

Subcutaneous insulin chart and blood glucose chart for adults

previously known as subcutaneous insulin chart and blood glucose record for adults

In March 2018, the NSW Agency for Clinical Innovation Endocrine Network endorsed changes to the NSW Adult Subcutaneous Insulin Prescribing Chart (the Chart) for use in NSW public hospitals.

The original chart was released in 2010 and has been used by clinicians extensively across NSW. As part of implementation, a consultation process was undertaken to collect feedback on the Chart and a number of opportunities to enhance the Chart were identified. The incorporated changes aim to further support standardisation of best practice insulin management across NSW.

Key changes to the chart

- The Chart is now a five-day chart rather than a seven-day chart to allow more space to write insulin dose prescriptions and administration times clearly.
- Enhancements have been made to support the prescription and administration of supplemental insulin in accordance with evidence-based practice.
- The Guide to Hypoglycaemia Management has been enhanced, including clearer instruction when caring for patients with decreased level of consciousness.

The Subcutaneous Insulin Chart and Blood Glucose Chart for Adults is available to order now from Stream Solutions.

Product Codes

NH606615

Subcutaneous Insulin Chart and Blood Glucose Chart for Adults

NH606677

Subcutaneous Insulin Chart and Blood Glucose Chart for Adults (NCR – Non Carbon Reproduction)

If you have any questions, or would like the full detail of changes to the Chart, please visit:

aci.health.nsw.gov.au/resources/endocrine/subcut-insulin/subcut-insulin

Attach ADR Sticker

ALLERGENS & REVERSE DRUG REACTIONS (ADRR)
 Nil known Unknown (see prescription for a complete list)
 Medication: _____
 Allergy: _____
 Date: _____

FAMILY NAME: _____ M/RN: _____
 GIVEN NAME: _____ SEX: MALE FEMALE
 D.O.B.: _____ / _____ / _____ M.O. NOT A VALID
 ADDRESS: _____ PRESCRIPTION UNLESS IDENTIFIERS PRESENT
 LOCATION: _____
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
 First Prescriber to Print Patient Name and Check Label Correct: _____ Weight(kg): _____ Height(cm): _____

CUT OFF SECTION

REGULAR SUBCUTANEOUS INSULIN PRESCRIPTION RECORD

Date	Type of insulin			Type of insulin			Type of insulin					
	Frequency	Pharmacy	Contact	Frequency	Pharmacy	Contact	Frequency	Pharmacy	Contact			
	Pre Breakfast	Pre Lunch	Pre Dinner	Bed Time	Pre Breakfast	Pre Lunch	Pre Dinner	Bed Time	Pre Breakfast	Pre Lunch	Pre Dinner	Bed Time
	Dose				Dose				Dose			
	Time given				Time given				Time given			

BLOOD GLUCOSE AND KETONE MONITORING

BGL Frequency: Before meals 2 hours after meals 2200 hrs
 (Tick box) 0200-0300 hrs Other Specify: _____
 Check ketones if HbA1c > 48mmol/mol and BGL > 215mmol/mol

Date	Time	Type of insulin	Breakfast				Lunch				Dinner				Bed Time				Hypoglycaemia Treatment Record			
			BGL	Ketones	BGL	Ketones	BGL	Ketones	BGL	Ketones	BGL	Ketones	GLU	ACTN	ADP	GLU	ACTN	ADP				

SUPPLEMENTAL (BOOSTER) ORDER (to be used in addition to patient's usual diabetes treatment. See guidelines page)

Record of Administration

Type of insulin	Frequency	Date	Dose	Time given

ONCE ONLY ORDER

Date	Type of insulin	Dose	Time given	Prescriber	Signature	Contact	Date	Site Given	Given by

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

Date	Time	Type of insulin	Dose	Time given	Prescriber	Signature	Contact	Date	Site Given	Given by

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