

PATIENT'S NAME..... HEALTH RECORD NUMBER..... PATIENT'S NAME..... HEALTH RECORD NUMBER.....

### Blood Glucose Monitoring Chart for Insulin Treated patients


**Guide to frequency of monitoring:**

- All patients treated with insulin need capillary blood glucose monitored minimum of four times a day, test pre-prandial and bedtime
- Monitor according to the capillary blood glucose monitoring guidance which is accessible on COIN

Date	DATE	DATE	DATE	DATE	DATE	DATE	DATE
28	LIAISE	WITH	DOCTOR	TO	REVIEW	TREATMENT	REGIME
26							
24							
22							
20							
18							
16							
14							
12							
10							
8	LIAISE	WITH	DOCTOR	TO	REVIEW	TREATMENT	REGIME
6							
4							
2							
2							
2							
Test Times							
Tester Print Name Signature							
Reading in mmol Ketones							

Date	DATE	DATE	DATE	DATE	DATE	DATE	DATE
28	LIAISE	WITH	DOCTOR	TO	REVIEW	TREATMENT	REGIME
26							
24							
22							
20							
18							
16							
14							
12							
10							
8	LIAISE	WITH	DOCTOR	TO	REVIEW	TREATMENT	REGIME
6							
4							
2							
2							
2							
Test Times							
Tester Print Name Signature							
Reading in mmol Ketones							

### ADULT INSULIN ADMINISTRATION RECORD

 Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board	HOSPITAL NO: _____ SURNAME: _____ FIRST NAMES: _____ ADDRESS: _____ _____ _____ _____
	HOSPITAL: _____ WARD: _____ CONSULTANT: _____ _____ _____

- This chart is for prescribing of regular INSULIN only.
- For all other medications see standard Prescription Chart.
- This chart is NOT to be used for sliding scale insulins. On standard chart write **"On Insulin – see Insulin chart"**.

For Multiple Medication Charts

Chart No. ....

PRESCRIPTION FOR ONCE-ONLY INSULIN THERAPY										
DATE	INSULIN (BRAND & STRENGTH)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
		Units			bleep No.					
		Units			bleep No.					
		Units			bleep No.					
		Units			bleep No.					
		Units			bleep No.					
		Units			bleep No.					

AS REQUIRED INSULIN				DATE	TIME GIVEN	DOSE	GIVEN BY	DATE	TIME GIVEN	DOSE	GIVEN BY	DATE	TIME GIVEN	DOSE	GIVEN BY
DATE	MEDICINE (BRAND & STRENGTH)			INDICATION											
DOSE	ROUTE	FREQUENCY													
Units															
PRESCRIBER'S SIGNATURE	PHARMACIST	SUPPLY		<b>MORE FREQUENT USE OF "AS REQUIRED" INSULIN NEEDS TO BE REVIEWED</b>											
bleep No.															
DATE	MEDICINE (BRAND & STRENGTH)			INDICATION											
DOSE	ROUTE	FREQUENCY													
Units															
PRESCRIBER'S SIGNATURE	PHARMACIST	SUPPLY		<b>MORE FREQUENT USE OF "AS REQUIRED" INSULIN NEEDS TO BE REVIEWED</b>											
bleep No.															

**NON-ADMINISTRATION OF MEDICINES**  
 When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box, to explain the reason for non-administration. Please attempt to obtain any unavailable medicines.

1. Doctor's request	3. Patient unable to receive medicines/or no access.	5. Medicine unavailable.
2. Patient not on ward.	4. Patient refused medicine.	6. See Notes

INSULIN ADMINISTRATION AND MONITORING RECORD

