

SIR CHARLES GAIRDNER HOSPITAL

INSULIN SUBCUTANEOUS ORDER AND BLOOD GLUCOSE RECORD – ADULT

URN: _____

Surname: _____

Forename: _____

Gender: _____

DOB: _____

Guidelines for Managing Hyperglycaemia Alerts

- Assess**
- Hydration and dietary status: is hyperglycaemia easily explained by dietary indiscretion?
 - Ketones: if ketone test is positive consider diabetic ketoacidosis (DKA). Seek expert advice
 - Concurrent medications: if on oral corticosteroids or Total Parenteral Nutrition (TPN) seek expert advice
 - Missed doses of insulin or oral hypoglycaemic agent
 - If not eating normally or markedly labile BGLs consider insulin infusion
 - Are alterations to insulin regimen or initiation of insulin required? Consider:
 - Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?
 - What was the pre-morbid BGL control like? What is current HbA1c?
 - Does the patient want long term insulin treatment? If so, what is their preferred regimen?
 - Was hyperglycaemia secondary to treated hypoglycaemia?

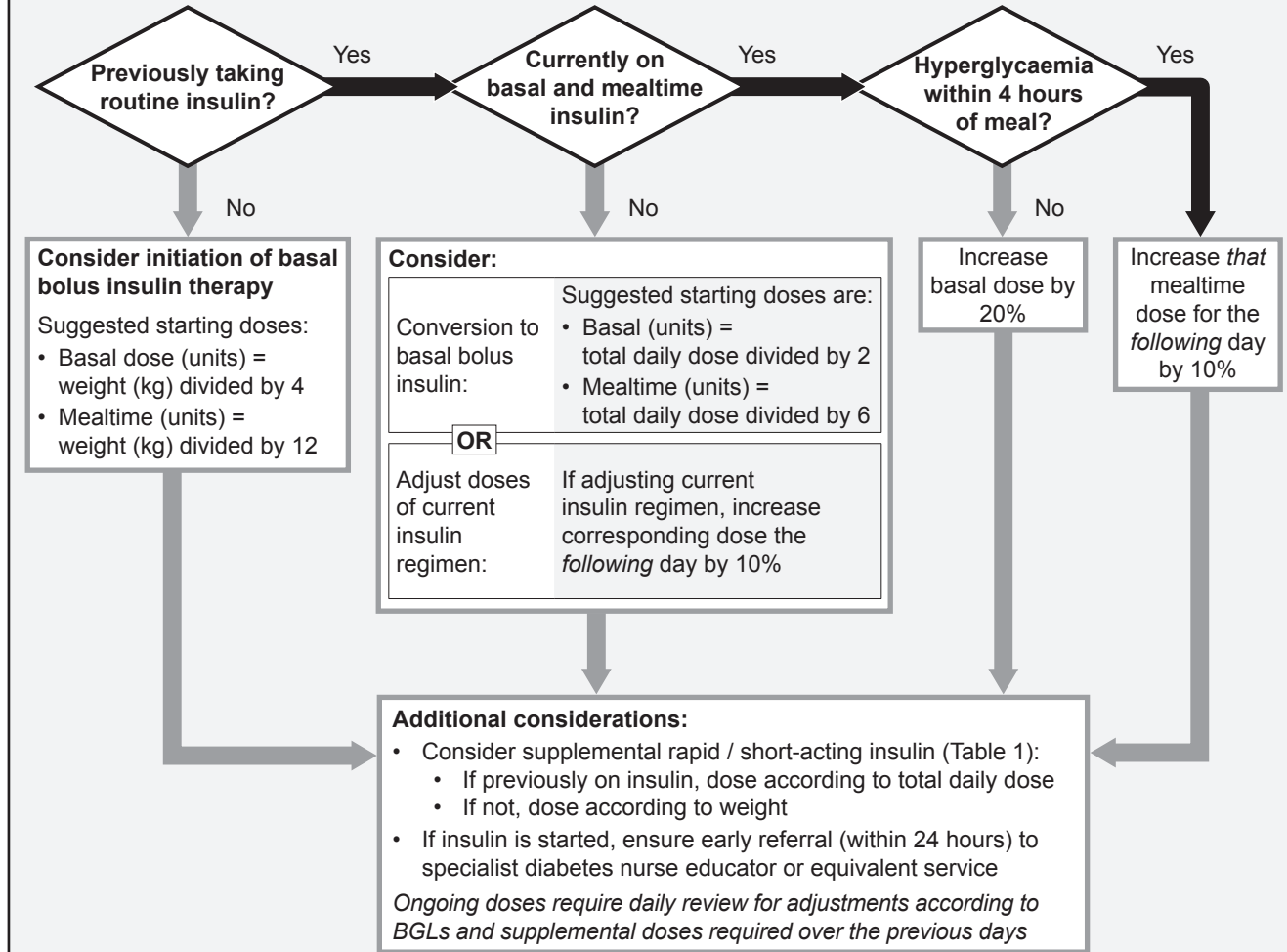
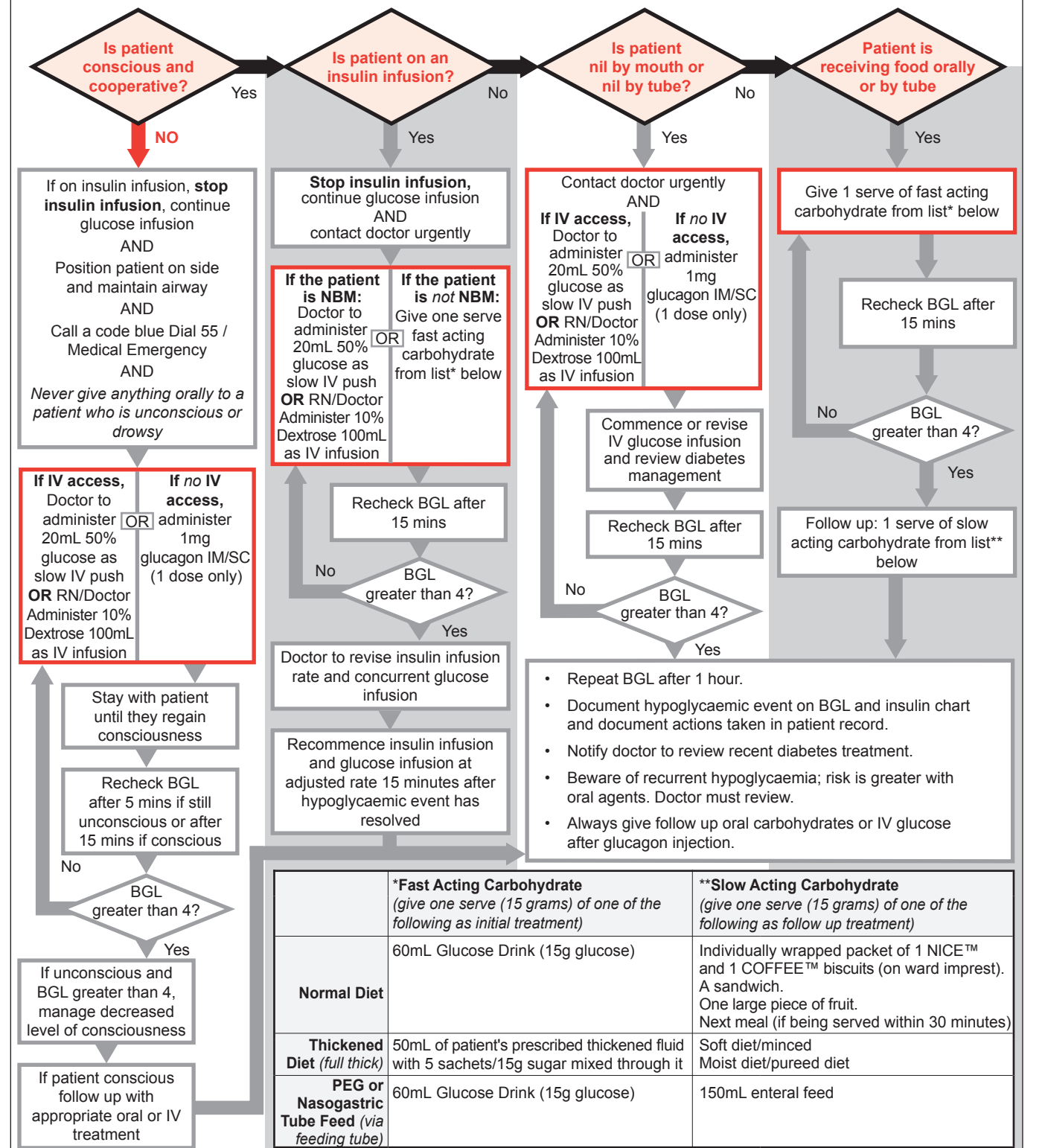


