

ADULT INSULIN PRESCRIPTION AND BLOOD GLUCOSE MONITORING CHART

Ward	CONSULTANT	DATE OF ADMISSION	Please affix Patient's label here
Ward	/.....year	PATIENT NAME.....
Ward			DATE OF BIRTH.....
			NHS NUMBER.....
DRUG ALLERGY or ADVERSE EFFECT Medicine/Other			HOSPITAL NUMBER K.....
If none known tick box <input type="checkbox"/> Effect			Do not use this chart for patients who have diabetic ketoacidosis (DKA), or for maternity patients- separate charts available If self-administering ensure assessment sheet is completed
Signature..... Date..... This section must be completed and signed by a prescriber or Pharmacist before a drug is given			

ONCE ONLY PRESCRIPTIONS OF INSULIN

Date	Time	Insulin type	Dose	Route	Prescriber's signature	Print name	Given by	Time given
			units	SC				
			units	SC				
			units	SC				
			units	SC				

ONCE ONLY PRESCRIPTION OF GLUCAGON (Prescribed by Dr)

Date	Time	Medicine	Dose	Route	Prescriber's signature	Print name	Given by	Time given
		Glucagon	1mg	IM				

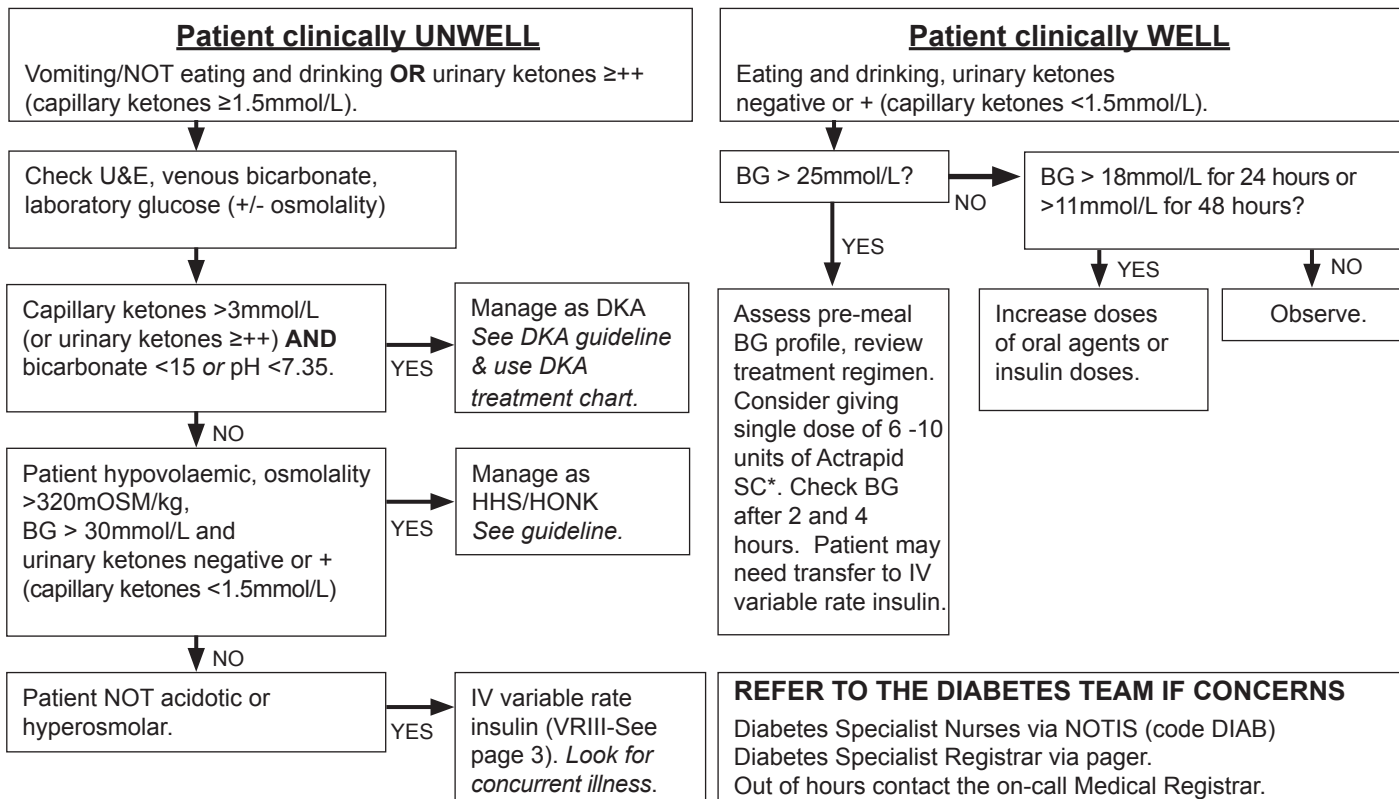
ONCE ONLY GLUCAGON and Fast Acting Glucose gel (PGD)

For nurse administration under Patient Group Direction (Trust wide PGD in place)

