NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	NOT A VALID
	PRESCRIPTION UNLESS
LOCATION / WARD	IDENTIFIERS PRESENT
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Insulin Subcutaneous Order and Blood Glucose Record - Adult

Guidelines for Managing Hyperglycaemia Alerts

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 oral hypoglycaemic agent
5. If not eating normally or markedly labile BGLs consider insulin infusion
6. Are alterations to insulin regimen or initiation of insulin required? Consider:
   a. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?
   b. What was the pre-morbid BGL control like? What is current HbA1c?
   c. Does the patient want long term insulin treatment? If so, what is their preferred regimen?
   d. Was *hyper*glycaemia secondary to treated *hypo*glycaemia?

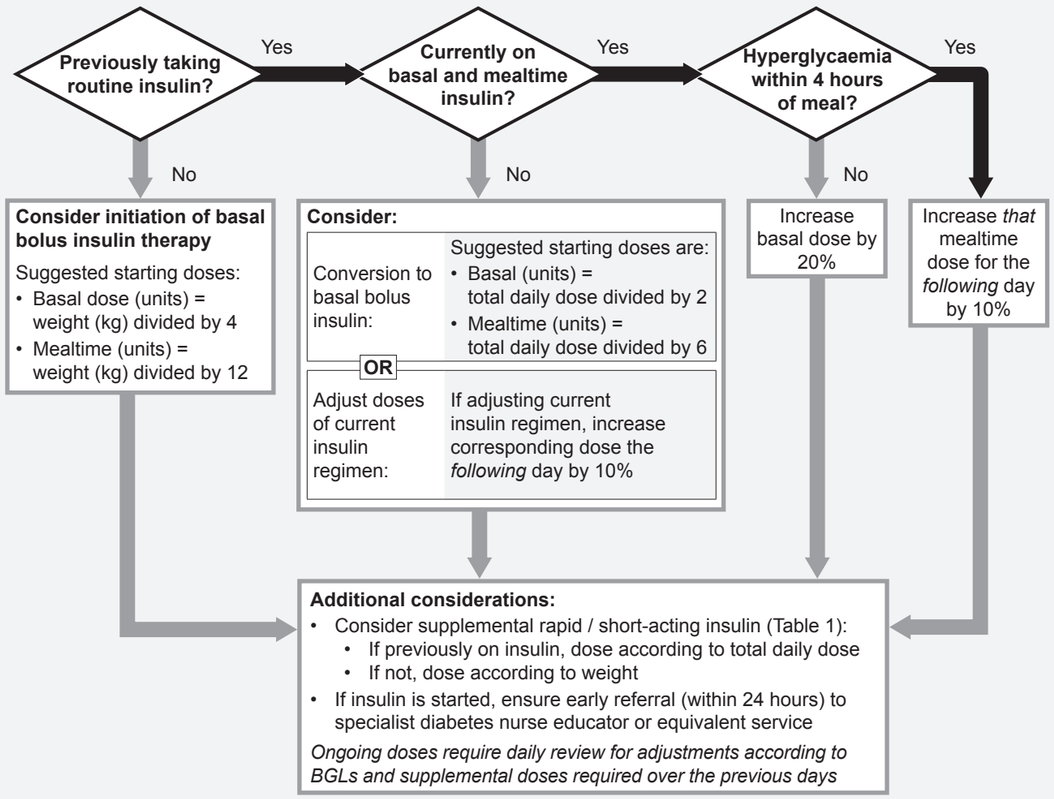
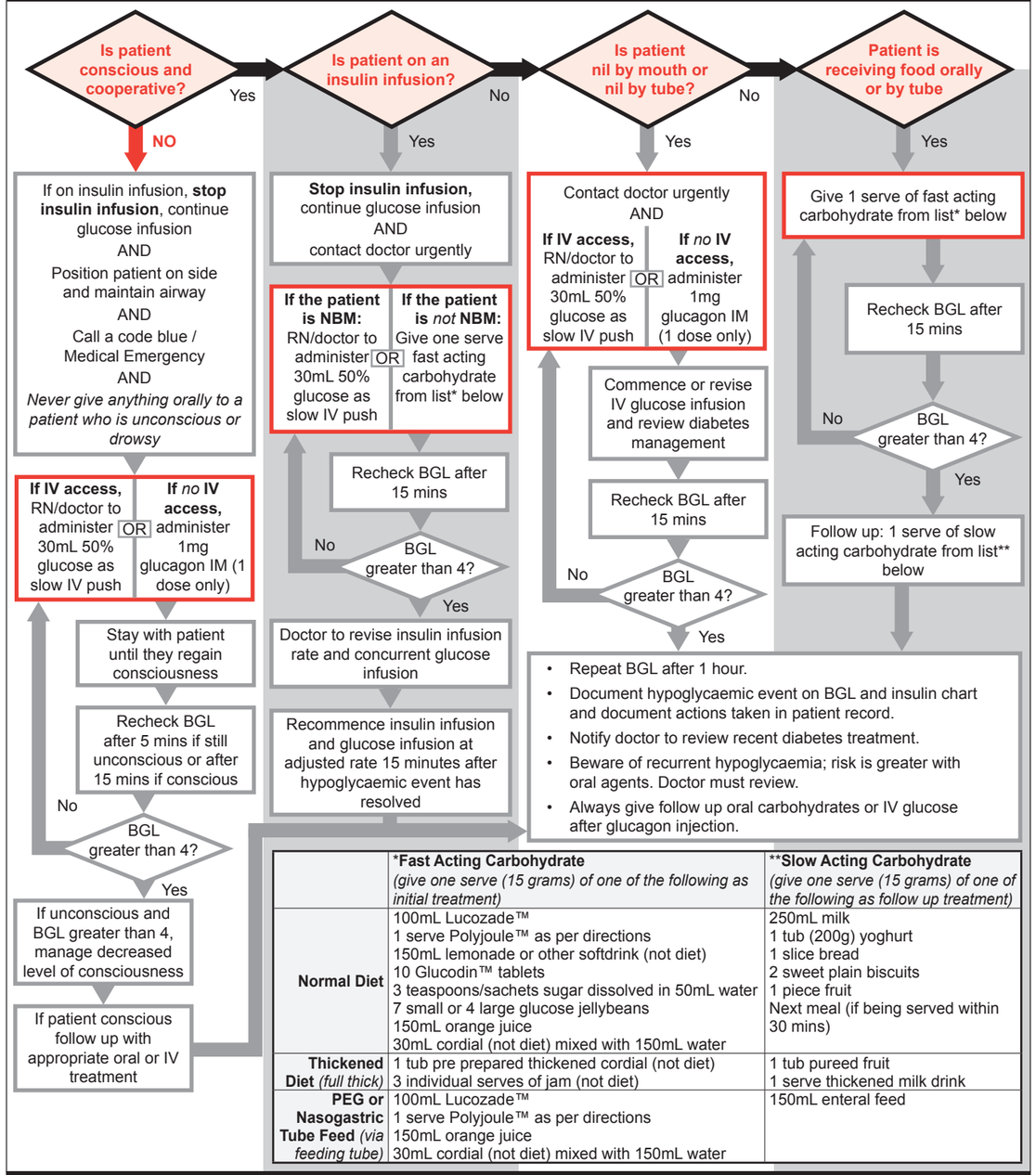


