

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
Nil known Unknown (tick appropriate box or complete details below)

Table with 3 columns: Drug (or other), Reaction/Date, Initials

Sign ..... Print ..... Date .....

Patient information form: FAMILY NAME BUTTER WORTH, MRN 0411817, GIVEN NAME WENDY, D.O.B. 15/03/46, M.O. EMERGENCY DR, ADDRESS PRESCRIPTION UNLESS IDENTIFIERS PRESENT, LOCATION EMERGENCY DEPARTMENT

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
First Prescriber to Print Patient Name and Check Label Correct: Weight(kg):..... Height(cm):.....

REGULAR SUBCUTANEOUS INSULIN

Large table for insulin administration with columns for Type of Insulin, Frequency, Signature Prescriber, Contact, Date, Pharmacy, and time slots (Pre B/Fast, Pre Lunch, Pre Dinner, Bed Time) for multiple dates.

BLOOD GLUCOSE AND KETONE MONITORING

Table for blood glucose and ketone monitoring with columns for BGL Frequency, Breakfast, Lunch, Dinner, Bed Time, and columns for Time, BGL, Action, Sign.

SUPPLEMENTAL ORDER To be used in addition to patient's usual diabetes treatment. See guidelines page 4

Supplemental order form including Record of Administration table and Administration Times section.

ONCE ONLY ORDER

Once only order table with columns for Date, Type of Insulin, Dose, Date/Time of dose, Prescriber (Print Name, Signature, Contact), and Administration (Date, Time Given, Given by).

TELEPHONE ORDERS (to be signed within 24 hours of order)

Telephone orders table with columns for Date, Time, Type of Insulin, Dose, Nurse Initials, Prescriber (Print Name, Signature, Contact), and Administration (Date, Date/Time Given, Given by).

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Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING