

# Insulin chart quick start guide

## *Prescriber tasks*

# 1

Complete the patient ID box or affix label.

Confirm ID in “first prescriber” panel and check that this insulin chart is cross-referenced on the patient’s National Inpatient Medication Chart (NIMC).

Record “doctor to notify” and any special instructions.

8

Copy the full trade name of each type of insulin that you have ordered into the Administration Record.

5

Routine insulin doses must be ordered for **each day**. However, it is recommended that you also order the following morning's breakfast dose to avoid the risk of a missed dose or the need for a phone order.

# 3

Write the date and specify the patient's BGL frequency for that day (otherwise, the default is pre-meals and 21:00 hrs).

If the BGL frequency that you have specified will result in **MORE THAN 6** BGL readings in a day, then **draw an arrow extending the current date into the next date column or columns**, as required (see below). Also, **cross through the corresponding BGL frequency, diet, and routine order areas**, as illustrated, in order to maintain the column alignment.

7

If you need to order a stat dose, then complete this section and inform the nurse responsible for the patient's care.

# 2

Write facility name,  
ward/unit, and year.

6

One option to assist with the control of erratic BGLs is to order supplemental insulin.

Supplemental insulin should only ever be ordered **IN ADDITION** to routine insulin. Sliding Scale strategies are **NOT** recommended.

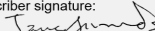
Example  
supplemental order:

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				
7:7	DD / MM	DD / MM	DD / MM	DD / MM
11:30	:	:	:	:
8	units	units	units	units
6	units	units	units	units
4	units	units	units	units
2	units	units	units	units
JS	initials	initials	initials	initials
<b>Name of insulin (should match the routine short-acting insulin):</b> <b>Humalog</b>				
<b>Prescriber signature:</b> 				
<b>Print your name:</b> <b>J Simmons</b>				

See Page 1 of the form for a table of suggested initial doses.

4

Record prior treatment information here. This could include oral hypoglycaemic agents, insulin names and doses, and/or type of insulin device.

9

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

[illegible]

# Insulin chart quick start guide

# Nurse 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.

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).

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.

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

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Doctor to Notify

Dr. J. Simmonds

Special Instructions

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)		Date	Time (24 hr)			Signature Print prescriber name
8/7	Humalog	9 units	8/7	08:00	<input checked="" type="checkbox"/> Replaces <input type="checkbox"/> Additional	<input type="checkbox"/> Stat <input checked="" type="checkbox"/> Phone	SP MNP Jane 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)	Time (24 hr)	BGL (mmol/L)	Alerts	Treat hypoglycaemia (see Page 4) and notify doctor	Hypoglycaemia intervention (✓)	Ketones	Doctor notified (✓)
	Pre-meals 21:00hrs 2hrs post-meals At 02:00hrs	Full Nil by mouth TPN Clear fluids			Greater than 20 16.1-20 12.1-16 8.1-12 4-8 Less than 4				
5/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input checked="" type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids	1300 1700 2130	21.2				0.3	<input checked="" type="checkbox"/>
6/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input checked="" type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids	0200 0715 1245 1700 2115	13.2 14.5					
7/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input checked="" type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids	0200 0730 1230 1710 2130	12.5 13.2					
8/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input checked="" type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids	0200 0800 1045 1100 1200 1715 2145	11.9 9.3					
9/7/15	<input checked="" type="checkbox"/> Pre-meals <input checked="" type="checkbox"/> 21:00hrs <input checked="" type="checkbox"/> 2hrs post-meals <input type="checkbox"/> At 02:00hrs	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids	0200 0810 1045 1100 1200 1715 2145	7.9 6.1 5.8 7.5					

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

Name of routine insulin:	Units	Name of routine insulin:	Units	Name of routine insulin:	Units	Name of routine insulin:	Units	Name of routine insulin:	Units
Humalog	8	Humalog	8	Humalog	8	Humalog	9	Humalog	9
Lantus	24	Lantus	24	Lantus	28	Lantus	28	Lantus	28
Humalog	4	Humalog	2						
Time given (24 hr)	1730 2145	0730 1300 1715 2130	0745 1245 1715 2140	0810	1230 1730 2150				
Nurse 1/2 initials	SP MNP SP MNP	SP MNP SP MNP	SP MNP SP MNP	SP MNP	SP MNP SP MNP				
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	Date	Meal or time	Units	Meal or time	Units	Meal or time	Units	Meal or time	Units	Meal or time	Units
Jane Simmonds	J. Simmonds	Humalog	8/7	Breakfast	8	Breakfast	8	Breakfast	8	Breakfast	9	Breakfast	9
Jane Simmonds	J. Simmonds	Humalog	8/7	Lunch	8	Lunch	8	Lunch	8	Lunch	9	Lunch	9
Jane Simmonds	J. Simmonds	Humalog	8/7	Dinner	8	Dinner	8	Dinner	8	Dinner	9	Dinner	9
Jane Simmonds	J. Simmonds	Lantus	8/7	Pre-bed	24	Pre-bed	24	Pre-bed	28	Pre-bed	28	Pre-bed	28

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

8 units units units units units

6 units units units units units

4 units units units units units

2 units units units units units

1 unit units units units units

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

Prescriber signature: Jane Simmonds

Print your name: J. Simmonds

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

Nil insulin prior to admission. Metformin and gliclazide.

Pharmacy Review

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

AP

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