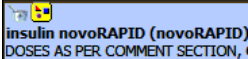



Rapid acting insulin - nurse administration at meal times (breakfast, lunch, dinner) – ieMR workflow

Using insulin subcutaneous regular carbohydrate counting paediatric PowerPlan

Check medication and patient

1. Check Blood Glucose Level (BGL)/Ketone level and document in iView.
2. Negotiate Carbohydrate (CHO) intake for meal with patient/ family.
3. Two RN's collect equipment (i.e. insulin pen or syringe/insulin cartridge and sharp container) and go to patient bedside.
4. Administration nurse to log on and open patient chart in ieMR. Check Encounter.
5. Verbally check and confirm patient name, DOB, URN, and allergy status with parent/carer/patient against the banner bar and ID band.
6. If new allergies are identified, enter the details and complete the **reverse allergy check**.
7. Mark allergies as reviewed.
8. Navigate to **MAR**.
 - a. Locate insulin order from Carb Counting Power Plan.
 
 - b. Hover over order sentence to view comments/special instructions and meal dosing.
 
 - c. Review *last dose given* on the most recent administration tile.
 - d. Calculate expected dose based on BGL, CHO ratio and Insulin Sensitivity Factor.

Obtain order and document administration

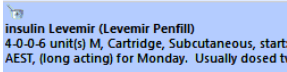

1. **Call Medical Officer (MO)**. Navigate between iView & MAR to provide relevant information (BGL, total CHO) to inform dose confirmation. Open the Medication Administration Wizard.
2. Scan the patient ID band.
3. Tick the paediatric dose check and the Insulin dose checkboxes. The medication administration window will open automatically. Read the alert box and select OK.
4. Tick the box to acknowledge BGL level displayed.
5. Dose is highlighted as yellow mandatory field. Enter the dose as requested by MO. MO to repeat and confirm dose verbally with second RN.
6. Enter ***Dose confirmed by phone with Dr XXXX*** in the comments field.
7. Both nurses prepare/check insulin as per CHQ Medication Administration procedures.
8. Nurse / child or parent administers insulin dose.
9. Document site of administration in the administration window.
10. Use the comments field to document if dose was administered by the child or parent.
11. Select the green tick to verify - second nurse to enter Novel ID and password into witness field. Nurse logged in clicks Sign.
12. Return to MAR. Refresh to confirm administration. Close chart and log out.
13. Return insulin to medication room and dispose of equipment safely.
14. Document CHO intake in iView → Paediatric Systems Assessment → ADLs → Nutrition.

Long Acting Insulin – Nurse Administration – ieMR Workflow

Using Insulin CareSet

Check medication and patient

1. Check BGL/Ketone level and document in iView.
2. Two RN's collect equipment (i.e. insulin pen or syringe/insulin cartridge and sharp container) and go to patient bedside.
3. Administration nurse to log on and open patient chart in ieMR. Check Encounter.
4. Verbally check and confirm patient name, DOB, URN, and allergy status with parent/carer/patient against the banner bar and ID band.
5. If new allergies are identified, enter the details and complete the **reverse allergy check**.
6. Mark allergies as reviewed.
7. Navigate to **MAR**.

- a. Locate insulin order from Care Set  NB. each dose is separated by a dash (-), **e.g. 4-0-0-6 units – in this example, the patient is prescribed 4 units in the morning and 6 units at bedtime**. You must review the blue administration tile to determine the time of each dose.
- b. Hover over order sentence to view comments/special instructions.
- c. Review *last dose given* on the most recent administration tile. 
- d. Review *dose due* for administration on the relevant administration tile.
- e. Calculate expected dose based on Blood Glucose Level, CHO ratio and Insulin Sensitivity Factor.