			Date administered	Time administered	Nurse signature	Nurse name
Glucagon	1mg IM injection	According to PGD instructions				
Glucose gel (Glucogel/Dextrogl)	2 tubes of 25g orally	According to PGD instructions				

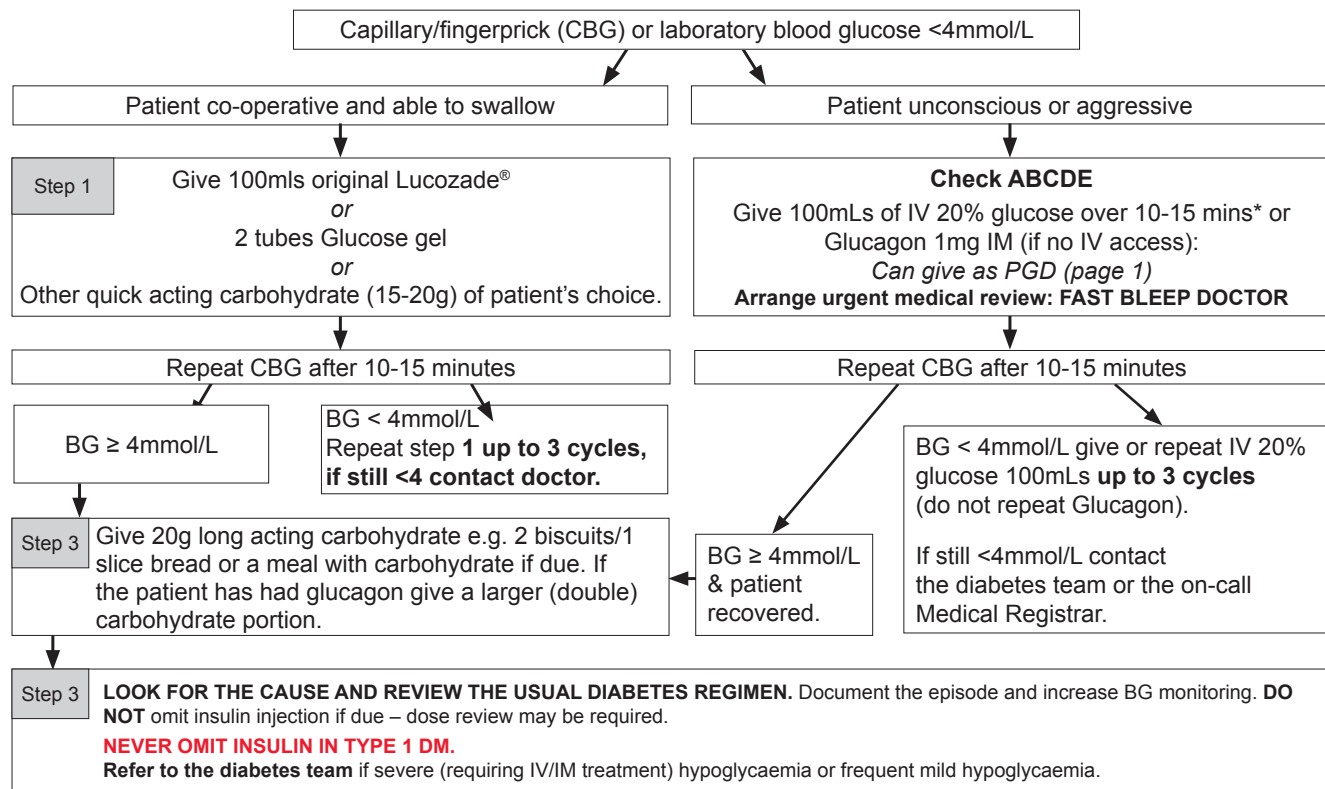
MANAGEMENT OF HYPERGLYCAEMIA (HIGH BG LEVELS) IN PATIENTS WITH DIABETES

- Pre-meal Blood Glucose (BG) > 11mmol/L – review the patient, their BG monitoring record and increase BG monitoring.
- Look for the cause; consider concurrent illness, missed/incorrect dose of oral hypoglycaemic agents or insulin.
- Check for ketones (capillary or urine) in unwell Type 1 DM patient or if BG > 18mmol/L or meter prompts.



**Only use PRN doses of insulin to reduce high BG if you also review the usual diabetes treatment regimen. The patient's usual fast acting insulin (Novorapid, Humalog or Apidra) can be used as an alternative to Actrapid. A minimum of 4 hours should be left before repeating a dose of Actrapid.*

MANAGEMENT OF HYPOGLYCAEMIA IN PATIENTS WITH DIABETES



**Administer via a volumetric pump if available.*

INTRAVENOUS INSULIN SLIDING SCALE PRESCRIPTION VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII)

Using an insulin syringe draw up 50 units human *soluble* (ACTRAPID®) insulin and add to 49.5mL of 0.9% sodium chloride to give a 1 unit/mL solution or use a prefilled syringe 50 units in 50mL where available. Use a syringe pump to administer.

