

Date of Audit: **Trust:** **Completed By:**

Time of Audit: Pre 15:00 / Post 15:00

Ward Speciality: Medical / Endocrine / Admission ward or ED / Surgical / COTE / Other

Part A

Has insulin been prescribed on the insulin chart until at least the next morning dose? Please circle

YES **NO** **N/A** (add reason eg prescribed at night, switched to IV)

Number of nights the patient has been in hospital. Please circle: **0-6** (please write number of nights): **7-28** **>28**

Over the past 7 full days: (For this run chart, a full day means from 08:00 to 07:59 on the following day)

- **Number of 'good diabetes days (see overleaf for definition of good diabetes days):**
- **Number of hypo events (BG < 4mmol/l):**
- **Number of hypos occurring between 22:00 - 08:00:**

Part B

Please circle patient responses:

- **Were you making decisions about your insulin dose before admission to hospital?** **YES** **NO** **N/A**
- **In the past 24 hours has anyone talked to you about your blood sugar reading?** **YES** **NO** **N/A** **Can't Remember**
- **In the past 24 hours has anyone talked to you about your insulin dose?** **YES** **NO** **N/A** **Can't Remember**
- **Thank the patient and ask if they have any questions / comments:**
- **If patient has concerns or queries about their care, please relay to a member of staff.**

Staff Name:

Thank Ward Manager before leaving ward

Data to be collected by pre-registration pharmacist. In hospital trusts across NI for 10 random patient Insulin kardexes (50% medical/admission or ED). Aim to collect data on 3rd Wednesday of each month & enter onto audit dashboard.

- Introduce yourself to the ward manager
- Request permission to collect data
- Identify 2-3 patients currently prescribed Insulin, either subcutaneous or Intravenous
- Confirm with ward manager that these patients are fit and well and would be suitable to answer questions on their Insulin prescribing experience
- If patient not suitable to speak with complete Part B as N/A

Part A

Definition of 'good diabetes day'

- Frequency of tests appropriate
 - Daily for basal s/c. usually fasting.
 - Twice daily for s/c biphasic, pre insulin administration
 - Four times daily for s/c basal bolus, pre administration
 - Hourly for IV
 - Other: as indicated on monitoring sheet
- No more than one BG reading $>11\text{mmol/l}$
- No more than one BG reading $<4\text{mmol/l}$

Part B

- Introduce yourself to the patient {hello my name is I am a pre-reg pharmacist. }
- Explain that you are collecting information on insulin prescribing
- Ask the patient if they would be willing to answer some questions on insulin prescribing
- Record any comments patient provide (positive and negative) about experience with respect to insulin in hospital
- If you have relayed any patient concerns to nursing staff on the ward, document in part B.

Thank Ward Manager before leaving ward