

# How to complete the Insulin Administration Chart

(One chart to be used per insulin product – this is 1 of 2 charts\*)

If insulin administration chart is in use annotate on the MAR 'see insulin administration record' and sign for insulin administration using this chart

<b>Resident Name:</b>	MR JOE BLOGGS	<b>Date of Birth:</b>	01/04/1944
<b>Allergies:</b>	NIL KNOWN	<b>GP:</b>	DR PEPPER (ANYWHERE GP SURGERY)
<b>BRAND name of insulin</b>	LANTUS SOLOSTAR 100 UNITS/ML	<b>Device:</b> e.g. pre-filled pen	PRE-FILLED PEN
<b>Dose prescribed:</b> State as units	20 units	<b>Administration times:</b> 24hr clock	19.00
<b>Source and date of insulin prescription information:</b> e.g. discharge letter 04/02/2019	DIABETES CARE PLAN (SEE NOTES) WRITTEN AFTER ANNUAL REVIEW WITH DR PEPPER 07.02.2021		
<b>Transcribed by:</b>	NURSE JOSIE SMITH	<b>Signed:</b>	J. Smith
<b>Checked by:</b>	NURSE MARK JONES	<b>Signed:</b>	M. Jones

The Diabetes Care Plan should include an individualised blood glucose target and monitoring frequency. If the blood glucose level is consistently above or below the target, refer for a review.

Hypoglycaemia = blood glucose 4 mmol/l or less – needs treatment. Administer the insulin dose after the hypoglycaemia has been treated and the blood glucose level is above 4 mmol/l.

Date	Time	Time of last meal	Blood glucose level (mmol/l)	Dose given	Injection site: specify	Administered by	Witnessed by (Optional)	Comments
12/10/2021	19.00	17.00	7 mmol/l	20 units	Top right-side abdomen	M. Jones	J. Smith	Avoid bottom left-hand side of abdomen – lumpy area – Dr Pepper informed 12/10/21
				units				

\*State the name of any other insulin products prescribed here and complete a separate chart: NOVD RAPID 100 UNITS/ML

Timing of the last meal will help to interpret the blood glucose levels e.g. if they are pre or post meals.

Rotate injection site (avoid any lumpy areas) and inform GP or diabetes specialist nurse looking after them if you notice any

All staff administering insulin should have completed insulin safety training e.g. SIX STEPS TO INSULIN TRAINING

## Instructions for completing the Insulin Administration chart

Providers should use this guidance in conjunction with Medicine Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and should check the CQC website for recent updates.  
Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire – October 2021. Reviewed February 2022. Adapted from NHS Birmingham and Solihull CCG: Care home resource pack.

Print chart on both sides of one sheet of paper

All staff completing this chart and administering insulin should be competent to do so and have completed insulin safety training with regular updates.

All insulins should be prescribed by **brand name** and the form or device (e.g. vial, cartridge or disposable pen) clearly documented.

This chart is designed to be used for a single insulin product – use an additional chart if the person is prescribed more than one insulin product and write this in the bottom section of the insulin administration chart.

The insulin dose should always be written in units (**NEVER** abbreviate as U or IU). There have been serious incidents where a U has been mistaken for a 0 and an overdose has been administered. The dose may be in range if the person is using a mealtime insulin as it will be dependent on the carbohydrate content of their meal.

Ensure that the information regarding the insulin prescription on this chart is from an accurate and up-to-date source and record this on the chart.

Only use **insulin** syringes to withdraw insulin from vials, never use syringes designed for other routes of administration. Syringes should **never** be used to withdraw insulin from pen cartridges or pre-filled pens. These warnings arise from serious incidents that have occurred causing harm to people due to incorrect dose administration.

### **Blood Glucose level**

Each person on insulin in a care home should have a Diabetes Care Plan which will give details of their agreed individual blood glucose level targets and how often the levels should be checked.

If the blood glucose level is found to be 4 mmol/L or less - treat for hypoglycaemia in line with local guidelines and administer the insulin dose when the blood glucose is at an acceptable level.

If the blood glucose levels are consistently below or above the person's target blood glucose levels, the person should be reviewed by their GP or diabetes specialist nurse. Information on the timing of the last meal will help to interpret the blood glucose levels e.g. if the blood glucose levels are checked pre- or post-meals.

### **Injection site:**

It is important to check the injection site for any lumpy areas which can affect the absorption of the insulin. The injection site location should be rotated and injecting into lumpy areas avoided. Any observation regarding injection site can be written in the comments section and should be reviewed by the person's GP or diabetes specialist nurse.

If you are at all worried about a person or unsure of any aspect of their insulin prescription or their insulin administration - ask for advice from the GP surgery or community pharmacy looking after them.