Clinical Guidance Document

• In-patient Insulin Use and Supply •

The majority of patients with diabetes are treated using a small number of insulin preparations. Patients admitted as emergencies to in-patient sites may not have their usual prescribed insulin on their person.

**To facilitate safe insulin use, the following advice is provided:**

* Patients bringing their own supply, and who are able to administer their own insulin, should do so.
* Patients who do not bring, or who cannot administer their own insulin, should receive ward stock alternative as follows:

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| Duration of action and time given | **Rapid**  10 -15 minutes  before food | **Short**  15 - 30 minutes  before food | **Intermediate**  Same time  every day | **Long**  Same time  every day | **Fixed Mixture**  15 - 30 minutes before food |
| Patient’s  usual insulin | Novorapid  Apidra  Fiasp  Humalog | Actrapid  Humulin S  Insuman Rapid | Insulatard  Humulin I  Insuman Basal  Levemir | Lantus  Abasaglar  Tresiba | Humulin M3  Humalog Mix 25  Humalog Mix 50  Novomix 30  Insuman Comb  (15,25,50) |
| Ward stock alternative (10ml vial) | **Novorapid** | **Actrapid** | **Insulatard** | **Lantus** | **Humulin M3** |

**The appropriate ward stock insulin can be prescribed and substituted on a unit-for-unit basis (except Toujeo and Xultophy – see below) with the patients usual insulin, until this can be supplied or the patient can self administer their own insulin**.

* **Toujeo:** can be changed to Lantus but the **dose should be** **reduced by 20%** to reduce the risk of hypoglycaemia, with close monitoring of blood glucose.
* **Xultophy:** administered as dose steps, e.g. one dose step will contain 1 unit of insulin Degludec and 0.036 mg of the GLP-1 Liraglutide. Patients on Xultophy can be prescribed Lantus on a one dose step to one unit basis.
* **Humalog 200 units/ml:** can be changed unit for unit to Novorapid.
* **Non-human insulin preparations**: acceptable to receive a dose of the human equivalent insulin with close monitoring of blood glucose. However, the patient should get their normal non-human insulin preparation prescribed as soon as available.

**Points to remember:**

* **Insulin must be prescribed by BRAND name.**
* **If patients require a supply of their own insulin, order on an Individualised Patient Supply Form (IPS) from Pharmacy; this should be sent home with the patient on discharge. Until available follow above guidelines.**
* **There is NO need to write 'UNITS’ after the dose on the insulin prescribing chart. NEVER use the abbreviation ‘U’ or ‘IU’.**
* **Before opening all insulin preparations should be stored in the fridge. Once open they are stable at normal room temperature. All insulin vials/pens should be marked with the date of first use and disposed of 4 weeks after opening.**
* **Under no circumstances should insulin be administered by nursing staff or district nurses via a pen device.**
* **Under no circumstances should insulin be drawn up into a syringe from an insulin cartridge.**
* **Please note at time of document review – Fiasp, Humalog 200units/ml, Tresiba, Toujeo and Xultophy are non-formulary and therefore not stocked by pharmacy.**
* **PLEASE REMEMBER TO DISCHARGE THE PATIENT ON THEIR USUAL INSULIN IF THEY HAVE BEEN GIVEN A TEMPORARY ALTERNATIVE DURING THEIR IN-PATIENT STAY.**

The following non-licensed rapid loading regimen has been accepted for local use.

Amiodarone 400mg three times daily for 6 days then,

reduce to maintenance therapy.

Maintenance therapy: the minimum effective dose should be used. After initial loading reduce to 200mg daily or less if appropriate.

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