

(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  NIMC has been marked

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

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

Facility: ..... Ward / Unit: ..... Year: 20.....

**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
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	/		

**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	DD / MM	DD / MM	DD / MM	DD / MM	DD / MM
Time (24 hr)	:	:	:	:	:

	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY
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):

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**

.....  
.....  
.....

**Pharmacy Review**

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

**Monitoring Record**

Date BGL frequency (✓ to select; <del>cross out</del> words to cancel)	DD / MM / YY	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
<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 type="checkbox"/> Full <input type="checkbox"/> Nil by mouth <input type="checkbox"/> TPN <input type="checkbox"/> Clear fluids <input type="checkbox"/> Other: .....							/		
Time (24 hr)	: : : :						/		

**ALERTS**

Test ketones then notify doctor immediately  
Greater than 20

Test ketones then notify doctor if positive  
16.1-20

Notify if 3 consecutive BGLs greater than 12  
12.1-16

BGL (mmol/L)  
Write number in corresponding range row  
8.1-12

4-8

Treat hypoglycaemia (see Page 4) and notify doctor  
Less than 4

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

Name of routine insulin:	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units
Name of routine insulin:																								
Name of routine insulin:																								
Name of routine insulin:																								
Name of supplemental insulin:																								
Time given (24 hr)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Nurse 1/2 initials	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Comments																								

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.**

**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:				
				Breakfast				
				Lunch				
				Dinner				
				Pre-bed				

# Insulin Subcutaneous Order and Blood Glucose Record - Adult

(Affix identification label here)

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

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

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

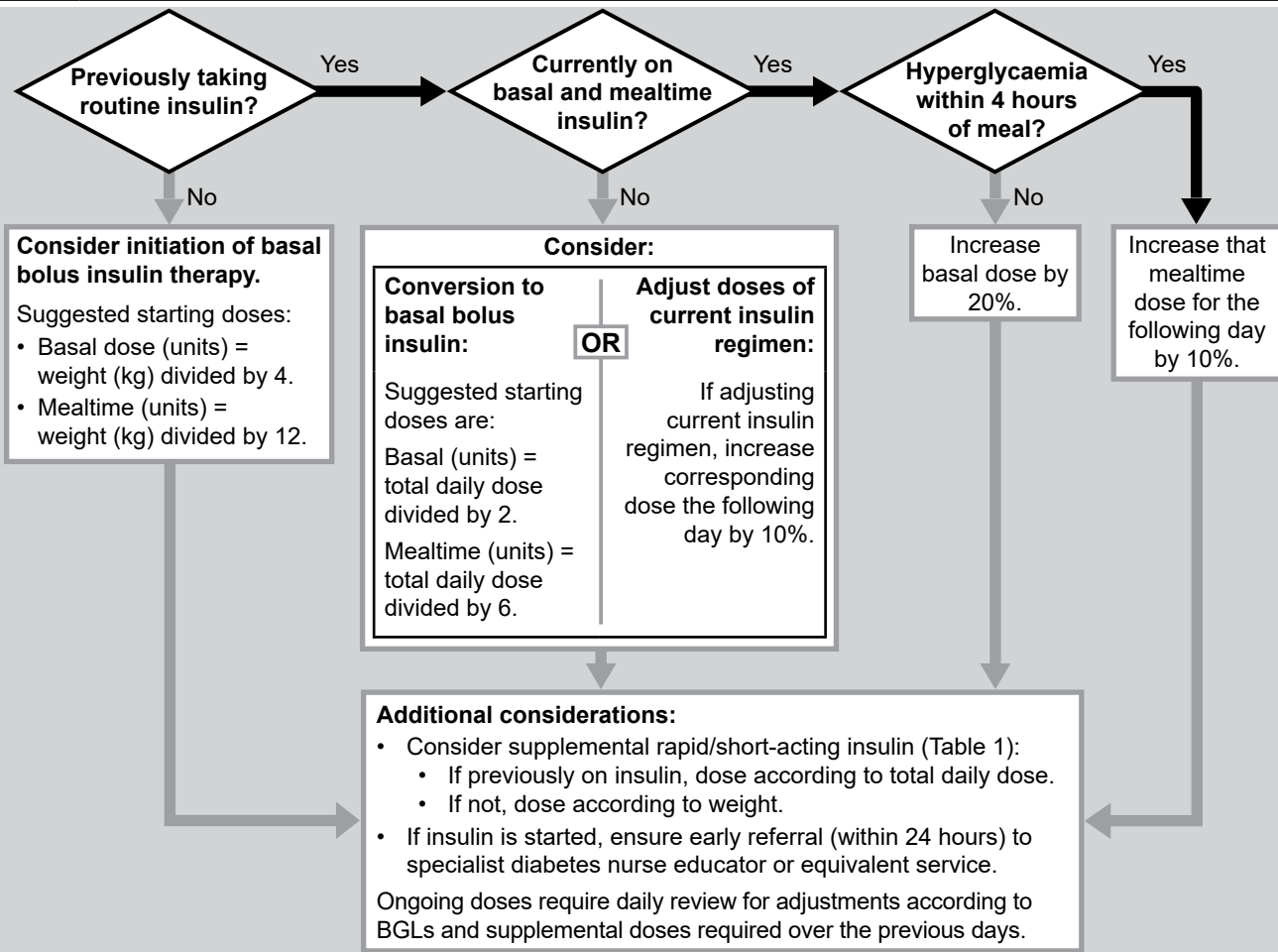
Address: \_\_\_\_\_

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

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

## Guidelines for Treatment Review Following Hyperglycaemia Alert

- Assess
1. Hydration and dietary status: Is hyperglycaemia easily explained by dietary indiscretion?
  2. Ketones: If ketone test is positive, consider diabetic ketoacidosis (DKA). Seek expert advice.
  3. Concurrent medications: If on oral corticosteroids or Total Parenteral Nutrition (TPN), seek expert advice.
  4. Missed doses of insulin or other hypoglycaemic agent.
  5. If BGL's are not adequately controlled, consider an insulin infusion and seek expert advice.
  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.
  7. Are alterations to insulin regimen or initiation of insulin required? Consider:
    - a. Does the patient need long term insulin treatment? If so, what is their preferred regimen?
    - b. What was the pre-morbid BGL control like? What is the current HbA1c?
    - c. Was hyperglycaemia secondary to treated hypoglycaemia?
    - d. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?



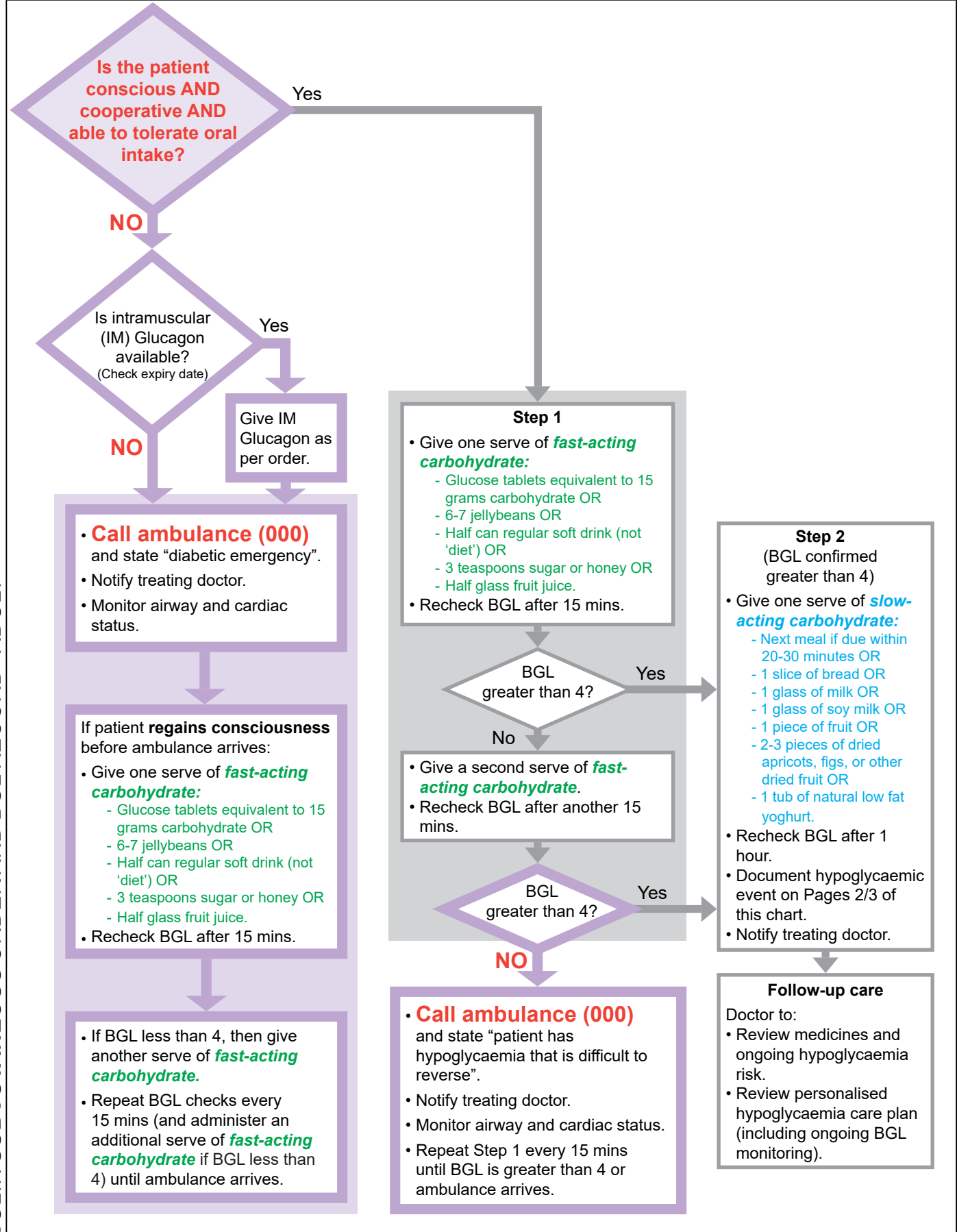
**Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses**

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	50.1–75 kg	75.1–100 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)



INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT

DO NOT WRITE IN THIS BINDING MARGIN