



REASSESS





Assess



Me

LISTEN TO STAFF

Situation

Who wants what, when and why?

INVOLVE THE PATIENT

What are their needs and wishes?

What complicating factors are there?

BE ALERT TO THE CONTEXT

What is pressuring me?

What is holding me back?

What could cause an error?

GIVEN MY

Strengths and Limitations

Can I proceed?

Respond

Proceed

Check² Act

CHECK NOW

Was it easy? Check for errors

Was it hard? Get someone else to check

CHECK LATER Whv? Who?

When?

NOW

Reflect

How did it go?

How did the top tips apply?

FOLLOW UP

What was the result of your action?

DISCUSS IN A CBD?

Which components of SMAC² made you feel good, bad or uncertain?

NO

Seek information or help



Top tips

Follow the **smac**² routine to help prescribe insulin safer.

This will help patients, you, and colleagues have good diabetes days.

A patient has a good diabetes day when:

No more than one BG > 12 mmol/l; no BG < 4 mmol/l; they are involved in their own care.

Good insulin prescribing practice

DO

Improve the pattern rather than firefight

- Prescribe tomorrow's breakfast dose by 3pm today (latest)
- Examine the pattern of glucose results
 - Think which time of day each dose affects
- Decide which dose(s) need changing

DON'T

- Don't leave prescribing decisions for out-of-hours staff
- Don't let patients be hyperglycaemic because of hypophobia
- Don't leave a patient without insulin after a hypo
 - Don't omit basal insulin in T1DM

Generally, 1 unit of insulin adjusts glucose by 2-3 mmol/l





