Medication Administration Record

To be used for transcribing all inital orders for adult subcutaneous insulin

Room: _____

ALLERGIES:			
DATE ORDERED & INITIAL	☐ **CORRECTIONAL**	**Insulin Type (choose one):** ☐ insulin aspart (NOVOLOG) ☐ regular insulin (HUMULIN R)	**Blood glucose monitoring:** ☐ Before each meal ☐ Before each meal and at bedtime ☐ q6hr ☐ Other: _____
Blood glucose (BG) below 50 mg/dL or **50 - 70 mg/dL with symptoms such as confusion, agitation, palpitations, tremors, sweatiness, or somnolence**		1. Call MD for further instructions 2. 4oz. O.J. PO or 12.5 g D50W IV x 1 dose 3. Recheck blood glucose q15 min. after giving O.J. or D50W until new orders.	
BG 50 - 70 mg/dL with no symptoms		1. Call MD for further instructions and recheck blood glucose in 15 min. 2. If blood glucose decreasing or pt symptomatic, give 4oz O.J. or D50W IV x 1 dose and obtain new orders for blood glucose monitoring from MD. 3. If blood glucose increasing, obtain orders from MD for treatment and blood glucose monitoring.	

BG	71 - 150 mg/dL	151 - 200 mg/dL	201 - 250 mg/dL	251 - 300 mg/dL	301 - 350 mg/dL	351 - 400 mg/dL	Over 400 mg/dL- *Administer insulin dose and notify MD*
☐ **Low Scale**	0	1 unit	2 units	3 units	4 units	5 units	7 units
☐ **Medium Scale**	0	1 unit	3 units	5 units	7 units	9 units	11 units
☐ **High Scale**	0	2 units	4 units	6 units	8 units	10 units	12 units
☐ **Individualized Scale**							

☐ **Correctional Insulin**

Date / Time	Blood Glucose	Units Given	DAY 07:01 - 15:00	EVENING 15:01 - 23:00	NIGHT 23:01 - 07:00

Date	Insulin	DAY 07:01 - 15:00	EVENING 15:01 - 23:00	NIGHT 23:01 - 07:00
	☐ **Basal Insulin**			
	☐ **Pre-mixed Insulin**			
	☐ **Nutritional (Prandial) Insulin**			

MEDS NOT GIVEN

1. NPO
2. Patient Refused
3. Nausea
4. Hold Dose
5. Off Unit
6. Drug Not Available
7. Patient Asleep
8. See Nursing Note

INJECTION SITES

9. Right Arm
10. Right Buttock
11. Right Thigh
12. Right Upper Abdomen
13. Right Lower Abdomen
14. Left Arm
15. Left Buttock
16. Left Thigh
17. Left Upper Abdomen
18. Left Lower Abdomen

INITIALS	PRINTED NAME	SIGNATURE	STATUS

Patient Name: Patient Identification #:

Shands at University of Florida
Gainesville, Florida 32610

MA0001

Adult Subcutaneous Insulin Medication Administration Record (MAR) – Form A *(page 1 of 1)*

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