

INSULIN SUBCUTANEOUS

Administration & Blood Glucose Record

Adult – NPO/Continuous Enteral Feeds

Physician Notification:

Before next insulin dose for severe **hypoglycemia** requiring glucagon or IV dextrose **BG = Blood Glucose**
 Within 24 hours for **hypoglycemia** requiring oral treatment or **consistently low blood glucose** (50% or more of the BG values are between 4.0 and 5.0 mmol/L)
 Within 24 hours for **hyperglycemia** (50% or more of the BG values are greater than 11 mmol/L)

Date:	Time:												
Time BG taken / Initials		/	/	/	/	/	/	/	/	/	/	/	/
BG Meter Result (mmol/L)													
Insulin Administered <i>(*enter Type as per legend)</i>	Units	Type*	Units	Type*	Units	Type*	Units	Type*	Units	Type*	Units	Type*	Units
Initials: given by / checked by		/	/	/	/	/	/	/	/	/	/	/	/
Comments													

Date:	Time:												
Time BG taken / Initials		/	/	/	/	/	/	/	/	/	/	/	/
BG Meter Result (mmol/L)													
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Initials: given by / checked by		/	/	/	/	/	/	/	/	/	/	/	/
Comments													

Documentation: Write dose [numeric value ONLY] followed by insulin name, per Legend. (Ex: 8 units of glargine 100 unit/mL documented as 8 G)
 * Insulin Legend – **G: glargine (100 unit/mL)** **A: aspart** **N: NPH** **MH: HumaLOG MIX 25** [lispro 25% + lispro protamine 75%]
P: Patient's Own Insulin (enter if applicable): **Type:** _____ **Concentration:** _____ unit/mL

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