Insulin Subcutaneous Order and Blood Glucose Record - Adult

**Monitoring Record**

<table>
<thead>
<tr>
<th>Date</th>
<th>Change BGL to (tick all that apply)</th>
<th>BGL (mmol/L)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 hrs post-meal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At 02:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At 02:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alerts**

- Notify doctor immediately Greater than 20
- Notify if 2 consecutive BGLs greater than 16
- Notify if 3 consecutive BGLs greater than 12
- Notify if 4 consecutive BGLs greater than 8
- Notify if 5 consecutive BGLs greater than 6

**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 nil instructed, default is "Standard"

**Medical Officer to notify:**

- Dr
- Other (specify)

**Special Instructions:**

- Hypoglycaemia and notify doctor immediately Less than 4
- Refer to Hypoglycaemia Management (page 4)
- Ketones
- Hypo intervention
- Doctor notified

**Administration Record**

- Name of routine insulin:
- Name of supplement insulin:
- Time given:
- Nurse 1 / 2 initials:

**Blood Glucose Record - Adult**

<table>
<thead>
<tr>
<th>Time</th>
<th>(specify)</th>
<th>02:00am</th>
<th>2hrs post-meal</th>
<th>Other</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>20/01</td>
<td>20/01</td>
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</table>

**Routine Insulin Orders**

- Prescriber Signature: Print your name:
- Prescriber Signature: Print your name:
- Prescriber Signature: Print your name:
- Prescriber Signature: Print your name:

**Supplemental Insulin Orders**

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

**Stat / Phone Insulin Orders**

- Prescriber Signature: Print your name:
- Prescriber Signature: Print your name:

**Diabetes treatment prior to admission**

- Pharmacy Review Date: / / / / /
Hyperglycaemia

Previously on insulin:

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

<table>
<thead>
<tr>
<th>Previously on insulin: use actual weight</th>
<th>Less than 26 units</th>
<th>26–50 units</th>
<th>51–100 units</th>
<th>More than 100 units</th>
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<tbody>
<tr>
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<td>Less than 50 kg</td>
<td>50.1–100 kg</td>
<td>100.1–150 kg</td>
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<tr>
<td>BGL (mmol/L)</td>
<td>3 units</td>
<td>4 units</td>
<td>5 units</td>
<td>6 units</td>
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<td>8.1–12.0</td>
<td>1 unit</td>
<td>2 units</td>
<td>3 units</td>
<td>4 units</td>
</tr>
<tr>
<td>12.1–16</td>
<td>2 units</td>
<td>4 units</td>
<td>5 units</td>
<td>6 units</td>
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<tr>
<td>16.1–20</td>
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<td>6 units</td>
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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 hyperglycaemia secondary to treated glycaemia?

Consider initiation of basal bolus insulin therapy

Suggested starting doses:
- Basal dose (units) = total daily dose divided by 2
- Mealtime (units) = total daily dose divided by 6

Adjust doses if adjusting current dose of current insulin regimen, increase insulin corresponding dose of regimen: following day by 10% if reducing or by 20% if increasing

Consider:
- Suggested starting doses:
  - Basal (units) = total daily dose divided by 2
  - Mealtime (units) = total daily dose divided by 6

Additional considerations:
- Consider supplemental rapid / short-acting insulin (Table 1):
  - If previously on insulin, dose according to total daily dose
  - If not, dose according to weight
  - If insulin is started, ensure early referral (within 24 hours) to specialist diabetes nurse educator or equivalent service

Ongoing doses require daily review for adjustments according to BGLs and supplemental doses required over the previous days

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

Assess

Is patient conscious and cooperative?
- Yes
- No

Is patient on an insulin infusion?
- Yes
- No

Stop insulin infusion, continue glucose infusion and contact doctor urgently

If patient is not NBM: RN/dio to administer 30mL, 50% glucose as slow IV push

If IV access:
- RN/dio to administer 1mg glucagon IM (1 dose only)
- Recheck BGL after 15 mins

Comence IV glucose infusion and review diabetes management

If IV access, RN/dio to administer 1mg glucagon IM (1 dose only)

Recheck BGL after 15 mins

Give 1 serve of fast acting carbohydrate from list below

Follow up: 1 serve of slow acting carbohydrate from list below

DO NOT WRITE IN THIS BINDING MARGIN