Table 1: Suggested initial stat and supplemental rapid / short-acting insulin doses

Previously on insulin: use previous total daily dose		Less than 26 units	26–50 units	51–100 units	More than 100 units
Not previously on insulin: use actual weight		Less than 50 kg	50.1–100 kg	100.1–150 kg	More than 150 kg
BGL mmol/L	8.1–12	1 unit	2 units	3 units	4 units
	12.1–16	2 units	4 units	6 units	8 units
	16.1–20	3 units	6 units	9 units	12 units
	More than 20	4 units	8 units	12 units	16 units

INSULIN SUBCUTANEOUS ORDER AND BGL RECORD - ADULT SMR000.000

Hypoglycaemia Management in Diabetes: BGL Less than 4mmol/L



	*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

Diabetes treatment review following treated hypoglycaemia

1. Assess patient – provide basic and advanced life support if required.
2. 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. If hypoglycaemia has occurred **outside** 4 hours after mealtime insulin reduce basal insulin dose by 20%.
3. If on insulin and eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia:
   a. If reduced oral intake consider reducing mealtime insulin dose(s).
4. **If on a sulphonylurea, obtain specialist advice on management** as hypoglycaemia can be recurrent or prolonged:
   a. Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after last hypoglycaemic episode.
   b. If recurrent hypoglycaemia, commence IV glucose titrating rate to BGL greater than 4 mmol/L.
   c. Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

