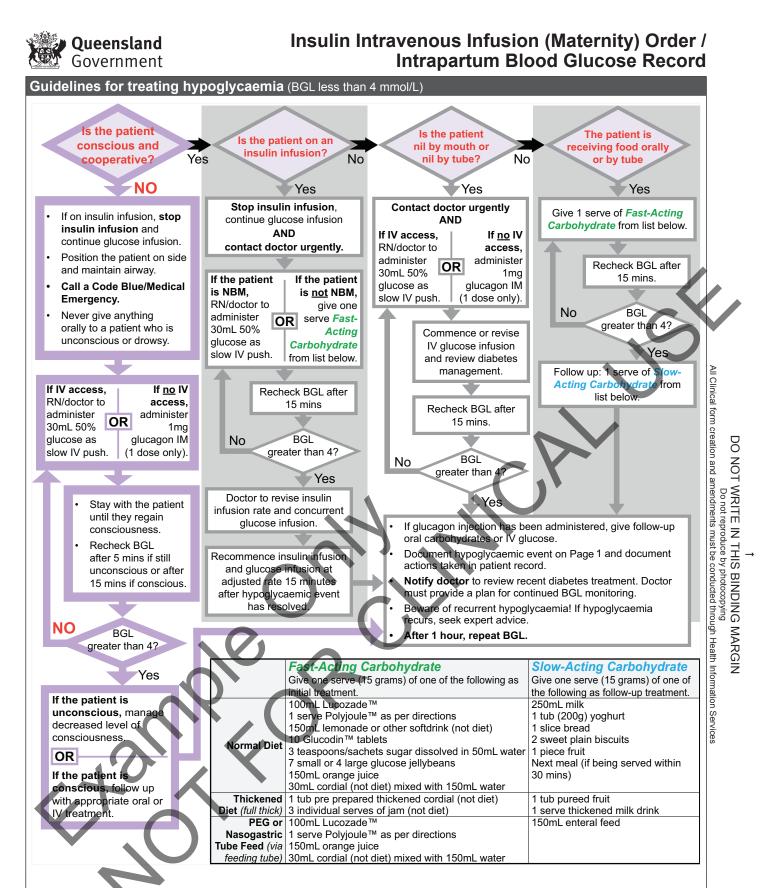
	nsland											(Affi	k idei	ntifica	tion la	abel	here)				
Gover	nment						URN	:													
المدانية			f	-:-			Fam	ily na	ame	:											
Insulin I			-				Give	n na	me(s):											
(Maternity	d Gluco		-		um		Addr	ess:													
DIOOU		36 170		u			Date	of b	irth:							Se	x: [М	Г	F	
Facility:						-				iber t	o Pri	int Pa	atien	t Nam	ne an						<u> </u>
Ward / Unit:																					
Diabetes type: Target BGL range: BGL frequency: After IV fluids, check BGL I 1 Hourly	er change to infu hourly.	mmol/L (g usion rate	enerall or chai	y 4–7 i nge to		/L)	Revie once	w IV oral i	insu ntak	e resu	ısion mes.	If cor	ntinuiı	ng, rev	vrite o	n nei	w page	Э.		outh, re	
2 Hourly (only if E		get range f	or at le	ast 6 h	ours)		Notif	y: Do	octor											or Wa	rd doc
Monitoring red		Date																	4		
Write BGL in correspon		Date (DD/MM) Time		/ /	/	/	/	/	/	/ /	/	/	/		/ /	/					
ALERTS Check ketones	BGL (mmol/L)	(24 hr)	:	: :	:	:	:	:	:	: :	:	:	:	:	: :	:		:		: :	:
and notify doctor Check ketones	Greater than	12		_				_								_					
and notify doctor f two consecutive,	10.1–12	_		_				_				_									
notify doctor	8.1–10																				
	6.1–8			_																	
Freat hypoglycaemia	4–6							_													
and notify doctor	Less than 4 Insulin infusio	n rate						_		•					_						
Refer to subcutaneous	(units per hour)					7	_	•							-					+
insulin order form	(units)							_				_				_				_	+
Notify doctor if ketones Blood: 0.6 mmol/L	Hypoglycaem								_			_			_	+-				_	+
and above Urinary: moderate/++	intervention (i Doctor notifie	nitials)							V	4	-				_	+-			_	_	+
and above	Midwife / Nurse			_											_	+-			_		
	Midwife / Nurse							4			-					+					
Important info • All patients on IV in: • Run IV insulin and IV • If ketoacidosis, hyper • If stopping IV insulin a • Order meat / bolus do Intravenous A	sulin must have glucose through rosmolar hypergl and slow acting ose using Insuli	e a contin In the same lycaemic s subcutane In Subcuta	line ate (HH bus ins neous	(gluco IS), or ulin rec (Mater	IV ins quired rnity)	sulin fo sulin fo l, give Orde	or gre slow	ater t actin	han g sul	24 hou	urs, re sulin a	efer to at lea:	endo	crine /	obste	tric m	nedicin	e nsulin	1		
Start date (DD / MM)	/ time (24 hr)				sra	51	/			:		/			:					d insu	
BGL range (m	imol/L)		infusio USPEI							n <mark>rate</mark> ose inf				l infus doctor		ite				on rate	
Less than 4		ī	reat hy	poglyc	aemi	a (refe	er to p	age 2	2). R	echeck	BGL	after	15 m	inutes.						s/hour	
46 or. 6.1-8 or				units/h units/h						its/hou its/hou					nits/ho nits/ho				l units Punits		
8.1–0 or			units/hour units/hour			units/hour					units/hour					2 units/hour 3 units/hour					
10.1–12 or			units/hour			units/hour					units/hour					4 units/hour					
Greater than 12 or				units/h	our				un	its/hou	r .			u	nits/ho						
				units/h	our				un	its/hou	r .			ui	nits/ho				-	u cose i)–100m	-
Drocoribor name (I										_					_	OR				
Prescriber name (print)																				Sodium mL/hoເ	
Prescriber signature Confirm concurrent glu on IV fluid chart			cose on			<u> </u>	V glu	cose	orde	red		_ IV	gluco				0.1070	at 00	100		
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Diabetes treatment review following treated hypoglycaemia

· If eating normally, do not withhold subsequent mealtime or basal insulin

- Review diabetes management for causes of hypoglycaemia:
- Correct avoidable causes (adjusting the insulin infusion is generally not required unless hypoglycaemia reoccurs);
- If cause not identified or cannot be corrected:

» If hypoglycaemia within 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day;

» Otherwise, reduce basal insulin dose by 20%

Abbreviations: BGL Blood glucose level IV Intravenous IM Intramuscular NBM Nil by Mouth Subcut Subcutaneous