

Diabetes Blood Glucose Monitoring & Daily Subcutaneous Insulin Chart

Ward/Unit	Date of Admission	Hospital	Patient Details: (affix label if available) Trust Number: NHS Number: Surname: First Name: Date of Birth: Address:

Current Insulin(s) Prescription

Insulin must also be prescribed on the In-Patient Treatment Chart as 'Insulin as per daily Insulin Chart' On Admission:- The insulin name and dose should be recorded in the medical notes. The box below is for recording the insulin(s) which are currently being prescribed. Insulin requirements should be reviewed daily and prescribed on the inside of this chart.

Insulin Name <small>Start Date DD/MM/YY</small>	Device <small>V = 10ml Vial C = Sml Cartridge D = Disp / Device (Name)</small>	Frequency <small>e.g. Twice daily With meals Once daily Once only As required</small>	Prescribers signature + name (print) <small>Date: DD/MM/YY</small>	Discontinued	Pharmacy	
					S/O	Val.
Start Date:			Date:	Initials: Date:		
Start Date:			Date:	Initials: Date:		
Start Date:			Date:	Initials: Date:		
Start Date:			Date:	Initials: Date:		
Start Date:			Date:	Initials: Date:		
Start Date:			Date:	Initials: Date:		

Refer to In-Patient Treatment Chart for other diabetes treatment

Safer medical practice when prescribing insulin:

- Write legibly - use full and approved name of insulin (usually prescribed by brand name)
- When prescribing all insulin ensure the full correct name is used (some insulins have similar names but are NOT the same. For example Actrapid and Novorapid, Mixtard 30 and Novomix 30)
- Many insulin preparations have a number after the name e.g. Mixtard 30 or Humalog Mix 25. This refers to the ratio of short and intermediate acting insulins in the preparation not the number of units
- Always prescribe as xx units. Never abbreviate and prescribe the insulin dose as xx lu or xx u
- If you are not familiar with the type of insulin, look it up e.g. use BNF (name, strength or type e.g. human, animal or analogue)
- Look at the previous days prescription and blood glucose levels, don't just prescribe what the last person did
- Ask the patient how they adjust their insulin and include them in decisions

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Patient Details: (affix label if available)

Surname:

First Name:

Date of Birth:

Trust Number:

NHS Number:

If Blood Glucose <4mmol/L treat as hypoglycaemia (guideline - Hypoglycaemic Emergencies) record hypoglycaemia below

If Blood Glucose >15mmol/L check urine for ketones

Blood glucose meters are not reliable if Blood Glucose <3 or if >20mmols/L consider checking venous sample

Date DD/MM/ YYYY	Time	Capillary Blood Glucose		Urine Ketones	Subcutaneous Insulin Name	Dose	Prescriber's Signature	Administered by (1) Checked by (2)			
		Result	Initials					Time	1 Initial	2 Initial	
	Pre breakfast					units					
						units					
	Pre lunch					units					
							units				
	Pre eve. meal					units					
							units				
	Pre bedtime					units					
						units					
		Pre breakfast					units				
							units				
		Pre lunch					units				
								units			
Pre eve. meal						units					
							units				
	Pre bedtime					units					
						units					
		Pre breakfast					units				
							units				
		Pre lunch					units				
								units			
Pre eve. meal						units					
							units				
	Pre bedtime					units					
						units					
		Pre breakfast					units				
							units				
		Pre lunch					units				
								units			
Pre eve. meal						units					
							units				
	Pre bedtime					units					
						units					

Insulin use in Hospital - Avoiding Insulin Errors