Table 1: Suggested initial stat and supplemental rapid / short-acting insulin doses

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

M518 INSULIN SUBCUTANEOUS ORDER AND BLOOD GLUCOSE RECORD – ADULT

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



Diabetes treatment review following treated hypoglycaemia

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

DO NOT WRITE IN MARGIN

Insulin Subcutaneous Order and Blood Glucose Record – Adult

Ward / Unit:

Year: 20.....

Surname: _____ URN: _____
 Forename: _____
 Gender: _____ DOB: _____

Monitoring Record

Date	Change BGL to (tick all that apply)	Diet	Time
	<input type="checkbox"/> Standard <input type="checkbox"/> 2hrs post-meal <input type="checkbox"/> At 02:00am <input type="checkbox"/> Other:		

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:

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

Hypoglycaemia intervention
 Refer to Hypoglycaemia Management (page 4)

Ketones

Doctor notified
 (Tick box if notified)

Administration Record

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

Doctor or Nurse to write in "Order" AND "Administration Record" sections. Nurses must write the dose given, time given and initials.

If for any reason insulin cannot be administered as ordered, notify doctor, enter code (W) 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

valid until changed or ceased – daily review recommended

Contact doctor if expected dose not ordered. Date: / / / / /

Mealtime insulin is given at start of meal.

Meal / time:	Name of insulin:	units	units	units	units	units

Prescriber Signature: _____ Print your name: _____

Breakfast

Meal / time:	Name of insulin:	units	units	units	units	units

Prescriber Signature: _____ Print your name: _____

Lunch

Meal / time:	Name of insulin:	units	units	units	units	units

Prescriber Signature: _____ Print your name: _____

Dinner

Meal / time:	Name of insulin:	units	units	units	units	units

Prescriber Signature: _____ Print your name: _____

Pre-Bed

Meal / time:	Name of insulin:	units	units	units	units	units

Prescriber Signature: _____ Print your name: _____

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.**

THIS SHOULD NOT BE A ROUTINE PRESCRIPTION

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:

8.1 – 12	or	.....	then administer additional:	units	units	units	units	units
12.1 – 16	or	.....		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

Start date: / / / / /
 Start time: : : : : :

Prescriber Signature: _____ Print your name: _____

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	Print your name	Phone Order Nurse 1 / 2
		units				
		units				
		units				
		units				
		units				

Diabetes treatment prior to admission

Pharmacy Review Date: / / / / /

initials initials initials initials initials

Print Prescriber Name:	Print Prescriber Name:	Print Prescriber Name:	Print Prescriber Name:	Print Prescriber Name:
Prescriber Initial:	Prescriber Initial:	Prescriber Initial:	Prescriber Initial:	Prescriber Initial:

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