

Appendix 1

Glucose Monitoring Chart for Patients on Subcutaneous Insulin

“Sliding scale” insulin is an ineffective mode of therapy. It should not be used with our patients.

Hypoglycemia (blood glucose less than 80mg/dl):

- For patient who can take orally, give 15 grams (3 teaspoons) of glucose or sugar.
- If patient cannot take orally, give 50ml 25%dextrose IV push.
- Check fingerstick glucose every 15 minutes and repeat above treatment until BG is >100 mg/dl.
- Do not arbitrarily “hold” insulin without calling. Please call if dose change needed.

- Give Novorapid, Humalog, or Apidra insulin immediately before eating.
- Give Regular insulin (e.g. Actrapid or Huminsulin-R) 30 minutes before eating.
- Basal insulin (NPH, Lantus or levemir) is given irrespective of mealtime.

Please call the endocrinologist in case of

- changes in patient’s diet
- patient NPO
- TPN started or stopped
- Steroids started or stopped

Timing:

Scheduled insulin doses (to be filled by doctor)

Time	Date →					
	Insulin					
Before breakfast						
Before lunch						
Before dinner						
Bedtime						
Doctor’s Signature:						

Correction doses for mealtime insulin:

Blood glucose (mg/dl)	Change in dose
<65	
66 to 80	
81 to 100	
101 to 180	
181 to 220	
221 to 250	
251 to 300	

Blood glucose monitoring

Before meals and 2 hours after dinner

Target blood Glucose:

Blood Glucose Chart (to be filled by nurse)

Date	Time	Blood glucose	Insulin name	Insulin dose(units)	Nurse's Signature	Remarks
	Before Breakfast					
	Before Lunch					
	Before Dinner					
	Bedtime					
	Before Breakfast					
	Before Lunch					
	Before Dinner					
	Bedtime					
	Before Breakfast					
	Before Lunch					
	Before Dinner					
	Bedtime					
	Before Breakfast					
	Before Lunch					
	Before Dinner					
	Bedtime					
	Before Breakfast					
	Before Lunch					
	Before Dinner					
	Bedtime					

Glucose Monitoring Chart for Patients on Insulin Infusion

Hypoglycemia

- Blood glucose 60 to 80 mg/dl, give 50ml 25% dextrose IV push.
- Blood glucose less than 60 mg/dl, give 100ml 25% dextrose IV push.
- Check fingerstick glucose q15 minutes and repeat above treatment until BG is >100 mg/dl.
- Do not arbitrarily “hold” insulin without calling. Please call if dose change needed.

Please call the endocrinologist in case

- Patient started on soft diet
- TPN started or stopped
- Steroids started or stopped

To prepare insulin infusion

Add 40 units (1ml) of 40U Regular Insulin to 39 ml 0.9% normal saline.

Insulin infusion Advice

- Monitor blood glucose 2 hourly
- **Target blood glucose:**
- Adjust the rate of infusion as per the following scale
(to be filled by doctor)

Date→							
Blood glucose (mg/dl)	Rate (ml/hour)	Rate (ml/hour)	Rate (ml/hour)	Rate (ml/hour)	Rate (ml/hour)	Rate (ml/hour)	Rate (ml/hour)
Less than 80							
81 to 100							
101 to 120							
121 to 140							
141 to 160							
161 to 180							
181 to 200							
201 to 220							
221 to 250							
251 to 300							
>300							
Doctor's Signature:							