If patient normally takes long acting Insulin (Lantus®/insulin glargine, Levemir®/insulin detemir, Insulatard®/isophane insulin, Humulin I®/isophane insulin) it should be continued at the usual dose and time(s).

PRESCRIBE EVEN IF THE PATIENT IS NOT EATING OR DRINKING.

Physician: sign the sliding scale required. Scale 2 is the most commonly used. If anything needs to be altered, cross out all of that scale and sign for the appropriate scale.

Average daily insulin requirements are 0.5-1 unit per kg	Capillary Blood Glucose (CBG)	Scale units/hr	Scale 2 units/hr	Scale 3 units/hr	Scale 4 units/hr
Insulin requirements may increase with Concurrent illness		Use if daily insulin requirements <30 units	Use if daily insulin requirements 30-60 units	Use if daily insulin requirements >60 units	
	<3.9	0.25	0.5	0.5	
Use scale 2 in type 2 diabetes unless BMI > 35kg/m ² or severe illness when scale 3 advised	4-6.9	0.5	1	2	
	7-9.9	1	2	3	
	10-14.9	2	3	4	
	15-19.9	3	4	5	
	>20	4	5	6	
Check glucose every* hrs					
Date					
Signature					

*Hourly monitoring is recommended in unstable patients. This may be reduced to every 2-4 hours when patients are under stable control. Once patient is eating and drinking switch to regular SC insulin.

SUPPLEMENTARY FLUIDS WHILST ON VRIII

Patients must never receive VRIII without an appropriate substrate-see below

All patients with K < 4.9, including eGFR 15-30mL/min	Use 5% Glucose with 40mmol KCl in 1000mL at 100mL/hour. If the patient needs restricted fluids use 10% Glucose with 20mmol KCl in 500mL at 50mL/hour – obtain from pharmacy. Consider use of enteral or parenteral nutrition
Hyperkalaemia K > 5.0 OR has End Stage Renal failure OR eGFR < 15mL/min OR on dialysis	Use 10% Glucose 500mLs at 50mL/hour Do not use 5% Glucose. Do not use Compound Sodium Lactate (Hartmann's). Do not give additional potassium.

INSULIN INFUSION RECORD

Nursing staff must keep this record

Insulin Batch Number	Saline Batch Number	Date	Time Infusion started	Started by	Checked by	Time infusion stopped

STOPPING IV INSULIN: INTRAVENOUS INSULIN SHOULD BE STOPPED 1 HOUR AFTER SUBCUTANEOUS DOSE OF INSULIN HAS BEEN GIVEN.

REGULAR SUBCUTANEOUS INSULIN PRESCRIPTION

to do so. Circle patient's usual needle size: 4mm/ 5mm/ 6mm/ 7mm/ 8mm/ other _____ mm

All insulin administration must be second checked. This may be the patient if competent
Insulin must not be stopped or omitted in patients with type 1 DM

TIMES	Insulin name and device type (circle below) Pen cartridge/disposable pen/vial		To make a change, cross through previous doses. A dose range may be prescribed for pre-meal doses if necessary					Administration If patient second checks administration, record as "patient" If patient is self-administering, document with relevant administration code, and countersign your initials															
			Dose 1	Change 1 & Date	Change 2 & Date	Change 3 & Date	Change 4 & Date	Date	Selfadmin level														
Breakfast	TYPE		Units	Units	Units	Units	Units	Dose given	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
								Time given															
	SIGN	Date	Pharm	Presc. sig	Presc. sig	Presc. sig	Presc. sig	Sign 1															
								Sign 2															
Lunch	TYPE		Units	Units	Units	Units	Units	Dose given	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
								Time given															
	SIGN	Date	Pharm	Presc. sig	Presc. sig	Presc. sig	Presc. sig	Sign 1															
								Sign 2															
Evening Meal	TYPE		Units	Units	Units	Units	Units	Dose given	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
								Time given															
	SIGN	Date	Pharm	Presc. sig	Presc. sig	Presc. sig	Presc. sig	Sign 1															
								Sign 2															
Bedtime	TYPE		Units	Units	Units	Units	Units	Dose given	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
								Time given															
	SIGN	Date	Pharm	Presc. sig	Presc. sig	Presc. sig	Presc. sig	Sign 1															
								Sign 2															

BLOOD GLUCOSE MONITORING CHART (for patients not on intravenous insulin)

Normal range 4.0-7.0mmol/L. Acceptable range whilst in hospital is 4.0-11.0mmol/L, excluding pregnancy. If patient is unwell or has ketones seek advice. Initial monitoring should be before meals and before bed. Review according to clinical condition. **All insulin must be administered by an approved insulin pen device or by an insulin syringe.**

Initial and date for monitoring	Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones	Blood glucose	Blood/urine ketones		
Before breakfast																																
	Time																															
	Sign																															
Before Lunch																																
	Time																															
	Sign																															
Before evening meal																																
	Time																															
	Sign																															
Before Bed																																
	Time																															
	Sign																															
Additional monitoring: Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
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