

Insulin Administration Chart

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

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

Resident Name:				Date of Birth:		
Allergies:				GP:		
BRAND name of insulin:				Device: <i>e.g. pre-filled pen</i>		
Dose prescribed: <i>State as units</i>	units	Administration times: <i>24hr clock</i>			Target blood glucose range:	mmol/l
Source and date of insulin prescription information: <i>e.g. discharge letter 12/10/21</i>						
Transcribed by:				Signed:		
Countersigned by:				Signed:		

Date	Time	Time of last meal	Blood glucose level (mmol/l)	Dose given	Injection site: specify	Administered by	Witnessed by (Optional)	Comments
				units				
				units				
				units				
				units				
				units				
				units				
				units				
				units				

*State the name of any other insulin products prescribed here and complete a separate chart:

Print chart on both sides of one sheet of paper

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: Insulin administration chart. Page 2 of 2