

Subcutaneous Insulin Prescribing Chart- Overview

- Combines prescription and administration with blood glucose, ketone monitoring and glycaemic management.
- Designed to minimise delays in management decisions and provide clinicians with clear guidelines for:
 - Insulin prescription and administration
 - Glycaemic management
 - Safe supplemental insulin use

The chart includes:

1. Regular, supplemental, once only and telephone orders
2. Monitoring - for blood glucose levels (BGLs) and ketones
3. Glycaemic management guidelines - to support clinicians that may not have access to local guidelines, policies or specialist services

NB: Guidelines are intended as a guide to provide quality patient care. They are not intended, nor should they replace individual clinical judgement.

The chart is divided into several key sections:

- Patient Information:** Includes fields for patient name, date of birth, and medical history.
- REGULAR SUBCUTANEOUS INSULIN:** A table for recording insulin doses, including insulin type, dose, and time.
- BLOOD GLUCOSE AND KETONE MONITORING:** A grid for recording blood glucose levels and ketone test results over time.
- SUPPLEMENTAL ORDER:** A section for recording additional insulin orders.
- GUIDELINES:** A section providing clinical guidance for hypoglycaemia and hyperglycaemia management.

Regular Subcutaneous Insulin Orders

The subcutaneous insulin prescribing chart is to be used to document all insulin prescription orders, except intravenous (IV) infusions.

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REGULAR SUBCUTANEOUS INSULIN												BLOOD GLUCOSE AND KETONE MONITORING																																																																																																																																																																				
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1. Up to 3 different insulin orders
2. Doses prescribed daily according to BGL

NB: Daily prescription according to BGLs is best practice, however insulin can be ordered in advance if the patient's glycaemic status is stable.

All orders must contain:

- Type of insulin
- Date prescribed
- Frequency of administration
- Time of administration or option selected
- Dose to be administered
- Prescriber's signature, name & contact details

Administration record must contain:

- Time given
- Initials of person that administers
- Initials of person co-signing dose

NB: One of the staff members checking the insulin must be a Registered Nurse

Supplemental Subcutaneous Insulin Orders

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

Type of Insulin NOVORAPID	Contact x1234
Signature <i>Ron Deal</i>	Date 7/7/13
Prescriber (Print name) Ron Deal	

Record of Administration													
Date 8/7/13		Date 9/7/13		Date 11/7/13		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
6	1735 ABCD	4	1225 CDAB	8	1755 GHEF								

Administration Times:
 Before meals or Specify: **2**
 If BGL range: **10-12** Give **2** units
 If BGL range: **12.1-15** Give **4** units
 If BGL range: **15.1-18** Give **6** units
 If BGL range: **18.1-20** Give **8** units
 If BGL range: **>20** Give **10** units
 If BGL range: _____ Give _____ units
 If BGL range: _____ Give _____ units
 Notify MO if BGL **>20** mmol/L*

1. Supplemental insulin is prescribed based on a preferred range documented by the prescriber

2. Administered doses should correspond to BGLs on page 3 of the chart

Page 3

BGL Frequency		<input checked="" type="checkbox"/> before meals		<input checked="" type="checkbox"/> 2 hours after meals		<input type="checkbox"/> 2000 hrs		Specify: _____	
(Tick box)		<input checked="" type="checkbox"/> 0200-0300 hrs		<input type="checkbox"/> Other					
	0200 - 0300 hrs	Breakfast		Lunch		Dinner		Bed Time 2000 hrs	
		Pre	Post	Pre	Post	Pre	Post		
Time	0320	0750	1005	1320	1430	1730	2035		
BGL	11.4	4.8	5.2	9.8	18.3	17.5	5.2		
Time									
BGL									
Time	0235	0745	1015	1320	1435	1750	2035		
BGL	14.5	9.6	5.3	14.3	15	9.6	10.3		
Time									
BGL									
Time	0215	0740	1000	1200	1420	1755	2005		
BGL	9.6	8.2	12.3	6.6	7.3	7.2	9.4		
Time									
BGL									
Time	0240	0735	1010	1210	1415	1745	1455		
BGL	8.9	6.3	5.2	7.7	5.4	14.1	11.3		
Time									
BGL									

All orders must contain:

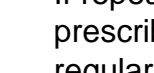
- Type of insulin
- Date prescribed
- Administration time - before meals or specified
- Dose to be given for each BGL range
- Prescriber's signature, name & contact details

Administration record must contain:

- Time given
- Dose given
- Initials of person that administers
- Initials of person co-signing dose

NB: One of the staff members checking the insulin must be a Registered Nurse

Once Only Subcutaneous Insulin Orders

ONCE ONLY ORDER										
Date	Type of insulin	Dose	Date/Time of dose	Prescriber			Administration			
				Print Name	Signature	Contact	Date	Time Given	Given by	
9/7/13	Novorapid	4 Units	9/7/13 0250	Jane Bug		12144	9/7/13	0255	XY	BC
		Units								
		Units								
		Units								

If repeated doses of once only subcutaneous insulin are required, the prescriber should review the need to prescribe or to adjust the patient's regular subcutaneous insulin doses.

