

Diabetes Management Record – Subcutaneous Insulin

HOSPITAL LOGO

Is patient on non-insulin anti-hyperglycemic agents? No Yes – refer to MAR
 Is patient on corticosteroids? No Yes – refer to MAR

ADDRESSOGRAPH

Date:	Time:	Pre-breakfast or Morning	Additional Morning	Pre-lunch or Midday	Additional Afternoon	Pre-supper or Early Evening	Additional Evening	Bedtime or Late Evening	Overnight
		:	:	:	:	:	:	:	:
Blood Glucose Result:									
Basal Insulin:		units	units	units	units	units	units	units	units
Scheduled Bolus Insulin:		units	units	units	units	units	units	units	units
Correction Dose (Same insulin as above):		units	units	units	units	units	units	units	units
Pre-mixed Insulin:		units	units	units	units	units	units	units	units
Correction Dose:		units	units	units	units	units	units	units	units
RN / RPN and Witness Initials:									
Nutrition: (greater or less than 50% of meal consumed, enteral feeds, TPN, NPO)									

Hypoglycemic episodes: time, BG value, treatment, response

Other events that may have impacted BG

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Diabetes Management Record – Subcutaneous Insulin

HOW TO USE THIS FORM

1. Transcribe all intermittent subcutaneous insulin orders on the MAR. This form is **not** intended for intravenous insulin infusions or insulin pumps.
2. Indicate on top of the form if the patient is on oral non-insulin anti-hyperglycemic agents.
3. Indicate on top of the form if the patient is on corticosteroids.
4. Record the time of the blood glucose reading.
5. Record the name of the insulin given.
6. Record the number of units of insulin given in the appropriate box.
7. If patient requires correction dose insulin record the extra number of units given in the designated box.
8. The person who administered the dose should document their initials.
9. If your facility requires an independent double check the “witness” should document their initials beside that of the person who administered the insulin.
10. Indicate the nutritional status of the patient by indicating if greater or less than 50% of the meal has been consumed, if the patient is on parenteral or enteral feeds or if the patient is NPO.
11. If a patient experiences a hypoglycemic episode indicate the time it happened, the BG reading, the treatment that was given to correct it, the patient’s response to the treatment and any other factors that may have contributed to the episode.
12. Document if any additional factors occurred to cause the BG to deviate from the normal range (e.g., starting corticosteroids).

INSULIN PRODUCTS

Brand (Generic) Name of Insulin	Onset	Peak (h)	Duration (h)
Bolus – Meal time and Correction*			
<i>Rapid Acting</i>			
Apidra (Glulisine)	10–15 min	1–1.5	3–5
Humalog (Lispro)	10–15 min	1–1.5	3–5
NovoRapid (Aspart)	10–15 min	1–1.5	3–5
<i>Short Acting</i>			
Humulin-R, Novolin ge Toronto (Regular)	30–60 min	2–3	6.5
Basal			
<i>Intermediate Acting</i>			
Humulin-N, Novolin ge NPH (NPH)	1–3 hours	5–8	Up to 18
<i>Long Acting</i>			
Lantus (Glargine)	1.5 hours	No peak	Up to 24
Levemir (Detemir)	1.5 hours	No peak	16–24
Pre-Mixed Insulin			
Humalog Mix25, Mix50 (Lispro/Lispro protamine)	10–15 min	1–8	Up to 18
NovoMix30 (Aspart/Aspart protamine)	10–15 min	1–8	Up to 18
Humulin 30/70, Novolin ge 30/70 (Regular, NPH)	30–60 min	2–8	Up to 18

Non-Insulin Anti-Hyperglycemic Agents

- Acarbose (Glucobay)
- Exenatide (Byetta)
- Glicazide (Diamicon, Diamicon MR)
- Glimepiride (Amaryl)
- Glyburide (Diabeta)
- Linagliptin (Trajenta)
- Linagliptin + Metformin (Jentadueto)
- Liraglutide (Victoza)
- Metformin (Glucophage, Glumetza)
- Metformin + Saxagliptin (Komboglyze)
- Metformin + Sitagliptin (Janumet)
- Nateglinide (Starlix)
- Repaglinide (GlucoNorm)
- Pioglitazone (Actos)
- Rosiglitazone (Avandia)
- Saxagliptin (Onglyza)
- Sitagliptin (Januvia)

*Correction dosing – rapid or short acting insulin used to correct hyperglycemia.