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DO NOT WRITE IN THIS BINDING MARGIN

(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

First prescriber to complete this box:

Patient name: ....

☐ ID label has been checked ☐ NIMC has been marked

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: Date	When to administer: Time (24 hr)	Replaces or additional to existing order? (✓)	Order type (✓)	Phone order: Nurse 1/2 initials	Prescriber: Signature	Prescriber: Print prescriber name
DD / MM		units	DD / MM	:	☐ Replaces ☐ Additional	☐ Stat ☐ Phone			
DD / MM		units	DD / MM	:	☐ Replaces ☐ Additional	☐ Stat ☐ Phone			
DD / MM		units	DD / MM	:	☐ Replaces ☐ Additional	☐ Stat ☐ Phone			
DD / MM		units	DD / MM	:	☐ Replaces ☐ Additional	☐ Stat ☐ Phone			
DD / MM		units	DD / MM	:	☐ Replaces ☐ Additional	☐ Stat ☐ 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)	:	:	:	:	:
Greater than 20	units	units	units	units	units
16.1–20	units	units	units	units	units
12.1–16	units	units	units	units	units
8.1–12	units	units	units	units	units
4–8	initials	initials	initials	initials	initials
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.

Doctor to Notify

Dr.......................................

....

or Ward doctor

Special Instructions

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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 Ⓦ for withheld and document in clinical record.

Monitoring Record

	Day 1	Day 2	Day 3	Day 4	Day 5
Date	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY
BGL frequency (✓ to select; ~~cross out~~ words to cancel)	☑ Pre-meals ☑ 21:00hrs ☐ 2hrs post-meals ☐ At 02:00hrs ☐ Other:	☑ Pre-meals ☑ 21:00hrs ☐ 2hrs post-meals ☐ At 02:00hrs ☐ Other:	☑ Pre-meals ☑ 21:00hrs ☐ 2hrs post-meals ☐ At 02:00hrs ☐ Other:	☑ Pre-meals ☑ 21:00hrs ☐ 2hrs post-meals ☐ At 02:00hrs ☐ Other:	☑ Pre-meals ☑ 21:00hrs ☐ 2hrs post-meals ☐ At 02:00hrs ☐ Other: ....
Diet (✓ to select; ~~cross out~~ words to cancel)	☐ Full ☐ Nil by mouth ☐ TPN ☐ Clear fluids ☐ Other:	☐ Full ☐ Nil by mouth ☐ TPN ☐ Clear fluids ☐ Other:	☐ Full ☐ Nil by mouth ☐ TPN ☐ Clear fluids ☐ Other:	☐ Full ☐ Nil by mouth ☐ TPN ☐ Clear fluids ☐ Other:	☐ Full ☐ Nil by mouth ☐ TPN ☐ Clear fluids ☐ Other: ....
Time (24 hr)	: : : : : :	: : : : : :	: : : : : :	: : : : : :	: : : : : :
Greater than 20					
16.1–20					
12.1–16					
8.1–12					
4–8					
Less than 4					
Hypoglycaemia intervention (✓)					
Ketones					
Doctor notified (✓)					

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

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

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

	Day 1	Day 2	Day 3	Day 4	Day 5
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	units units units units units units
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	units units units units units units
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	units units units units units units
Name of supplemental 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	units units units units units units
Time given (24 hr)	: : : : : :	: : : : : :	: : : : : :	: : : : : :	: : : : : :
Nurse 1/2 initials					
Comments					

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	Date: DD / MM / YY	Date: DD / MM / YY	Date: DD / MM / YY	Date: DD / MM / YY
			Meal or time: units initials	Meal or time: units initials	Meal or time: units initials	Meal or time: units initials	Meal or time: units initials
			Meal or time: *Breakfast* units initials	Meal or time: *Breakfast* units initials	Meal or time: *Breakfast* units initials	Meal or time: *Breakfast* units initials	Meal or time: *Breakfast* units initials
			Meal or time: *Lunch* units initials	Meal or time: *Lunch* units initials	Meal or time: *Lunch* units initials	Meal or time: *Lunch* units initials	Meal or time: *Lunch* units initials
			Meal or time: *Dinner* units initials	Meal or time: *Dinner* units initials	Meal or time: *Dinner* units initials	Meal or time: *Dinner* units initials	Meal or time: *Dinner* units initials
			Meal or time: *Pre-bed* units initials	Meal or time: *Pre-bed* units initials	Meal or time: *Pre-bed* units initials	Meal or time: *Pre-bed* units initials	Meal or time: *Pre-bed* units initials
			Meal or time: units initials	Meal or time: units initials	Meal or time: units initials	Meal or time: units initials	Meal or time: units initials

Diabetes Treatment Prior to Admission

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Pharmacy Review

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

v1 - 05/2015

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?