All orders must contain:


- Type of insulin
- Date prescribed
- Time of administration
- Dose to be administered
- Date & time dose is to be administered
- Prescribers name, signature & contact details

Administration record must contain:

- Date
- Time given
- Initials of person that administers
- Initials of second person co-checking dose

NB: One of the staff members checking the insulin must be a Registered Nurse

Telephone Subcutaneous Insulin Orders

TELEPHONE ORDERS (to be signed within 24 hours of order)												
Date	Time	Type of Insulin	Dose	Nurse Initials Nr 1/Nr 2	Prescriber				Administration			
					Print Name	Signature	Contact	Date	Date/Time Given	Given by		
9/7/13	1440	Novorapid	6 Units	LM	OP	Will Call		x2756	9/7/13	1450	LM	OP
			Units									
			Units									
			Units									

If repeated doses telephone orders are required for subcutaneous insulin, the prescriber should review the need to prescribe or to adjust the patient's regular subcutaneous insulin doses.

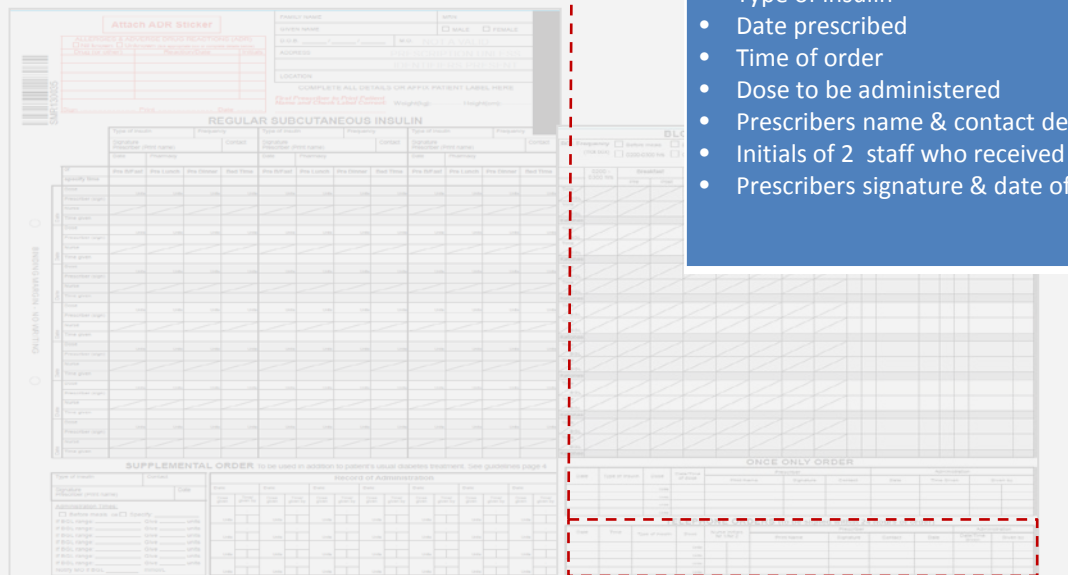
All orders must contain:

- Type of insulin
- Date prescribed
- Time of order
- Dose to be administered
- Prescribers name & contact details
- Initials of 2 staff who received order
- Prescribers signature & date of signature

Administration record must contain:

- Date
- Time given
- Initials of person that administers
- Initials of person co-checking dose

NB: one of the staff members checking the insulin must be a Registered Nurse



The image shows a complex form titled 'NSW Adult Subcutaneous Insulin Prescribing Chart'. It includes sections for 'REGULAR SUBCUTANEOUS INSULIN', 'SUPPLEMENTAL ORDER', and 'ONCE ONLY ORDER'. A red dashed arrow points from the 'TELEPHONE ORDERS' table above to the 'REGULAR SUBCUTANEOUS INSULIN' section of the chart. A red dashed box highlights a portion of the 'ONCE ONLY ORDER' section at the bottom right of the chart.