

Filed within 3rd spine



Royal Cornwall Hospitals
NHS Trust

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label

Diabetic monitoring and Sliding scale Insulin chart and guidelines

(Fluids / potassium and regular insulin therapy must be prescribed on the supplementary paper prescription chart)

Date started:	Dept / Ward:
Consultant:	

EITHER: Sign and date this standard prescription					OR: Enter, sign and date the alternative prescription below				
Insulin preparation	Route	Blood glucose range (mmol/L)	Insulin rate (ml/hr)	Dextrose 5% rate (ml/hr)	Insulin preparation	Route	Blood glucose range (mmol/L)	Insulin rate (ml/hr)	Dextrose 10% rate (ml/hr)
HUMAN ACTRAPID 50 units in 50ml of Sodium Chloride 0.9%	IV	< 4 (suspend insulin)	0.0	200	HUMAN ACTRAPID 50 units in 50ml of Sodium Chloride 0.9%	IV	< 4 (suspend insulin)		
		4 - 6.4	1.0	100			4 - 6.4		
		6.5 - 8.9	3.0	100			6.5 - 8.9		
		9 - 12.9	4.0	Nil			9 - 12.9		
		13 - 17	5.0	Nil			13 - 17		
		> 17	6.0	Nil			> 17		
Date started		Dr sign			Date started		Dr sign:		
		Dr Print / Bleep					Dr Print/Bleep:		
Date stopped		Dr sign			Date stopped		Dr sign:		
		Dr Print / Bleep					Dr Print/Bleep:		

N.B. Patients with fluid overload / fluid restriction may be managed with 10% dextrose at half the infusion rate

Date:																									
Time (24 hrs)	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Insulin rate																									
Initials																									
Glucose																									
Urine ketones																									

GUIDELINES FOR THE USE OF AN INTRAVENOUS SLIDING SCALE INSULIN REGIMEN FOR ADULTS

INTRAVENOUS SLIDING SCALE IS INDICATED FOR

- Concurrent illness - vomiting / nil by mouth
- Pre major surgery
- Post myocardial infarction
- During labour for gestational pregnant ladies with diabetes
- Management of hyperglycaemia in ITU
- Step 4 DKA Guideline

INTRAVENOUS SLIDING SCALE IS NOT INDICATED FOR

- Satisfactory glycaemic control (peripheral blood glucose 4-7 mmol/l pre meals, not greater than 10,mm0l/l 2 hours post meals)
- Hyperglycaemia with non concurrent illness (Gain medical review of usual regimen)
- Hypoglycaemia (See guideline on the document library)
- Pre day case procedures (See guidelines on the document library)
- Pre minor surgery (See guideline on the document library)
- DKA - See separate protocol.

PRIOR TO COMMENCING SLIDING SCALE	DURING SLIDING SCALE INFUSION	DISCONTINUING SLIDING SCALE FOR PATIENTS PREVIOUSLY USING OR COMMENCING INSULIN THERAPY	DISCONTINUING SLIDING SCALE FOR PATIENTS PREVIOUSLY USING OR COMMENCING INSULIN THERAPY
<p>Medical Staff to:</p> <ol style="list-style-type: none"> 1. Obtain venous blood sample for U&E's to include potassium and glucose 2. Select date and sign the appropriate prescription 3. Continue Background Basal Insulin 4. Discontinue regular rapid / biphasic insulin and / or oral hypoglycaemic tablets 5. Cross through the sliding scale prescription not selected 6. Record on EPMA sliding scale insulin 7. Prescribe all intravenous fluids and potassium on the supplementary paper prescription chart <p>Nursing staff to:</p> <ol style="list-style-type: none"> 1. Record the peripheral blood glucose level on the CHA 2306 monitoring chart (overleaf) 2. Commence the sliding scale as prescribed. 	<p>Medical staff to:</p> <ol style="list-style-type: none"> 1. Record U&E's potassium and glucose at least twice daily <p>Nursing staff to:</p> <ol style="list-style-type: none"> 1. Monitor the peripheral blood glucose hourly initially 2. When the peripheral blood glucose is between 4 - 10 mmol/l and the patient is conscious with no clinical changes, the peripheral blood glucose can be monitored 2 hourly 3. If blood glucose < 4mmol/l temporarily suspend insulin infusion, treat hypo as per hospital guideline and recommence insulin infusion when blood glucose > 4 mmol/l 4. Record the peripheral blood glucose and the insulin administered on the CHA 2306 monitoring chart (overleaf) 5. Test all urine for ketones if the peripheral blood glucose is >15 mmol/l. 	<p>Medical staff to:</p> <ol style="list-style-type: none"> 1. Sign and complete the date stopped on the sliding scale prescription to discontinue the sliding scale 2. Prescribe regular insulin on EPMA 3. If background insulin has not been continued it should be restarted 6 hours prior to discontinuing the sliding scale (DSN advice available) <p>Nursing staff to:</p> <ol style="list-style-type: none"> 1. Administer the pre-meal short / rapid acting / biphasic insulin 2. Provide the meal (which should contain some starchy carbohydrate) 3. Stop the sliding scale: <ol style="list-style-type: none"> a) 10 minutes after the pre meal injection for patients taking modern rapid acting / biphasic analogue insulin or b) 30 minutes after the pre meal injection for patients taking conventional short acting / biphasic insulin 4. If glycaemic control is not satisfactory (see above) on the regular insulin regimen gain medical review to titrate insulin doses against blood glucose trends. 	<p>Medical staff to:</p> <ol style="list-style-type: none"> 1. Sign and complete the date stopped on the sliding scale prescription to discontinue the sliding scale 2. If being commenced prescribe any oral hypoglycaemic tablets on EPMA <p>Nursing staff to:</p> <ol style="list-style-type: none"> 1. Stop the sliding scale - If commencing oral hypoglycaemic tablets stop the sliding scale at a meal time when oral hypoglycaemic tablets are due 2. Commence any oral hypoglycaemic tablets as prescribed 3. Provide the meal (which should contain some starchy carbohydrate) 4. If the glycaemic control is not satisfactory (see above) gain medical review of the current regimen.