XXX Hospital NHS Trust

ADULT DIABETES RECORD

Current values as of (date): ……	Year diagnosed: ……	SURNAME Hospital Number
Height: …… cm	Pre-admission diabetes therapy:	
Weight: …… kg		First name(s) Date of birth Sex
BMI: …… kg m^{-2}		
HbA1c: …… %		Consultant Ward
Creatinine: …… mM (mmol l^{-1})		

Capillary blood glucose reading (mM)

Please record ***across*** the page

DATE	READINGS								COMMENTS (e.g. fasting, surgery, steroid use)
	Time								
	Glucose								
	Time								
	Glucose								
	Time								
	Glucose								
	Time								
	Glucose								
	Time								
	Glucose								
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	Time								
	Glucose								
	Time								
	Glucose								

Regular subcutaneous insulin

Regular prescriptions for insulin should be given 30 minutes before meals, unless the pre-meal glucose is 4 mM or lower, when it should be given *at the same time as the meal.*

Physicians: enter all details and sign. Changes to doses must be recorded by **deleting** Dose 1 and entering the new dose in the Change 1 column. Further changes should be recorded in the Change 2 column. All changes must be dated and initialled.

When prescribing insulin, write the type of insulin on the yellow prescription chart, to enable the pharmacy to dispense, e.g. *Insulin as per diabetes record.* **All dosing instructions should then be given on this treatment chart.**

Oral hypoglycaemics should be prescribed on the normal yellow prescription charts.

Doctor's prescription for regular s/c insulin — Valid for 14 days only

TIME	DATE	INSULIN TYPE	DOSE 1	DOCTOR'S SIGNATURE & BLEEP NO.	CHANGE 1	INITIALS & DATE	CHANGE 2	INITIALS & DATE	ADDITIONAL INSTRUCTIONS e.g. frequency of monitoring
8			units		units		units		
8			units		units		units		
8			units		units		units		
12			units		units		units		
12			units		units		units		
18			units		units		units		
18			units		units		units		
18			units		units		units		
22			units		units		units		

As-required insulin

INSULIN TYPE				Date														
Dose in units	Max. Frequency	Route	Start Date	Time														
Signature:			Stop Date	Dose / Route														
Additional instructions/Max. dose in 24 hours				Given by														

Notes

- Insulin doses should be guided by patterns of blood glucose.
- If persistent hyperglycaemia and/or ketonuria consider intravenous insulin (see page 4)
- Stable patients who are capable of assisting with dose adjustment should be involved in decisions regarding dosage.
- For help with insulin and/or teaching dose adjustment, contact a diabetes nurse specialist on bleep 156–XXX.

Nurses: sign for drug administration in line with the prescription. Dates should go consecutively ***across*** the page.

If a dose is not given, please put a cross in the box and enter code as noted below.

1. **POW** — Patient off ward
2. **PRD** — Patient refused drug
3. **NS** — No stock, drug ordered
4. **PR** — Prescription awaiting review by doctor
5. **SS** — sliding scale insulin in situ

Nurse administration record

		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
8	Time														
	Dose														
	Initials														
8	Time														
	Dose														
	Initials														
8	Time														
	Dose														
	Initials														
12	Time														
	Dose														
	Initials														
12	Time														
	Dose														
	Initials														
18	Time														
	Dose														
	Initials														
18	Time														
	Dose														
	Initials														
18	Time														
	Dose														
	Initials														
22	Time														
	Dose														
	Initials														

Once-only prescriptions

Date	**Time**	**Insulin type**	**Dose in units**	**Route**	**Time to be given**	**Doctor's signature**	**Given by**	
							Initials	Time

Prescription for intravenous insulin

N.B. A separate protocol exists for diabetic ketoacidosis; do not use these algorithms.

- **For all infusions use 50 units human Actrapid insulin in 50 ml normal saline (1 unit/ml) in a 50 ml syringe in a syringe driver.**
- **Doctors: please date and sign the prescription in the box below.**
- Consider creating a modified algorithm is blood sugar above 10 mM for more than four readings on the standard algorithm.
- When discontinuing the insulin infusion, give the first subcutaneous insulin injection 30 minutes before food and before stopping the insulin infusion.

Standard insulin infusion algorithm (ADULT)

Blood glucose (mM)	Infusion rate (ml/hr)	Doctor's signature, date & bleep no.	
< 4.0	0.0		
4.0 – 5.5	0.5		
5.6 – 7.0	1.0		
7.1 – 8.5	1.5	**Start**	**Stop**
8.6 – 11.0	2.0		
11.1 – 14.0	2.5		
14.1 – 17.0	3.0		
17.1 – 20.0	4.0		
> 20.0	6.0		

Modified insulin infusion algorithm (ADULT)

Blood glucose (mM)	Infusion rate (ml/hr)	Doctor's signature, date & bleep no.	
< 4.0	0.0		
4.0 – 5.5	0.5		
5.6 – 7.0	1.0		
7.1 – 8.5	1.5	**Start**	**Stop**
8.6 – 11.0			
11.1 – 14.0			
14.1 – 17.0			
17.1 – 20.0			
> 20.0			

Syringe filling record

Date	Time	Nurse 1	Nurse 2

Syringe filling record

Date	Time	Nurse 1	Nurse 2

Pump asset number: …….

Date	Time	Blood glucose (mM)	Rate (ml/hr)	ml remaining	Nurse initials ×2

Date	Time	Blood glucose (mM)	Rate (ml/hr)	ml remaining	Nurse initials ×2