'phone' in the appropriate dose cell in the Routine Insulin Orders section.

5

If supplemental insulin has been ordered, check if it is presently required based on (1) the intervals specified by the prescriber AND (2) the patient's current BGL.

6

Administer the insulin order(s), write the dose(s) and time in the Administration Record, and then initial. The second nurse must also initial.

The prescriber should have copied the insulin name into the Administration Record. If not, you must write it yourself before recording the dose administered.

Supplemental insulin and routine insulin of the same type may be administered together but must be documented separately.

If a prescribed dose cannot be administered as ordered, then notify a registrar or consultant, enter the code (W) for withheld in the Administration Record, and document in the clinical record.

4

Check if routine insulin has been ordered for the present time (some patients may require more than one type of insulin at one time).

If no dose is ordered where one would be expected, contact the prescriber immediately to determine whether a dose is required and to provide a phone order if needed (see Point 3).

7

For further information about the National Subcutaneous Insulin Chart, consult the online User Guide (safetyandquality.gov.au).

(Affix identification label here)

URN: 92384237

Family name: Johnson

Given name(s): Ian

Address: 23 Saleby Close, Torborough

Date of birth: 27/04/1958 Sex: ☒ M ☐ F ☐ X

First prescriber to complete this box:

Patient name: Ian Johnson

☒ ID label has been checked ☒ NIMC has been marked

### Insulin Subcutaneous Order and Blood Glucose Record - Adult

Facility: St Lucia Hospital Ward / Unit: Ward D Year: 2015

#### Stat/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
8/7/15	Humalog	9 units	8/7/15	08:00	<input checked="" type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input checked="" type="checkbox"/> Phone	SP MJP	J Simmonds	Dr Simmonds
DD/MM		units	DD/MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input type="checkbox"/> Phone			
DD/MM		units	DD/MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input type="checkbox"/> Phone			
DD/MM		units	DD/MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input type="checkbox"/> Phone			
DD/MM		units	DD/MM	:	<input type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input type="checkbox"/> Phone			

#### Monitoring Record

Date	BGL frequency (✓ to select; cross-out words to cancel)	Diet (✓ to select; cross-out words to cancel)	5/7/15		6/7/15		7/7/15		8/7/15		DD/7/15	
			Time (24 hr)	BGL (mmol/L)	Time (24 hr)	BGL (mmol/L)	Time (24 hr)	BGL (mmol/L)	Time (24 hr)	BGL (mmol/L)	Time (24 hr)	BGL (mmol/L)
5/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: _____	1300	1700	1300	1700	1300	1700	1300	1700	1300	1700
6/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: _____	0200	0715	1245	1700	2115	0200	0730	1230	1710	2130
7/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: _____	0200	0730	1230	1710	2130	0200	0800	1045	1100	1200
8/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: _____	0200	0800	1045	1100	1200	1715	2145			
DD/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: _____										
Greater than 20	21.2											
16.1-20												
12.1-16	13.9				13.2	14.5		12.5	13.2			
8.1-12	11.5				10.5	12.0		9.1	11.2			
4-8						7.9			8.0		7.9	6.1
Less than 4											3.1	
Hypoglycaemia intervention (✓)												
Ketones	0.3											
Doctor notified (✓)												

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

Name of routine insulin:	8/7/15		8/7/15		8/7/15		8/7/15		9/7/15		9/7/15		9/7/15	
	units	Time (24 hr)	units	Time (24 hr)	units	Time (24 hr)	units	Time (24 hr)	units	Time (24 hr)	units	Time (24 hr)	units	Time (24 hr)
Humalog														
Lantus	24								28					
Humalog														
Time given (24 hr)	1730	2145							0810					
Nurse 1/2 initials	SP MJP	SP MJP							SP MJP					
Comments									hypo treated as per protocol					

#### 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	5/7/15		6/7/15		7/7/15		8/7/15		DD/7/15	
			Meal or time	units	Meal or time	units	Meal or time	units	Meal or time	units	Meal or time	units
J Simmonds	J. Simmonds	Humalog	Breakfast		Breakfast	8	8	Breakfast	8	Breakfast		
J Simmonds	J. Simmonds	Humalog	Lunch		Lunch	8	8	Lunch	8	Lunch		
J Simmonds	J. Simmonds	Humalog	Dinner	8	Dinner	8	8	Dinner	8	Dinner		
J Simmonds	J. Simmonds	Lantus	Pre-bed	24	Pre-bed	24	28	Pre-bed	28	Pre-bed		

#### 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

Start Date: 7/7 Time (24 hr): 11:30

Greater than 20

16.1-20

12.1-16

8.1-12

4-8

Less than 4

Name of insulin (should match the routine short-acting insulin): Humalog

Prescriber signature: J Simmonds

Print your name: J Simmonds

#### Diabetes Treatment Prior to Admission

Nil insulin prior to admission. Metformin and gliclazide.

#### Pharmacy Review

8/7 DD/MM DD/MM DD/MM DD/MM

AP

DO NOT WRITE IN THIS BINDING MARGIN