Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR) ☑ Nil known ☐ Unknown (tick appropriate box or complete details below)		
Drug (or other)	Reaction/Date	Initials
Sign Cox	Print F. COX	Date 28/5

SMR130035

FAMILY NAME	WILLIAMS	MRN	4786621
GIVEN NAME	SIMON	☒ MALE	☐ FEMALE
D.O.B.	21 / 02 / 41	M.O.	EMERGENCY DR.
ADDRESS	NOT A VALID 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

Type of Insulin	Frequency	Type of Insulin	Frequency	Type of Insulin	Frequency
Signature Prescriber (Print name)	Contact	Signature Prescriber (Print name)	Contact	Signature Prescriber (Print name)	Contact
Date	Pharmacy	Date	Pharmacy	Date	Pharmacy

Date	or / specify time	Pre B/Fast	Pre Lunch	Pre Dinner	Bed Time	Pre B/Fast	Pre Lunch	Pre Dinner	Bed Time	Pre B/Fast	Pre Lunch	Pre Dinner	Bed Time
28/5	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												
Date	Dose	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units	Units
	Prescriber (sign)												
	Nurse												
	Time given												

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

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

Type of Insulin	Contact
Signature Prescriber (Print name)	Date

Administration Times:

☐ Before meals OR ☐ Specify: ____________

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

If BGL range: ____________ Give ______ units

Notify MO if BGL ________ mmol/L

Record of Administration

Date		Date		Date		Date		Date		Date		Date	
Dose given	Time/ given by	Dose given	Time/ given by	Dose given	Time/ given by	Dose given	Time/ given by	Dose given	Time/ given by	Dose given	Time/ given by	Dose given	Time/ given by
Units	:	Units	:	Units	:	Units	:	Units	:	Units	:	Units	:
Units	:	Units	:	Units	:	Units	:	Units	:	Units	:	Units	:
Units	:	Units	:	Units	:	Units	:	Units	:	Units	:	Units	:
Units	:	Units	:	Units	:	Units	:	Units	:	Units	:	Units	:

NH606615 03/09/2013

BLOOD GLUCOSE AND KETONE MONITORING

BGL Frequency (Tick box) ☐ Before meals ☐ 2 hours after meals ☐ 2200 hrs ☐ 0200-0300 hrs ☐ Other Specify: ____________

Hypoglycaemia Treatment Record

	0200 - 0300 hrs	Breakfast Pre	Breakfast Post	Lunch Pre	Lunch Post	Dinner Pre	Dinner Post	Bed Time 2200 hrs	Time	BGL	Action	Sign	Time	BGL	Action	Sign
Time / BGL			1000 / 12.6													
Time / BGL																
Ketones																
Time / BGL																
Time / BGL																
Ketones																
Time / BGL																
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Time / BGL																
Ketones																

ONCE ONLY ORDER

Date	Type of Insulin	Dose	Date/Time of dose	Prescriber: Print Name	Prescriber: Signature	Prescriber: Contact	Administration: Date	Administration: Time Given	Administration: Given by	
28/5	ACTRAPID	4 Units	1000 28.5.18	F. COX	Cox	—	28.5.18	1005	TG.	RC.
		Units								
		Units								
		Units								

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

Date	Time	Type of Insulin	Dose	Nurse Initials Nr 1/Nr 2		Prescriber: Print Name	Prescriber: Signature	Prescriber: Contact	Prescriber: Date	Administration: Date/Time Given	Administration: Given by	
			Units									
			Units									
			Units									
			Units									

WP06_S1_CM14_IC

NSW GOVERNMENT Health

Facility/Service:.....

Ward/Unit: .....

ALERTS

☐ Nil

Notify doctor _____ if; _____

OR

BGL less than _____ mmol/L OR BGL greater than _____ mmol/L

OR

Blood ketones greater than _____ mmol/L

OR

Urine ketones _____

Prescriber Signature: _____ Print Name: _____

Reason for nurse not administering insulin Codes MUST be circled	
Absent	(A)
Fasting	(F)
Refused-notify Dr	(R)
Vomiting-notify Dr	(V)
On Leave	(L)
Not Available - obtain supply or contact doctor and generate incident report	(N)
Withheld-Enter reason in clinical record	(W)
Self Administering	(S)

Instructions for Using Prescribing Chart

- All Insulin prescription orders except intravenous (IV) infusions are to be recorded on this chart.
- Patients receiving subcutaneous insulin are to have their Blood Glucose (BGL) and ketones recorded on this chart.
- Specify the frequency of BGL monitoring (page 3). Tick as appropriate. Patients with unstable BGLs require more frequent monitoring.
- All patient management must also be documented in the patients health care records.

