

## Subcutaneous Insulin Prescribing Chart Audit Form for a Single Day

Hospital: \_\_\_\_\_

Bed/ID: \_\_\_\_\_

Ward: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

No.	Audit question	Result	Comments (optional)
1	Does this patient have diabetes?		
2	Is this patient taking insulin?		
3	Is this patient using the ACI Chart?		
4	Why was this patient admitted? ( <i>state principal diagnosis or symptom if undiagnosed</i> )		
5	Has the Chart been completed correctly for the day being audited, as per the guidelines? ( <i>If yes, skip to Q14</i> )		
6	Has the 'regular insulin' prescribing section been completed correctly?		
7	Has the 'regular insulin' administration section been completed correctly?		
8	Has the 'supplemental order' prescribing section been completed correctly?		
9	Has the 'supplemental order' administration section been completed correctly?		
10	Has the 'once only order' prescribing section been completed correctly?		
11	Has the 'once only order' administration section been completed correctly?		
12	Has the 'telephone order' prescribing section been completed correctly?		
13	Has the 'telephone order' administration section been completed correctly?		
14	How often has blood glucose been measured?		
15	How often have ketones been measured?		
16	How many times was the BGL < 4 mmol/L?		
17	How many times was the BGL ≥ 10 mmol/L?		