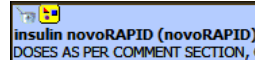

Document administration

1. Open the Medication Administration Wizard.
2. Scan the patient ID band.
3. Tick the Insulin dose checkbox and select the Result column to open the medication administration window.
4. Tick the box to acknowledge BGL level displayed.
5. Review the pre-filled dose and confirm with nurse witness.
6. Both nurses prepare/check insulin as per CHQ Medication Administration procedures.
7. Nurse / child or parent administers insulin dose.
8. Document site of administration in administration window.
9. Use the comments field to document if dose was administered by the child or parent.
10. Select the green tick to verify - second nurse to enter Novel ID and password into witness field. Nurse logged in clicks Sign.
11. Return to MAR. Refresh to confirm administration. Close chart and log out.
12. Return insulin to medication room and dispose of equipment safely.
13. If required, document carbohydrate intake in iView → Paediatric Systems Assessment → ADLs → Nutrition.



Rapid acting insulin - nurse administration for **snacks/ad doc/supplemental doses** – ieMR workflow

Phone orders using the insulin subcutaneous **ONCE Only** paediatric CareSet

Check medication and patient

1. Check Blood Glucose Level (BGL)/Ketone level and document in iView.
2. Negotiate carbohydrate (CHO) intake with patient/family.
3. Two RN's collect equipment (i.e. insulin pen or syringe/insulin cartridge and sharp container) and go to patient bedside.
4. Administration nurse to log on and open patient chart in ieMR. Check Encounter.
5. Verbally check and confirm patient name, DOB, URN, and allergy status with parent/carer/patient against the banner bar and ID band.
6. If new allergies are identified, enter the details and complete the **reverse allergy check**.
7. Mark allergies as reviewed.
8. Navigate to **MAR**.
 - a. Locate Insulin Order from Carb Counting power plan.
 
 - b. Hover over order sentence to view comments/special instructions for snack/ad hoc/supplemental dosing.
 
 - c. Review *last dose given* on the most recent administration tile.
 - d. Calculate expected dose based on BGL, CHO ratio and Insulin Sensitivity Factor.

Obtain and document phone order

9. **Call Medical Officer (MO)** to request insulin order. Navigate between iView & MAR to provide relevant information (BGL, Total CHO) to inform dose.
10. While on the phone to MO, navigate to the the Orders page and select the **ADD+** button.
11. Search *Insulin Once*. Select the **Insulin Subcutaneous (All Types) Once Only Paediatric CareSet**. 
12. When the CareSet opens, select the correct rapid acting insulin (i.e novorapid, humalog or apidra), as per the MO's instructions.
13. In the pop up, enter the MO's (Physician) name and select **Phone/Verbal (co-sign)**. Click OK. (This will route back to the MO for co-sign).
14. Enter the dose in units as requested by MO into the yellow dose field of the details tab.
15. Ensure the ***Frequency** is set to **ONCE only** and the First dose priority is **NOW**.
16. MO to repeat and confirm dose verbally with second RN (Nurse Witness) who checks the order.
17. Enter **Nurse Witness** details. Select OK. Select Done on the order window.
18. Review order, select Sign and enter password as prompted.
19. Navigate to the MAR and refresh the page – the dose will be red and due **NOW** , as per the phone order.

Perform and document insulin administration

9. Open the Medication Administration Wizard.
10. Scan the patient ID band.
11. Tick the relevant insulin dose checkbox and select the Result column to open the medication administration window.
12. Tick the box to acknowledge BGL level displayed.
13. Review the pre-filled dose (as per phone order) and confirm with nurse witness.
14. Both nurses prepare/check insulin as per CHQ Medication Administration procedures.
15. Nurse / child or parent administers insulin dose.
16. Document site of administration in administration window.
17. Use the comments field to document if dose was administered by the child or parent.
18. Select the green tick to verify - second nurse to enter Novel ID and password into witness field. Nurse logged in clicks Sign.
19. Return to MAR. Refresh to confirm administration. Close chart and log out.
20. Return insulin to medication room and dispose of equipment safely.
21. If required, document CHO intake in iView → Paediatric Systems Assessment → ADLs → Nutrition.