



Unit Record Number _____
 Surname _____
 Given Names _____
 DOB _____ Sex _____

*Affix patient label here
 or complete details*

Diabetic Observation Chart

Reportable Blood Glucose Levels (BGL)

Above 20 mmol/L	Notify doctor immediately, check ketones	Alterations to Reportable Levels Any alteration <u>must</u> be signed by a Medical Officer Reportable levels: Less than _____ mmol/L and Greater than _____ mmol/L Date: DD/MM/YYYY Time: __:__:__ Medical Officer name: _____ Medical Officer signature: _____
15 - 20 mmol/L	Notify doctor, check ketones if unwell AND / OR Type 1 Diabetes	
12 - 14.9 mmol/L	Notify doctor if 3 consecutive levels 12 mmol/L or above	
Below 4 mmol/L	Treat hypoglycaemia (see over) AND notify doctor	

Testing Time	Early morning	Breakfast		Lunch		Dinner		Before Bed	Extra	Remarks
		Before	After	Before	After	Before	After			
Post op / other (enter due time)										

Date	BGL(mmol/L)										
DD/MM/YYYY /	Above 20										
	15 - 20										
	12 - 14.9										
	8 - 11.9										
	4 - 7.9										
	Below 4										
	Ketones										
DD/MM/YYYY /	Above 20										
	15 - 20										
	12 - 14.9										
	8 - 11.9										
	4 - 7.9										
	Below 4										
	Ketones										
DD/MM/YYYY /	Above 20										
	15 - 20										
	12 - 14.9										
	8 - 11.9										
	4 - 7.9										
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	4 - 7.9										
	Below 4										
	Ketones										
DD/MM/YYYY /	Above 20										
	15 - 20										
	12 - 14.9										
	8 - 11.9										
	4 - 7.9										
	Below 4										
	Ketones										

Sample only
 Not for use in the Medical Record



Adult hypoglycemia management

See Hypoglycaemic Management Protocol

Confirm hypoglycaemia:
Blood glucose < 4.0 mmol/L
 If asymptomatic confirm with second test.

If the patient's clinical condition deteriorates at any stage, reassess and manage from beginning of flow chart

Conscious and intact swallow

**Unconscious
 MET call**

Conscious and fasting or unable to swallow

Give quick acting carbohydrate – 1 tube of glucose gel (on spoon).
 If glucose gel not available, give:

- 5-7 large jelly beans; or
- Up to 150-250mls of soft drink (not diet) or juice; or
- 3 teaspoons sugar.

MET call.
 Give 50mL IV 50% glucose. If no IV access, give 1mg of glucagon IM.

Blood glucose < 2.0 mmol/L

Blood glucose 2.0 – 4.0 mmol/L

Recheck blood glucose level after 10-15 minutes.
 If < 4.0 mmol/L repeat above treatment.
 If remains < 4.0 mmol/L after treating three times, contact doctor.

Recheck blood glucose level after 10-15 minutes.
 If < 2.0 mmol/L repeat above treatment.
 Consider ongoing IV glucose infusion.

Commence IV 5% glucose at 100mL/hr. If fluid restricted, use 10% glucose at 50mL/hr.

Recheck blood glucose level after 10-15 minutes.
 If < 4.0 mmol/L repeat above treatment and contact doctor.

If blood glucose level ≥ 4.0mmol/L and able to swallow

Give long acting carbohydrate:

- Half a sandwich; or
- 1 glass of milk; or
- 1 piece of fruit; or
- Tub of yoghurt.

Or give next meal within 20 minutes.

If blood glucose level ≥ 4.0mmol/L and fasting or unable to swallow

Continue IV 5% glucose at 100mL/hr. If fluid restricted, use 10% glucose at 50mL/hr.

Recheck blood glucose level after 30 minutes.

- Document episode in patient notes and review possible cause to avoid recurrence.
- Monitor BGL more frequently (every 2-6 hours) for next 24 hours.
- Do not withhold usual insulin or oral hypoglycaemic agents, consider reduction in dose.
- Consider referral to Endocrinologist and / or Diabetes Education.