BARCODE

NSW Health National Adult Insulin Subcut Order & BGL - 101212.indd 1
12/10/2012 2:13:00 PM

BARCODE

NSW GOVERNMENT Health

Facility:

Insulin Subcutaneous Order and Blood Glucose Record - Adult

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct:

Monitoring / Notification Instructions

BGL Frequency (tick all that apply)

- ☐ Standard (Pre-meals and at 21:00hrs)
- ☐ At 02:00am
- ☐ 2 hours post-meal
- ☐ Other: .....

If not instructed, default is "Standard"

Medical Officer to notify: Dr ..... or Ward doctor

Special Instructions:

.....

.....

.....

Nurses must write the dose given, time given and initials

If for any reason insulin cannot be administered as ordered, notify doctor, enter code Ⓦ for withheld and document in clinical record

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

Monitoring Record

Date																														
Change BGL to (tick all that apply)	☐ Standard ☐ 2hrs post-meal ☐ At 02:00am ☐ Other:						☐ Standard ☐ 2hrs post-meal ☐ At 02:00am ☐ Other:						☐ Standard ☐ 2hrs post-meal ☐ At 02:00am ☐ Other:						☐ Standard ☐ 2hrs post-meal ☐ At 02:00am ☐ Other:						☐ Standard ☐ 2hrs post-meal ☐ At 02:00am ☐ Other:					
Diet																														
Time																														
BGL (mmol/L) Write in corresponding range box																														**BGL** mmol/L
ALERTS Notify doctor immediately	Greater than 20																													Greater than 20
Notify if 2 consecutive BGLs greater than 16	16.1–20																													16.1–20
Notify if 3 consecutive BGLs greater than 12	12.1–16																													12.1–16
	8.1–12																													8.1–12
	4–8																													4–8
Treat hypoglycaemia and notify doctor immediately	Less than 4																													Less than 4
Refer to Hypoglycaemia Management (page 4)	Ketones																													
	Hypo intervention																													
	Doctor notified																													

Administration Record

Name of routine insulin:	units																													
Name of routine insulin:	units																													
Name of routine insulin:	units																													
Name of supplemental insulin:	units																													
Time given																														
Nurse 1 / 2 initials																														
Comments																														

Routine Insulin Orders — must be ordered for each day

Contact doctor if expected dose not ordered.
Mealtime insulin is given at start of meal.

		Date:	/	/	/	/	/
Meal / time:	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials
Meal / time: ***Breakfast***	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials
Meal / time: ***Lunch***	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials
Meal / time: ***Dinner***	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials
Meal / time: ***Pre-Bed***	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials
Meal / time:	Name of insulin:		units	units	units	units	units
Prescriber Signature:	Print your name:		initials	initials	initials	initials	initials

Supplemental Insulin Orders — valid until changed or ceased

Sliding scale insulin alone is **NOT** recommended, consider basal insulin needs.
Remember: Adjust routine insulin based on supplemental insulin requirements.
If unsure, seek advice.

Frequency:

- ☐ With meals **only**
- ☐ 6 hourly
- ☐ Other (specify): .....

Name of insulin: Usually the same as the routine short acting insulin

It is **NOT** necessary to prescribe supplemental insulin for all patients.

If the BGL (mmol/L) is:			Start date:	/	/	/	/	/
			Start time:	:	:	:	:	:
8.1 – 12	or		units	units	units	units	units	units
12.1 – 16	or	**then administer additional:**	units	units	units	units	units	units
16.1 – 20	or		units	units	units	units	units	units
Greater than 20 (and notify Dr)	or		units	units	units	units	units	units
Prescriber Signature:		Print your name:	initials	initials	initials	initials	initials	initials

Stat / Phone Insulin Orders — also complete Administration Record above

Check with doctor if order replaces, or is in addition to, other insulin orders.

Date prescribed	Name of insulin	Units	Date / time of dose	Prescriber Signature	Prescriber Print your name	Phone Order Nurse 1 / 2
		units				
		units				
		units				
		units				
		units				
		units				
		units				

Diabetes treatment prior to admission

Pharmacy Review

Date: / / / / / / /

initials initials initials initials initials

101212

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING