

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-14.9	≥15	Preparation	Dose (units)					
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N
											Y / N
											Y / N
	Before Breakfast										Y / N
											Y / N
	Before Lunch										Y / N
											Y / N
	Before Dinner										Y / N
											Y / N
	Before Bed										Y / N

Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 15mmol/L
<p>Requires urgent treatment as per protocol: www.diabetes.org.uk or StaffNet</p> <p>Urgent medical review if unwell/deteriorating at any stage.</p> <ul style="list-style-type: none"> Mild and able to swallow: 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 100ml original Lucozade® or 150-200ml pure fruit juice Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic) <p>Check glucose after 10-15 minutes to ensure resolved – if glucose >4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but do not omit insulin in type 1 diabetes.</p>	<p>Check urine or blood for ketones – need urgent medical review if ketones present or if unwell.</p> <p>Assess risk of DKA in patients with type 1 diabetes and monitor closely – consider increase in insulin doses; may need IV insulin infusion.</p> <p>Assess risk of hyperglycaemic hyperosmolar syndrome in type 2 diabetes.</p> <p>If hyperglycaemic at same time on two consecutive days (even if mild), ask medical team to review diabetes treatment.</p>

Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, pancreatic disease, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check Injection sites in patients taking insulin

Contact Numbers

On-call medical page: _____ Hospital at night _____

Diabetes specialist nurse page: _____ Ext: _____

Name:

Address:.....

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DoB:

Chi number:

Affix patient data label