

Name	INSULIN PRESCRIPTION AND DIABETES MONITORING RECORD	<u>Patient Safety</u> If routine insulin preparation is unknown prescribe a suitable substitute* Insulin must be prescribed on each new chart Document all blood glucose/ketone monitoring and administration Shaded areas identify potential risk of complications of diabetes See troubleshooting guidelines overleaf
Ward		Chart no.

DATE												
Time mealtime/ other	Breakfast/	Lunch/	Tea/	Supper/	Breakfast/	Lunch/	Tea/	Supper/	Breakfast/	Lunch/	Tea/	Supper/
Ketones urine/blood												
Blood glucose >10mmol/L												
Blood glucose 4-10mmol/L												
Blood glucose <4mmol/L												
Insulin name Dose in units Hypo Medication												
Given by												
DATE												
Time mealtime/ other	Breakfast/	Lunch/	Tea/	Supper/	Breakfast/	Lunch/	Tea/	Supper/	Breakfast/	Lunch/	Tea/	Supper/
Ketones Urine/blood												
Blood glucose >10mmol/L												
Blood glucose 4-10mmol/L												
Blood glucose <4mmol/L												
Insulin name Dose in units Hypo medication												
Given by												

Date	Insulin Prescription (name of insulin)	Units	Admin method	Time of administration (e.g. before breakfast)	Prescribed by signature	Date Discontinued	Discontinued by signature	ONCE ONLY PRESCRIPTION						
								Date	INSULIN	units	admin method	Time	Prescribed by	Given by
								INSULIN DEVICE DETAILS FOR DISCHARGE/ DEVICE FOR SELF USE						
								INSULIN DEVICE/VIAL						
								INSULIN DEVICE/VIAL						

Troubleshooting guidelines

SITUATION	HYPERGLYCAEMIA	HYPOGLYCAEMIA
	<p><i>Blood glucose level >10mmol/L. Risk of osmotic symptoms of diabetes and dehydration, risk of DKA in type 1 diabetes</i></p>	<p><i>Blood glucose level <4mmol/L. A potentially dangerous side effect of insulin therapy and sulphonylureas e.g. gliclazide. Prompt treatment is required.</i> <u>Hypoglycaemia should not be tolerated on a regular basis</u></p>
<p>BACKGROUND</p>	<p>Consider causes of high blood glucose levels: e.g.</p> <ul style="list-style-type: none"> • Infection • Stress • Steroid therapy • Insulin and/or diabetes medication omission /inadequacy • Concordance with treatment/food intake • Problems with insulin injection technique • Problems with injection site affecting insulin absorption 	<p>Consider causes of low blood glucose levels: e.g.</p> <ul style="list-style-type: none"> • Inadequate food intake, fasting, missed meals • Too much insulin/diabetes medication • Insulin administration or drug administration at inappropriate time • Problems with insulin injection technique • Problems with injection site affecting insulin absorption • Increased activity • Renal or hepatic impairment • Pancreatic pathology
<p>ASSESSMENT</p>	<ul style="list-style-type: none"> • Assess recent pattern of blood glucose levels i.e. last 48 hours • Identify potential causes of elevated blood glucose levels • Check insulin/diabetes medication is being prescribed and administered at correct dose, and time, and in relation to food intake. • Check for signs of lipohypertrophy (lumpy areas at injection sites) which may affect insulin absorption. • Check credibility of blood glucose monitoring e.g. handwashing • Check ketones in type 1 diabetes. • Check ketones in all patients at diagnosis of diabetes • KETONES signify potential risk of DKA in people with type 1 diabetes 	<ul style="list-style-type: none"> • Assess recent pattern of blood glucose levels i.e. last 48 hours • Identify potential causes of low blood glucose levels • Assess recent nutritional status • Check insulin/ diabetes medication is being prescribed and administered at correct dose, and time, and in relation to food intake • Check for signs of lipohypertrophy (lumpy areas at injection sites) which may affect insulin absorption. • Check credibility of blood glucose monitoring e.g. handwashing
<p>RECOMMENDATION</p>	<ul style="list-style-type: none"> • Address identified causes if possible • Check ketones in patients with type 1 diabetes 2-4 hourly until ketone free • Insulin and fluid increase may be indicated in ketosis, report to medical staff • Refer to DKA protocol in type 1 diabetes with ketosis • Consider increase in insulin/ diabetes medication if recent pattern of pre meal blood glucose levels greater than 7mmol/L • Inform patient if medication dose is changed • Monitor pre meal blood glucose levels to assess glycaemic control • Review glycaemic control over next 48 hours • Adjust insulin/medication again if necessary • Consult with diabetes team for advice as required 	<ul style="list-style-type: none"> • Treat hypoglycaemia • If patient able to swallow - administer 50mL Lucozade • If patient confused or drowsy and able to swallow – administer glucogel • If patient unconscious/unable to swallow - IV 50%dextrose • Provide complex CHO snack e.g. wholemeal bread/toast • Observe and chaperone patient until recovery complete • Recheck blood glucose in 15 minutes and repeat treatment if necessary • Establish the cause of hypoglycaemia and take action to prevent re occurrence • *NEVER OMIT insulin - treat hypo and administer insulin as usual • Monitor pre meal blood glucose levels over next 48 hours • Consider reduction of insulin/medication • Inform patient if medication dose is changed • Review glycaemic control, adjust insulin/medication again if necessary • Consult with diabetes team for advice as required
	<p><u>GLYCAEMIC CONTROL*</u></p> <ul style="list-style-type: none"> • If normal insulin regimen unknown DO NOT OMIT INSULIN consider suitable substitute until routine insulin details are established e.g. daily/BD isophane in elderly, biphasic insulin twice daily in others - dose 0.5units/kg/24hours. • Target blood glucose range and frequency of testing should be assessed and agreed for each individual • Quality controlled blood glucose meters should be used in acute ward areas • Ideally, the pre meal blood glucose should be maintained 4-7mmol/L. • Hba1c indicates the glycaemic control during previous 3 months –target 6.5 % to reduce risk of health problems associated with diabetes. Personal targets should be agreed, aggressive targets may be unsuitable in elderly. 	<p><u>CONTACT DETAILS FOR DIABETES TEAM*</u></p> <p>tel. 01382 660111</p> <p>Ninewells <u>Specialist Registrar for Diabetes</u> bleep 5416 <u>Diabetes Specialist Nurse</u> tel. ext. 36009 bleep 4872</p> <p>Perth Royal Infirmary <u>Diabetes Specialist Nurses</u> tel. ext. 13476 bleep 5288/5164</p> <p>Diabetes information including 'Treatment with insulin' and 'Treatment with oral hypoglycaemic agents' available via NHS Intranet www.diabetes-healthnet.ac.uk</p>