(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

First Prescriber to Print Patient Name and Check Label Correct:

.....

Queensland Government

Insulin **Subcutaneous** Order and Blood Glucose Record – Adult

Facility: .....

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

Monitoring and Administration Record

	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY
Date					
Change BGL to	☐ Standard ☐ 2 hrs post-meal ☐ At 02:00 hrs ☐ Other:	☐ Standard ☐ 2 hrs post-meal ☐ At 02:00 hrs ☐ Other:	☐ Standard ☐ 2 hrs post-meal ☐ At 02:00 hrs ☐ Other:	☐ Standard ☐ 2 hrs post-meal ☐ At 02:00 hrs ☐ Other:	☐ Standard ☐ 2 hrs post-meal ☐ At 02:00 hrs ☐ Other: .....
Diet					
Time (24 hr)	: : : : : : :	: : : : : : :	: : : : : : :	: : : : : : :	: : : : : : :
ALERTS Test ketones then notify Dr immediately — Greater than 20					
Test ketones then notify Dr if positive* — 16.1–20					
Notify if 3 consecutive BGLs greater than 12 — 12.1–16					
BGL (mmol/L) Write number in corresponding range row — 8.1–12					
4–8					
Treat hypoglycaemia and notify Dr immediately — Less than 4					
Ketones*					
Hypo Intervention					
Dr Notified					
Administration Record Insulin type:	units	units	units	units	units
Insulin type:	units	units	units	units	units
Insulin type:	units	units	units	units	units
Time Given (24 hr)	: : : : : : :	: : : : : : :	: : : : : : :	: : : : : : :	: : : : : : :
Nurse 1 initial					
Nurse 2 check					
Comments					
Pharmacy review					

*Positive ketones
Blood: 0.6 and above
Urine: above trace

Monitoring / Notification Instructions

BGL Frequency

☐ Standard (Pre-meals and at 21:00 hrs)
☐ At 02:00 hrs
☐ 2 hours post-meal
☐ Other: .....

If not instructed, default is "Standard"

Medical Officer to notify:

Dr: .....
or Ward doctor

Special Instructions:

.....
.....
.....
.....
.....

If supplemental insulin ordered for the same time as routine insulin, administer together

If for any reason insulin cannot be administered as ordered, notify Dr, enter code Ⓦ for withheld and document in clinical record

Diabetes treatment prior to admission:

.....
.....

Routine Insulin Orders — must be ordered for each day

Contact Dr if expected dose not ordered. Mealtime insulin is given at start of meal.

	Date (DD/MM): /	/	/	/	/
Meal / time: / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials
Meal / time: ***Breakfast*** / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials
Meal / time: ***Lunch*** / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials
Meal / time: ***Dinner*** / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials
Meal / time: ***Pre-Bed*** / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials
Meal / time: / Type of insulin:	units	units	units	units	units
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials

Supplemental Insulin Orders — valid until ceased or changed

Supplemental insulin is **NOT** required in all patients.
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): .....

Type of insulin: Usually the same as the routine short acting insulin

	Start date (DD/MM): /	/	/	/	/
If the BGL (mmol/L) is:	Time (24 hr): :	:	:	:	:
8.1–12 or	**then administer** (units): 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
Prescriber Signature: / Print your name:	initials	initials	initials	initials	initials

Stat / Phone Insulin Orders — also complete Administration Record above

Check with Dr if order replaces, or is in addition to, other insulin orders.

Date (DD/MM) prescribed	Type of insulin	Units	Date (DD/MM) / time (24 hr) of dose	Prescriber: Signature	Prescriber: Print your name	Phone Order Nurse 1 / 2
		units				
		units				
		units				
		units				
		units				
		units				
		units				
		units				
		units				
		units				
		units				
		units				

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v4.00 - 06/2018
Mat. No.: 10180248
SW006

Queensland Government

Insulin **Subcutaneous** Order and Blood Glucose Record – Adult

Facility: .....

(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

Guidelines for Treatment Review Following Hyperglycaemia Alert

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 other hypoglycaemic agent.
5. If BGL's are not adequately controlled, consider an insulin infusion and seek expert advice.
6. If a patient is Nil By Mouth, not maintaining a consistent oral intake, or receiving enteral/parenteral nutrition, consider an insulin infusion and seek expert advice.
7. Are alterations to insulin regimen or initiation of insulin required? Consider:
   a. Does the patient need long term insulin treatment? If so, what is their preferred regimen?
   b. What was the pre-morbid BGL control like? What is the current HbA1c?
   c. Was hyperglycaemia secondary to treated hypoglycaemia?
   d. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?

