

Patient Name	Hospital Number
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- Never use abbreviations e.g. 'U' or 'IU'. Include administration method (e.g. Flexpen, Solostar, cartridges, vials) in special instructions. To change the dose, cross through & rewrite all daily doses. IV Insulin should be prescribed on the separate IV Insulin medication order and administration chart.
- Patients self-administering insulins should be assessed daily and this should be documented on page 2.
- ALWAYS** use FULL correct name and proprietary name of the insulin.
- ALWAYS** give rapid acting analogues (Humalog, Apidra, Novorapid), short acting human insulin (Humulin S, Human Actrapid), and human biphasic (Humulin M3) and analogue biphasic (Novomix 30, Humalog Mix 25 or Humalog Mix 50) with meals.
- ALWAYS** give Insulin Glargine (Lantus) & Insulin Detemir (Levemir) or other BASAL insulin at the same time each day, irrespective of meals and even if the patient is receiving intravenous insulin.
- For further advice contact the diabetes team.

Once Only Subcutaneous Insulin Prescriptions

Date	Time to be given	Insulin (approved name)	Route	Dose	Prescriber's signature	Date given	Given by	Time given	Pharm

Regular Subcutaneous Insulin Prescriptions

Regular Subcutaneous Insulin Prescriptions					Month	Year		
Date	Date	Date	Date	Date	Insulin (approved name)	Supply	For TTA	GP to review
Route S/C	Route S/C	Route S/C	Route S/C	Route S/C				
Start Dose	1st change	2nd change	3rd change	4th change	Date			
Units	Units	Units	Units	Units	Breakfast			
Units	Units	Units	Units	Units	Lunch			
Units	Units	Units	Units	Units	Evening Meal			
Units	Units	Units	Units	Units	Bedtime			
Sign	Sign	Sign	Sign	Sign	Special Instructions			

Date	Date	Date	Date	Date	Insulin (approved name)	Supply	For TTA	GP to review
Route S/C	Route S/C	Route S/C	Route S/C	Route S/C				
Start Dose	1st change	2nd change	3rd change	4th change	Date			
Units	Units	Units	Units	Units	Breakfast			
Units	Units	Units	Units	Units	Lunch			
Units	Units	Units	Units	Units	Evening Meal			
Units	Units	Units	Units	Units	Bedtime			
Sign	Sign	Sign	Sign	Sign	Special Instructions			

Date	Date	Date	Date	Date	Insulin (approved name)	Supply	For TTA	GP to review
Route S/C	Route S/C	Route S/C	Route S/C	Route S/C				
Start Dose	1st change	2nd change	3rd change	4th change	Date			
Units	Units	Units	Units	Units	Breakfast			
Units	Units	Units	Units	Units	Lunch			
Units	Units	Units	Units	Units	Evening Meal			
Units	Units	Units	Units	Units	Bedtime			
Sign	Sign	Sign	Sign	Sign	Special Instructions			

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NB: An antimicrobial prescription must contain a duration or review date [in special instructions], and indication
When a chart is rewritten the original date of starting treatment must be noted

Enter dose against time required. Use one route only for each entry			Regular Medicines	Month	Year	Planning					
Date	Time (if required) ↓	Dose	Dose Change	Medicine (approved name)	Start Date	Duration (days)	Indication	Prescriber sign (original)	bleep	Phar	Special instructions
Morning											
Midday											For TTA
Evening											GP to review
Bedtime											Supply

Reasons for not Administering:
 Apart from 'prescriber request' and 'self administered' - reason and action taken must be documented on page 2
 X Prescriber request S Self-administered 1 Refused 2 NBM / vomiting TTA sign
 3 Withheld 4 Med unavailable 5 Patient absent 6 Unable / no access TTA Date

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NB: All Intravenous Medicines should be reviewed after 48 hours and as condition changes
Units, micrograms and nanograms must be written in full

Enter dose against time required. Use one route only for each entry			Regular Medicines	Month	Year	Planning
Date	Route	Time (if required) ↓	Medicine (approved name)	Start Date	Prescriber sign (original)	Phar
				Duration (days)	bleep	
				Indication	Prescriber sign (change)	Phar
					bleep	
Morning						
Midday						
Evening						
Bedtime						
						For TTA
						GP to review
						Supply

Date	Route	Time (if required) ↓	Medicine (approved name)	Start Date	Prescriber sign (original)	Phar
				Duration (days)	bleep	
				Indication	Prescriber sign (change)	Phar
					bleep	
Morning						
Midday						
Evening						
Bedtime						
						For TTA
						GP to review
						Supply

Date	Route	Time (if required) ↓	Medicine (approved name)	Start Date	Prescriber sign (original)	Phar
				Duration (days)	bleep	
				Indication	Prescriber sign (change)	Phar
					bleep	
Morning						
Midday						
Evening						
Bedtime						
						For TTA
						GP to review
						Supply

Date	Route	Time (if required) ↓	Medicine (approved name)	Start Date	Prescriber sign (original)	Phar
				Duration (days)	bleep	
				Indication	Prescriber sign (change)	Phar
					bleep	
Morning						
Midday						
Evening						
Bedtime						
						For TTA
						GP to review
						Supply

Pharmacy Supply Codes: S Stock CD Controlled drug POD Patient's own drug
 NFD Non-formulary Drug N New medicine this admission F Store in fridge C Continued home therapy

The 'Phar' box indicates that the medicine has been screened by a pharmacist on the date entered.

TTA sign
TTA Date

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This section is intended for prescribing medicines that could change as a consequence of monitoring parameters such as serum levels, dose changes or titrations and include:

1. Vancomycin and gentamicin
2. Coumarin anticoagulants i.e. warfarin, phenindione, acenocoumarol
3. Unfractionated heparin
4. Reducing doses of steroids

Complex and Variable Dose Medicines							
Medicine (approved name)	Date	Time	Observation / level	Dose	Prescriber's Signature	Given by	Time given
Dose and instructions (specify monitoring variables, frequency or any protocol)							
Indication	Target observation / level						
Route	Target range						
Duration (days)							
Prescriber's signature							
Date	Pharmacist						
For TTA	Supply						
GP to review							

Medicine (approved name)	Date	Time	Observation / level	Dose	Prescriber's Signature	Given by	Time given
Dose and instructions (specify monitoring variables, frequency or any protocol)							
Indication	Target observation / level						
Route	Target range						
Duration (days)							
Prescriber's signature							
Date	Pharmacist						
For TTA	Supply						
GP to review							

