(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

**First Prescriber to Print Patient Name and Check Label Correct:**

.....

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

Facility: .....

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

## 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## 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:**

.....

.....

.....

## Administration Record

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 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 | 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 | units | units | units | units | units |
| Time given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse 1 / 2 initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

## 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 |
| 12.1 – 16 | or ..... | **then administer additional:** | units | units | units | units | units |
| 16.1 – 20 | or ..... | | units | units | units | units | units |
| Greater than 20 (and notify Dr) | or ..... | | units | units | units | units | units |
| Prescriber Signature: | | Print your name: | 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

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

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Sex: ☐ M ☐ F ☐ I

## 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?

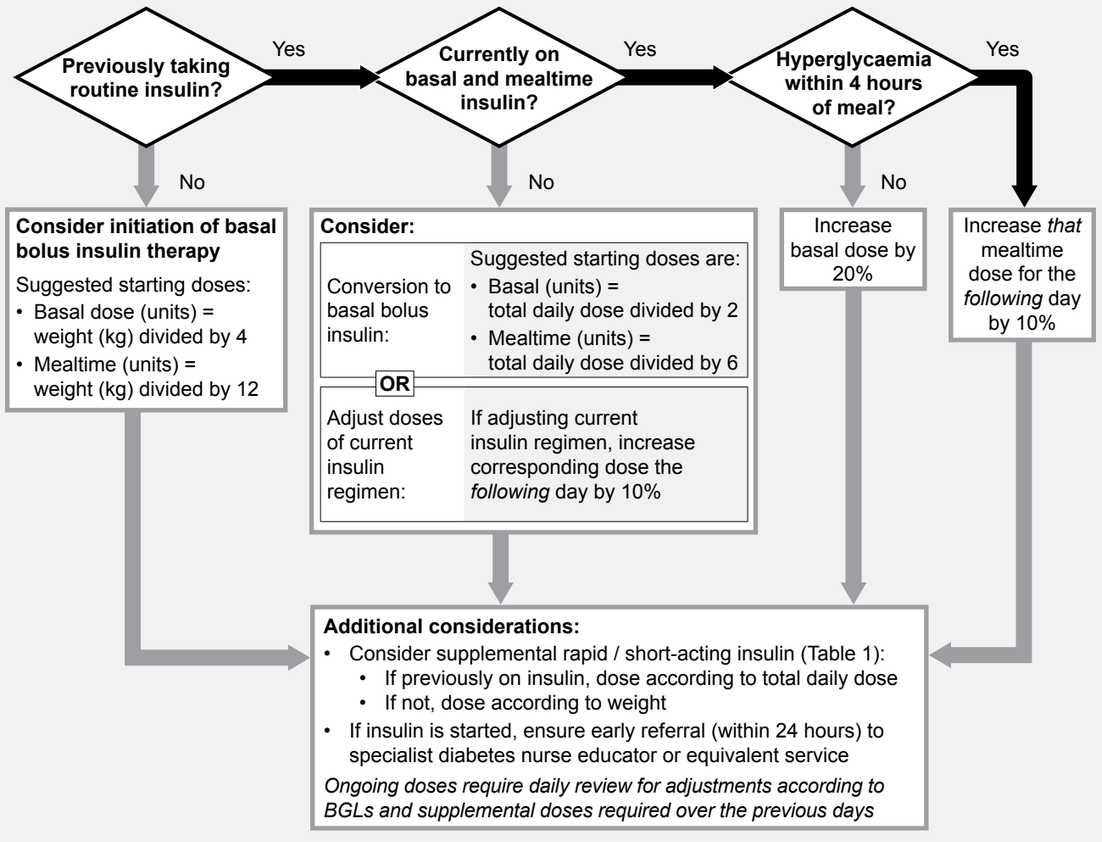


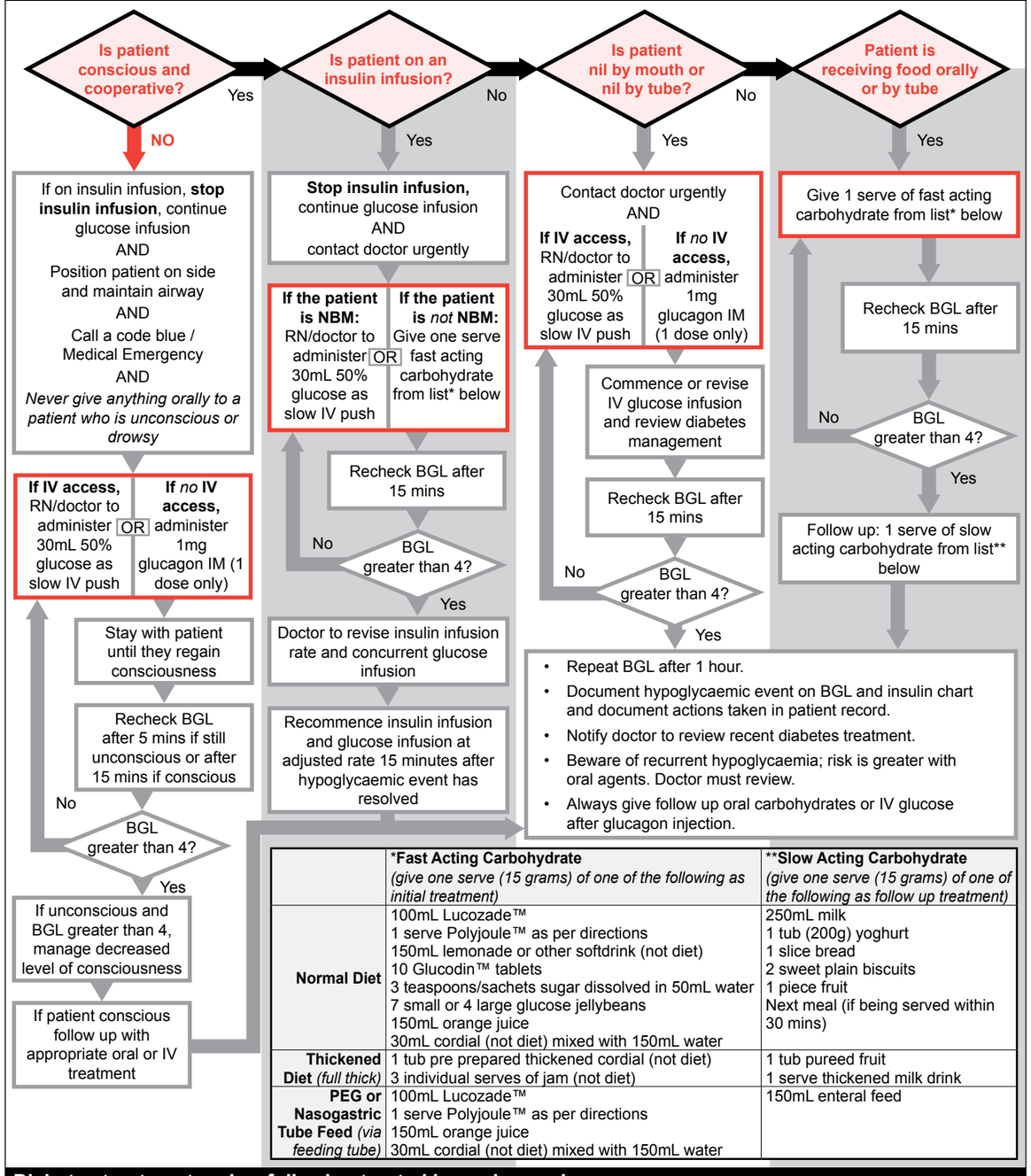

**Table 1: Suggested initial stat and supplemental rapid / short-acting insulin doses**

| | | | | | |
|---|---|---|---|---|---|
| *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 |





## 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™<br>1 serve Polyjoule™ as per directions<br>150mL lemonade or other softdrink (not diet)<br>10 Glucodin™ tablets<br>3 teaspoons/sachets sugar dissolved in 50mL water<br>7 small or 4 large glucose jellybeans<br>150mL orange juice<br>30mL cordial (not diet) mixed with 150mL water | 250mL milk<br>1 tub (200g) yoghurt<br>1 slice bread<br>2 sweet plain biscuits<br>1 piece fruit<br>Next meal (if being served within 30 mins) |
| **Thickened Diet** *(full thick)* | 1 tub pre prepared thickened cordial (not diet)<br>3 individual serves of jam (not diet) | 1 tub pureed fruit<br>1 serve thickened milk drink |
| **PEG or Nasogastric Tube Feed** *(via feeding tube)* | 100mL Lucozade™<br>1 serve Polyjoule™ as per directions<br>150mL orange juice<br>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.