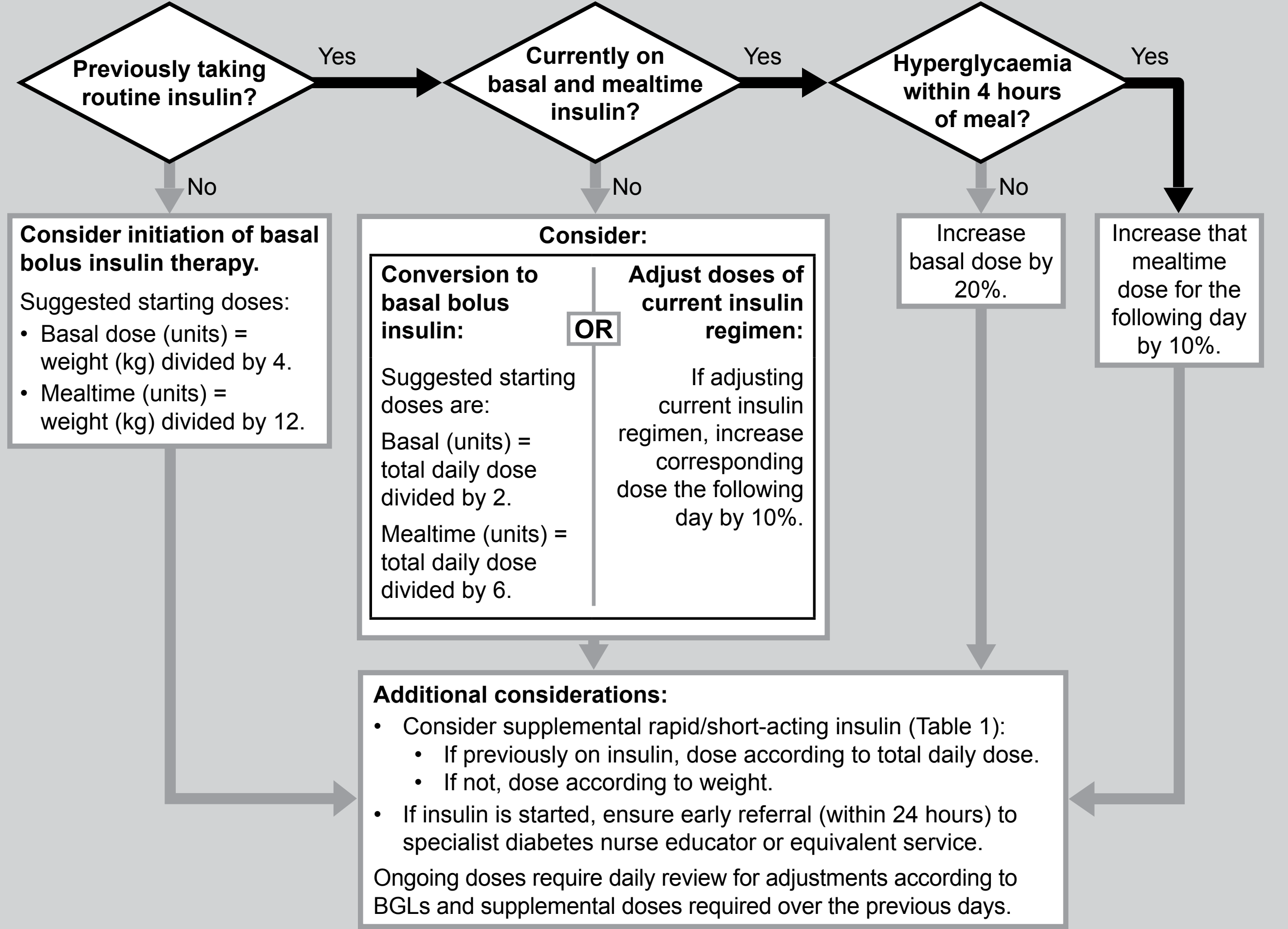
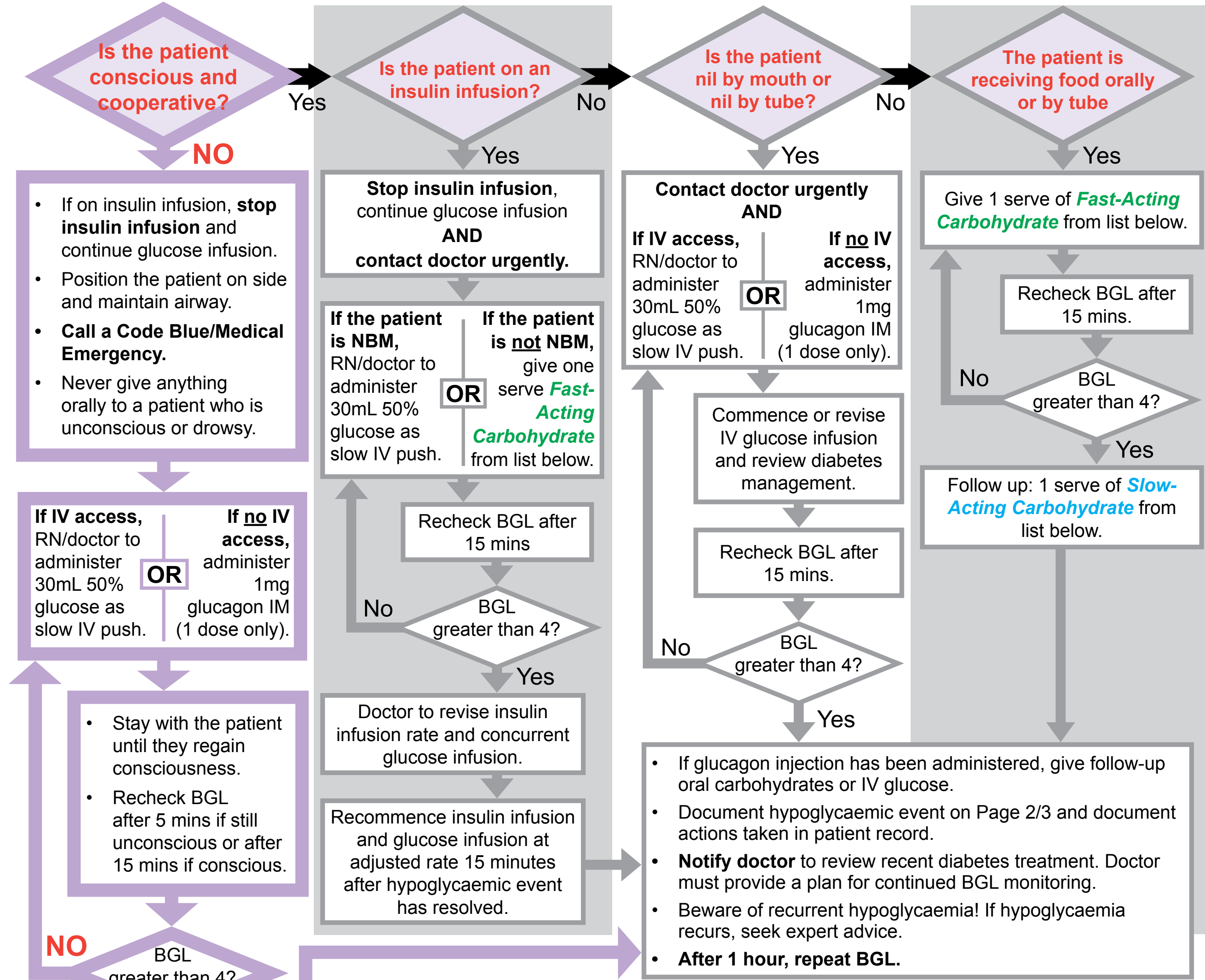


