

Blood glucose (BG) monitoring frequency instructions		
Routine (QID) Test all patients with diabetes before meals and at 2100hrs until review by medical practitioner.	Unstable (QID + 0200hrs) Routine times plus 0200hrs if admission for hypoglycaemia or nocturnal hypoglycaemia suspected.	Stable (BD) If not at risk of hypoglycaemia and BG is between 5.0-10.0mmol/L, consider testing before breakfast and evening meal.
Blood ketone monitoring frequency instructions (for patients on insulin)		
Routine (Daily) If the patient is fasting.	Unstable If the BG greater than 15.0mmol/L.	Unwell If nausea or vomiting persist, recheck blood ketones as per the RDR Instruction.

**HYPERGLYCAEMIA PROTOCOL
BASAL BOLUS INSULIN
CHART**

(ADULT) – MR62A

Hospital/Site: QUIET CREEK

Affix patient identification label in this box

UR No: 12345

Surname: FRANKLIN

Given Name: LOUISE

Second Given Name: ANNE

D.O.B: 01/04/1972 Sex/Gender: F

Date	1/8/20	1/8/20	1/8/20	2/8/20	2/8/20	2/8/20	2/8/20	3/8/20	3/8/20	3/8/20	3/8/20	4/8/20	4/8/20	4/8/20	4/8/20	5/8/20	Date
Time	1200	1800	2100	0700	1200	1800	2100	0700	1200	1800	2100	0700	1200	1800	2100	0700	Time
Graph BG (mmol/L)	> 20.0																> 20.0
	17.6 - 20.0																17.6 - 20.0
	15.1 - 17.5																15.1 - 17.5
	12.6 - 15.0																12.6 - 15.0
	10.1 - 12.5																10.1 - 12.5
	7.6 - 10.0																7.6 - 10.0
	4.0 - 7.5																4.0 - 7.5
	2.5 - 3.9																2.5 - 3.9
0 - 2.4																	0 - 2.4
Blood Glucose	19.3	18.1	18.7	16.9	15.9	14.5	15.2	13.1	13.4	14.1	13.3	11.1	9.3	8.6	8.2	7.2	Blood Glucose
Blood Ketones	0.0	0.0	0.0	0.0	0.0	0.0	0.0										Blood Ketones
Hypo protocol (✓)																	Hypo protocol (✓)
Dr. Notified (✓)		✓		✓													Dr. Notified (✓)
Intervention																	Intervention

RAPID INSULIN WITH MEALS (Bolus requirement)		SUBCUT		HOLD DOSE IF FASTING					
Circle preferred rapid insulin Humalog® or NovoRapid®				Administer immediately before or with meals					
B'fast	Lunch	Tea	DATE	1/8/20	2/8/20	3/8/20	4/8/20	5/8/20	6/8/20
Name: <u>B. Brown</u>	Name: <u>B. Brown</u>	Name: <u>B. Brown</u>	DATE: <u>1/8/20</u>	1/8/20	2/8/20	3/8/20	4/8/20	5/8/20	6/8/20
Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>	Desig: <u>CP</u>	Units	Units	Units	Units	Units	Units
6	6	6							
Units	Units	Units							
Name: <u>B. Brown</u>	Name: <u>B. Brown</u>	Name: <u>B. Brown</u>	DATE: <u>2/8/20</u>	2/8/20	3/8/20	4/8/20	5/8/20	6/8/20	
Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>	Sign: <u>[Signature]</u>	Desig: <u>CP</u>	Units	Units	Units	Units	Units	Units
8	8	8							
Units	Units	Units							

CORRECTIONAL RAPID INSULIN		SUBCUT		GIVE THIS DOSE AT MAIN MEAL TIMES EVEN IF FASTING				
Only needed if BGL > 10.0mmol/L. If a correctional dose is required, use the same type of rapid insulin as above. This dose can be combined with the above rapid insulin dose for administration.								
BG	INSULIN	DATE	1/8/20	2/8/20	3/8/20	4/8/20	5/8/20	6/8/20
< 10.0 mmol/L	none	Name: <u>B. Brown</u>	1/8/20	2/8/20	3/8/20	4/8/20	5/8/20	6/8/20
10.1 - 15.0 mmol/L	3 units	Sign: <u>[Signature]</u>	Units	Units	Units	Units	Units	Units
> 15.0 mmol/L	6 units	Date: <u>2/8/20</u>	Units	Units	Units	Units	Units	Units
		Desig: <u>CP</u>	Units	Units	Units	Units	Units	Units

GLARGINE (Optisulin®) INSULIN (Basal requirement)		SUBCUT		GIVE THIS DOSE EVEN IF FASTING	
Units nocte	DATE	1/8/20	2/8/20	3/8/20	4/8/20
22	2100	TN	AS	AS	AS
26	2100	TN	AS	AS	AS
28	2100	TN	AS	AS	AS

Rapid Detection and Response Instruction	
<p>A Senior Registered Nurse (RN) review must occur when a blood glucose (BG) or blood ketone result is in the yellow zone:</p> <ul style="list-style-type: none"> BG is less than 4.0mmol/L (refer to Hypo Protocol) BG between 10.1 - 20.0mmol/L Blood ketone between 0.1 – 0.9mmol/L <p>Review: Recheck BG and/or ketones in 2 hours.</p>	<p>A Multi-Disciplinary Team (MDT) review must occur when a blood glucose (BG) or blood ketone result is in the red zone:</p> <ul style="list-style-type: none"> BG is less than 2.5mmol/L or greater than 20.0mmol/L Two consecutive BG results are greater than 15.0mmol/L Blood ketone is greater than 1.0mmol/L <p>Review: Recheck BG and/or ketones in 1 hour or when medically ordered.</p>
<p>A Medical Emergency Response (MER) review must occur when:</p> <ul style="list-style-type: none"> Blood glucose (BG) is less than 4.0mmol/L and the patient is unconscious, unsafe to swallow or has not responded to the RLHN Hypoglycaemia Protocol oral treatment in 45 minutes. The patient is drowsy, confused, breathing rapidly or having difficulty breathing or complaining of severe abdominal pain. <p>Review: Recheck BG and/or ketones when medically ordered.</p>	