**Blood Glucose Monitoring**

Patient’s usual / target glucose range: ____________________________

Frequency of blood glucose monitoring: ____________________________


**Safer Medical Practice**

1. Never write dose as XX iu or XX u – always write as XX units.
2. Write legibly – use full name of insulin (usually prescribed by brand name).
3. Ensure the full correct name is used (some insulins have similar names but are NOT the same. For example Actrapid and Novorapid).
4. Many insulin preparations have a number after the name e.g. Novomix 30. This refers to the ratio of short and long acting insulins in the preparation not the number of units.
5. If you are not familiar with the type of insulin, look it up e.g. use BNF.
**Daily Subcutaneous Insulin**

Before administration, double check the name of the insulin and number of units against the front of the chart.

### Breakfast

**Insulin Name and Brand:**

- Dose: __________ units

**Sign and date:**

- Time given

**Discontinued**

- Initial: __________
- Date: __________

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood Glucose</th>
<th>Initials (or code)</th>
<th>Site of admin</th>
</tr>
</thead>
</table>

### Evening Meal

**Insulin Name and Brand:**

- Dose: __________ units

**Sign and date:**

- Time given

**Discontinued**

- Initial: __________
- Date: __________

<table>
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</tr>
</thead>
</table>

### Sliding Scale Insulin

**Insulin Name and Brand:**

- Dosing Instructions:

**Sign and date:**

- Time given

**Discontinued**

- Initial: __________
- Date: __________

<table>
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</table>

When starting a new vial, check expiry date, record date of opening, store out of the fridge and discard after 4 - 6 weeks (check product information).

Record expiry date on SystmOne template, once only for each vial used.

Clearly cross through discontinued medications / dose changes.