Guide to Insulin Prescription and Administration

- **Daily review and prescribing of insulin is recommended** as requirements can often vary whilst in hospital. Insulin may be prescribed in advance if the patient's glycaemic status is stable.
- Insulin requirements should be modified peri-operatively or when dietary intake is modified.
- For most patients the target BGL range is 5-10mmol/L, pregnancy is an exception.
- The word units has been pre-printed. Write the value only. **Do not re write the word units**.
- If any changes are to be made to the order - (eg. insulin type or dose), a completely new order is to be written. No alteration should be made to the original order.
- To discontinue an insulin order, the prescriber will draw two oblique lines in the administration column on the day of discontinuation of the drug and sign and date it. A single oblique line will also be drawn through the insulin name.
- The preferred site of insulin injection is the abdomen.

☐ Insulin pump - (prescribe insulin on this chart. Write "insulin pump" below prescription)

☐ Other diabetes medication on National Medication Chart

Special Instructions

DATE	INSTRUCTIONS	NAME (DESIGNATION)		SIGNATURE
	not a prescription area			

ADULT SUBCUTANEOUS INSULIN PRESCRIBING CHART SMR130035

Guidelines

ACI NSW Agency for Clinical Innovation

Hypoglycaemia Management

If repeated hypoglycaemia or not responding to treatment, call doctor

Caution

Do not give patients oral treatment if they are:

- Unconscious
- Drowsy
- Nil by mouth
- Tolerating sips of water only
- Unable to swallow safely
- Receiving nasogastric tube feeds

No Decreased LOC	Decreased LOC
Patient able to eat/drink BGL < 4 mmol/L	Altered LOC or BGL < 4 mmol/L
Consider need for clinical review as per Clinical Emergency Response System (CERS) guidelines	Rapid response as per CERS guidelines
Give 15 grams of oral glucose according to local guidelines or local hypoglycaemia kit	Administer IV glucose or IM glucagon (local guidelines)
Recheck BGL in 15 mins Is BGL ≥ 4 mmol/L? (No → repeat)	repeat BGL every 15 mins until ≥ 4mmol/L and stay with patient until regains consciousness
Yes	Follow up with oral carbohydrate and/or IV treatment
Give 2 biscuits or 1 slice bread or If available a meal/snack	Recheck BGL hourly until stable
Recheck BGL within 2 hours	

- Identify and treat the case of hypoglycaemia and document in health care records
- If the patient is hypoglycaemic when the next dose of insulin is due, delay administration until after correction of the hypoglycaemia. **Do not omit insulin**, consider dose review.

Hyperglycaemia Management

- Identify and treat the cause of hyperglycaemia.
- Review the appropriateness of the current insulin regimen and adjust doses as necessary (requirements may change as the patient recovers and mobilises).
- Consider commencement of an insulin infusion if the patient is NBM, vomiting or if hyperglycaemia persists, (according to local policy).
- Check BGL and ketones according to local policy.

Supplemental Insulin and Correction of Hyperglycaemia

- The patient's usual diabetes treatment, particularly insulin requirements, should be reviewed at least daily in the acute phase of their illness and adjusted as appropriate.
- Supplemental insulin is not a replacement for regular antihyperglycaemia therapy and should not be used in isolation.
- Supplemental insulin is best given before a meal, in addition to the patient's usual insulin doses, in order to prevent post meal hyperglycaemia.
- When prescribing supplemental insulin, state (1) the BGL range for each dose of insulin (2) the timing and frequency of administration. It is preferable to use the insulin analogues, aspart (NovoRapid), lispro (Humalog) or glulisine (Apidra) due to their more rapid onset and shorter duration of action.
- The following supplemental order may be used as a guide, however may need individual modification:

If BGL range before meals is:	10-12 mmol/L	Give 2 units of rapid acting insulin
	12.1-18 mmol/L	Give 4 units of rapid acting insulin
	18.1-20 mmol/L	Give 6 units of rapid acting insulin
	>20 mmol/L	Call for clinical review

The dose is determined by the current BGL and the patient's insulin sensitivity or weight.

- Multiple doses of supplemental insulin given within a short time frame (e.g. less than every 4 hours) may have an additive effect and result in hypoglycaemia.
- If significant hyperglycaemia persists, consider an insulin infusion (according to local policy).