Insulin - Patient with Unknown Dose - Full Clinical Guideline



Reference No.:CG-DIABEND/2023/003

Does patient have diabetes?

Yes

Is patient treated with insulin?

Yes. Monitor BG regularly four times a day.

Confirm patient's insulin regime using following sources:

- 1. Insulin passport
- 2. Patient
- 3. Family/relatives/carers
- 4. Care home (if applicable)
- Recent hospital admission within last month
- 6. District nurse via GP practice
- 7. Shared Care Record

Information obtained

Prescribe patient's usual insulin regime if appropriate.

Consider time of last insulin administered. Consider prescribing stat dose of insulin if appropriate. Inform nursing staff if insulin is prescribed.

Insulin kept as ward stock on admission wards:

- Humulin M3/NovoMix 30
- Novorapid (Insulin Aspart)
- Lantus (Insulin Glargine)
- Levemir (Insulin Detemir)
- Insulin 50 units in 50ml 0.9% sodium chloride for sliding scale (RDH)
- Actrapid for manufacture of variable rate insulin infusion (QHB)

Contact ward pharmacist or on-call pharmacist if not available and request as an urgent item.
Insulin is a critical medication and will be supplied urgently.

Unable to obtain information

Obtain consent from the patient (if possible) and access the summary care record (SCR). Note this will give the type and concentration of insulin but if a dose is given it is likely inaccurate.

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If unable to confirm insulin regime, start with the following depending on the type of insulin they were using on admission:

- Twice daily mixed insulin Novomix 30, Humalog Mix 25/50, Humulin M3.
 Prescribe 8 units BD at 08:00 and 18:00.
- 2. Once/Twice daily intermediate insulin Insulatard, Humulin I. Prescribe 10 units OD at 08.00 or BD at 08:00 and 18:00
- 3. Once daily long-acting Lantus, Levemir, Abasaglar, Semlee, Toujeo or Tresiba. Prescribe 10 units at 22:00.

Consider time of last insulin administered. Consider prescribing stat dose of insulin if appropriate. Inform nursing staff if insulin is prescribed.

This may not be patient's normal insulin regime but this will provide some cover until review.

These patients should be referred to Diabetes Team stating reason for referral as unknown insulin dose.

Reference no.: CG-DIABEND/2018/003

Documentation Controls

Development of Guideline:	Diabetes Safety Group,
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Review Date:	December 2026
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