

CSII (Insulin Pump) Inpatient Record: Quick Reference Guide

Admitting Dr (and Carer) contact details

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CHSA CSII (INSULIN PUMP) INPATIENT RECORD (MR-CIR)

Drs Name: ADAMS
 Initial: C Phone No: 7463
 Name of Carer: N/A
 (if parent / carer to manage insulin pump during admission)

Hospital: QUIET CREEK

Insulin Pump Model: ANIMAS VIBE Insulin Type: NovoRapid / Humalog / Apidra
 Set & Reservoir Change (every 3 days): 28/09/16 Due: 01/10/16

UR Number: 123456
 Surname: MATTHEWS
 Given name: JENNA
 Second given name: ROSE
 D.O.B: 15/11/1997 Sex: F

BGL Frequency: Hourly / Pre Meal / Bedtime / 2hours Post-Meal / Overnight
 BKL Frequency: Daily and if BGL >15mmol/L

Date:	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Basal Rate																		0.80						
Meal Bolus																		9.4						
Correctional Bolus																					2.3			
BGL																		8.5			14.9			
Carbohydrate																		70						
Activity																								
Ketones																		0.0						

Date:	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Basal Rate	0.80	→ 0.85	0.90					0.60	0.70			0.6												
Meal Bolus								6.7				6.5						3.8						
Correctional Bolus																						0.6		
BGL								8.6				7.2						5.9			8.2			
Carbohydrate								60				49						30						
Activity																								
Ketones																								

The patient is responsible for completing this insulin pump inpatient record.
 On discharge, this original record is to be retained for the medical record and a photocopy provided to the patient.

MR-CIR CHSA CSII (INSULIN PUMP) INPATIENT RECORD

Details of pump, insulin and set changes

Patient to record basal rate, boluses blood glucose, ketones, meals and physical activity

Patient to read and sign consent on back page. Patient responsible for charting

Medical order and patient identification

Blood glucose and ketone testing frequency

Patient to record basal rate, boluses blood glucose, ketones, meals and physical activity

Provide copy for patient on discharge & file in case notes

PTO for NIMC ordering instructions

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The admitting medical practitioner is required to prescribe the insulin used in the insulin pump on the National Inpatient Medication Chart (NIMC)

Attach ADR sticker

Affix patient identification label here and overleaf

Allergies and Adverse Drug Reactions (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

COMPLETE ALERT SHEET IN MEDICAL RECORD

Sign _____ Print _____ Date _____

URN: 012345.6

Family name: MATTHEWS Not a valid

Given names: JENNA ROSE Not a valid

Address: 16 DALY AVENUE Not a valid

QUIET CREEK

Date of birth: 15/11/1997 Sex: M F

First prescriber to print patient name and check label correct: Weight (kg): 59 Height (cm): 163

MATTHEWS, JENNA ROSE

Regular medicines

	Year 20...16.....	Date and month →	28/09	29/09	30/09	1/10			
PRESCRIBER MUST ENTER administration times									
Date	28/09		INSULIN ASPART		0000				
Route	Subcut		Units CSII		2400		SEE CSII (Insulin Pump) Inpatient RECORD MR-CIR		
Indication	Type 1 Diabetes		HOSPITAL						
Prescriber signature	[Signature]		Print your name	Crystal Adams		Contact	p7463		