Previously taking routine insulin? Yes → **Currently on basal and mealtime insulin?** Yes → **Hyperglycaemia within 4 hours of meal?** Yes

No → **Consider initiation of basal bolus insulin therapy.**

Suggested starting doses:
- Basal dose (units) = weight (kg) divided by 4.
- Mealtime (units) = weight (kg) divided by 12.

No → **Consider:**

Conversion to basal bolus insulin:

Suggested starting doses are:

Basal (units) = total daily dose divided by 2.

Mealtime (units) = total daily dose divided by 6.

OR

Adjust doses of current insulin regimen:

If adjusting current insulin regimen, increase corresponding dose the following day by 10%.

No → Increase basal dose by 20%.

Yes → Increase that mealtime dose for the following day by 10%.

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.

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

Previously on insulin: Determine using previous total daily dose →		Less than 25 units	25–49 units	50–80 units	More than 80 units
OR					
Not previously on insulin: Determine using the patient's actual weight →		Less than 50 kg	50.1–75 kg	75.1–100 kg	More than 100 kg
BGL (mmol/L) with suggested insulin doses	8.1–12	*1* units	*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
	Greater than 20	*4* unit	*8* unit	*12* units	*16* units

INSULIN **SUBCUTANEOUS** ORDER AND BGL RECORD - ADULT

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

If patient cannot or will not take oral carbohydrates, use intravenous glucose.

Remember - Rule of 15: Test BGL and treat with 15 grams carbohydrate every 15 mins until BGL is greater than 4mmol/L.

Is patient conscious and cooperative? Yes → **Is patient on an insulin infusion?** No → **Is patient nil by mouth or nil by tube?** No → **Patient is receiving food orally or by tube**

NO

If on insulin infusion, **stop insulin infusion**, continue glucose infusion
AND
Position patient on side and maintain airway
AND
Call a code blue / Medical Emergency
AND
Never give anything orally to a patient who is unconscious or drowsy

If IV access, RN/doctor to administer 30mL 50% glucose as slow IV push OR **If *no* IV access,** administer 1mg glucagon IM (1 dose only)

Stay with patient until they regain consciousness

Recheck BGL after 5 mins if still unconscious or after 15 mins if conscious

No → BGL greater than 4?

Yes → If unconscious and BGL greater than 4, manage decreased level of consciousness

If patient conscious follow up with appropriate oral or IV treatment

Yes → **Stop insulin infusion,** continue glucose infusion
AND
contact doctor urgently

If the patient is NBM: RN/doctor to administer 30mL 50% glucose as slow IV push OR **If the patient is *not* NBM:** Give one serve fast acting carbohydrate from list* below

Recheck BGL after 15 mins

No → BGL greater than 4?

Yes → Doctor to revise insulin infusion rate and concurrent glucose infusion

Recommence insulin infusion and glucose infusion at adjusted rate 15 minutes after hypoglycaemic event has resolved

No → Contact doctor urgently
AND
If IV access, RN/doctor to administer 30mL 50% glucose as slow IV push OR **If *no* IV access,** administer 1mg glucagon IM (1 dose only)

Commence or revise IV glucose infusion and review diabetes management

Recheck BGL after 15 mins

No → BGL greater than 4?

Yes →
- Document hypoglycaemic event on BGL and insulin chart and document actions taken in patient record.
- **Notify doctor** to review recent diabetes treatment.
- Beware of recurrent hypoglycaemia. If hypoglycaemia recurs, seek expert advice.
- Always give follow up oral carbohydrates or IV glucose after glucagon injection.
- **Repeat BGL after 1 hour.**

Yes → Give 1 serve of fast acting carbohydrate from list* below

Recheck BGL after 15 mins

No → BGL greater than 4?

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

	***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™ 1 serve Polyjoule™ as per directions 150mL lemonade or other softdrink (not diet) 10 Glucodin™ tablets 3 teaspoons/sachets sugar dissolved in 50mL water 7 small or 4 large glucose jellybeans 150mL orange juice 30mL cordial (not diet) mixed with 150mL water	250mL milk 1 tub (200g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece fruit Next meal (if being served within 30 mins)
Thickened Diet *(full thick)*	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
PEG or Nasogastric Tube Feed *(via feeding tube)*	100mL Lucozade™ 1 serve Polyjoule™ as per directions 150mL orange juice 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, including administration errors, 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 the patient is on insulin and is:
   a. eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia.
   b. on reduced oral intake, consider reducing mealtime insulin dose(s).
4. **If the patient is on a sulphonylurea or other long-acting oral hypoglycaemic agent:**
   - **Obtain specialist advice on management** as hypoglycaemia can be recurrent or prolonged.
   - Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
   - Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after the last hypoglycaemic episode.
   - If hypoglycaemia recurs, commence IV glucose with titration rate to achieve BGL greater than 4 mmol/L.

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