Table 1: Suggested initial stat and supplemental rapid/short-acting insulin doses

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

v1 - 05/2015

INSULIN **SUBCUTANEOUS** ORDER AND BGL RECORD - ADULT



	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	100mL Lucozade™ 1 serve Polyjoule™ as per directions 150mL lemonade or other softdrink (not diet) 10 Glucodin™ tablets 3 teaspoons/sachets sugar dissolved in 50mL water 7 small or 4 large glucose jellybeans 150mL orange juice 30mL cordial (not diet) mixed with 150mL water	250mL milk 1 tub (200g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece 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)*	100mL Lucozade™ 1 serve Polyjoule™ as per directions 150mL orange juice 30mL cordial (not diet) mixed with 150mL water	150mL enteral feed

Guidelines for Diabetes Treatment Review Following Treated Hypoglycaemia

Provide a plan for continued BGL monitoring.

1. Review diabetes management for causes of hypoglycaemia and correct avoidable causes.
   a. If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemia recurs.
   b. If the cause is not identified or cannot be corrected and:
      i. hypoglycaemia has occurred **within** 4 hours after mealtime insulin, reduce the dose of **that** mealtime insulin by 20% the following day.
      ii. hypoglycaemia has occurred **outside** 4 hours after mealtime insulin, reduce the basal insulin dose by 20%.
2. If the patient is on insulin and is:
   a. eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia.
   b. on reduced oral intake, consider reducing mealtime insulin dose(s).
3. **If the patient is on a sulphonylurea or other long-acting oral hypoglycaemic agent:**
   - **Obtain specialist advice on management** as hypoglycaemia can be recurrent or prolonged.
   - Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
   - Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after the last hypoglycaemic episode.
   - If hypoglycaemia recurs, commence IV glucose with titration rate to achieve BGL greater than 4 mmol/L.

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