## **INSULIN SUBCUTANEOUS**

## Administration & Blood Glucose Record Adult – Eating / Bolus Enteral Feeds

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Before next insulin dose for severe hypoglycemia requiring glucagon or IV dextrose

BG = Blood Glucose; AC = before

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:	0200	AC Breakfast	AC Lunch	AC Supper	нѕ	Outside Meal Time	
Time BG taken / Initials							
BG Meter Result (mmol/L)	,		,				
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Initials: given by / checked by							
Comments	,		,				
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Time BG taken / Initials							
BG Meter Result (mmol/L)	•				,		
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Initials: given by / checked by							
Comments	,						
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Time BG taken / Initials							
BG Meter Result (mmol/L)							
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Initials: given by / checked by							
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Comments							
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Date: Time: Time BG taken / Initials	0200 Units Type*	AC Breakfast  Units Type*	AC Lunch  Units Type*	AC Supper  Units Type*	HS Units Type*	Outside Meal Time  Units Type*	
Date: Time: Time BG taken / Initials BG Meter Result (mmol/L) Insulin Administered							

**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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Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Time BG taken / Initials							
BG Meter Result (mmol/L)	,						
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Initials: given by / checked by							
Comments	,						
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Time BG taken / Initials							
BG Meter Result (mmol/L)							
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Initials: given by / checked by							
Comments							
Date: Time:	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Time BG taken / Initials							
DO Matan Daniel ( / month)							
BG Meter Result (mmol/L)							
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Insulin Administered	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Insulin Administered (*enter Type as per legend)	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	Units Type*	
Insulin Administered (*enter Type as per legend) Initials: given by / checked by	Units Type*	Units Type*  AC Breakfast	Units Type*  AC Lunch	Units Type*  AC Supper	Units Type*		
Insulin Administered (*enter Type as per legend) Initials: given by / checked by Comments							
Insulin Administered (*enter Type as per legend)  Initials: given by / checked by Comments  Date: Time:							
Insulin Administered (*enter Type as per legend)  Initials: given by / checked by Comments  Date: Time: Time BG taken / Initials							
Insulin Administered (*enter Type as per legend)  Initials: given by / checked by Comments  Date: Time: Time BG taken / Initials  BG Meter Result (mmol/L)  Insulin Administered	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	
Insulin Administered (*enter Type as per legend)  Initials: given by / checked by Comments  Date: Time: Time BG taken / Initials  BG Meter Result (mmol/L)  Insulin Administered (*enter Type as per legend)	0200	AC Breakfast	AC Lunch	AC Supper	HS	Outside Meal Time	

ocumentation: write dose [numeric value ONLY] for	lowed by insuli	n name, per L	egend. (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 (en	ter if applicab	le): Type:	Concentration:	unit/mL