

Insulin Prescription Audit

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BACKGROUND

Insulin is a life saving drug but can be life threatening if not prescribed properly. We therefore undertook an audit of insulin prescription in South Tipperary General Hospital, Clonmel.

AIMS

Three prescribing practices were audited in all medical and surgical patients admitted to South Tipperary General Hospital with type 1 and type 2 diabetes mellitus.

1.-The prescription of insulin on insulin prescription sheets (as per hospital policy) or drug kardex.

2-The adjustment of insulin doses on insulin prescription sheets as per blood sugar levels.

3-The prescription of insulin on discharge prescription.

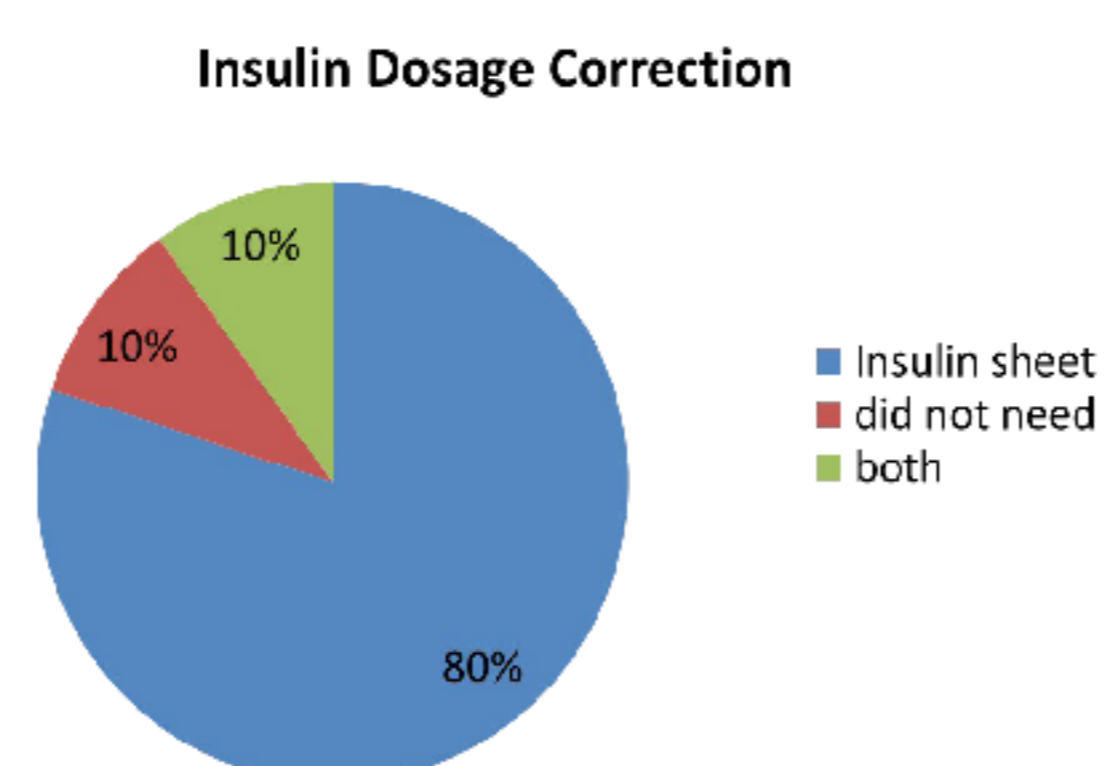
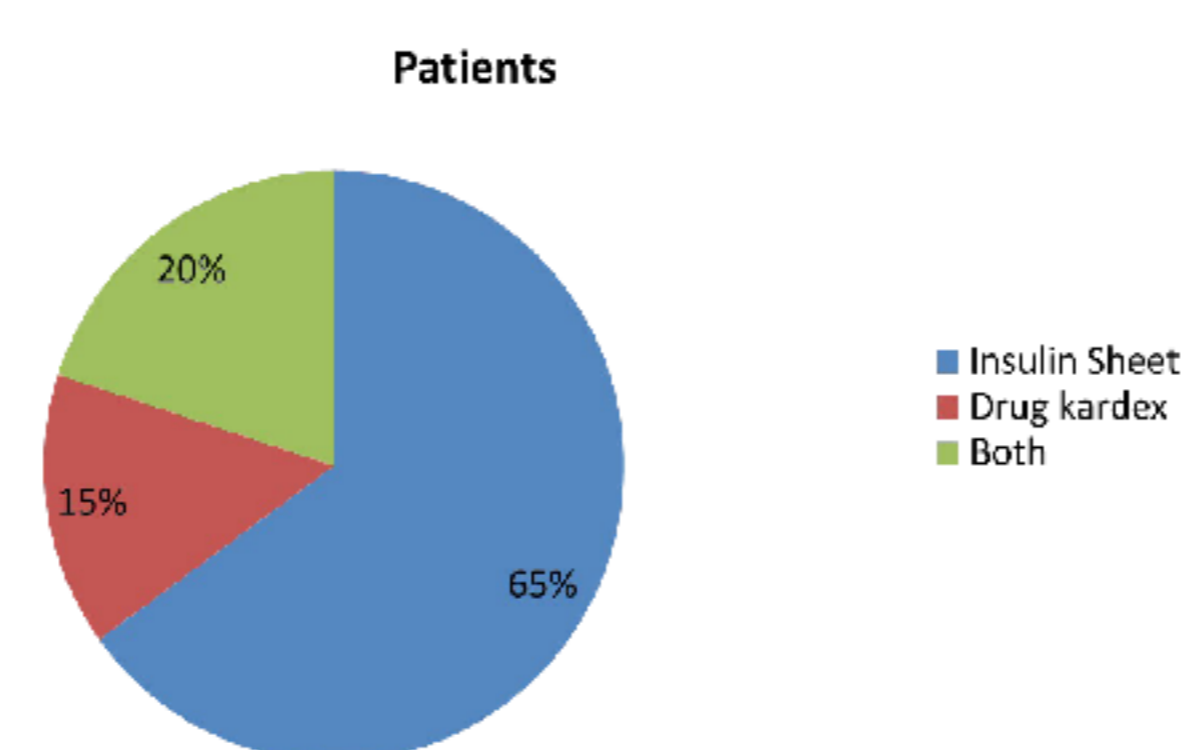
METHODS

A prospective, consecutive audit of insulin prescription was carried out on all medical & surgical patients admitted to STGH with type 1 & type 2 diabetes mellitus in November 2013. The practice was compared with hospital guidelines which are consistent with other hospitals nationally.

RESULTS

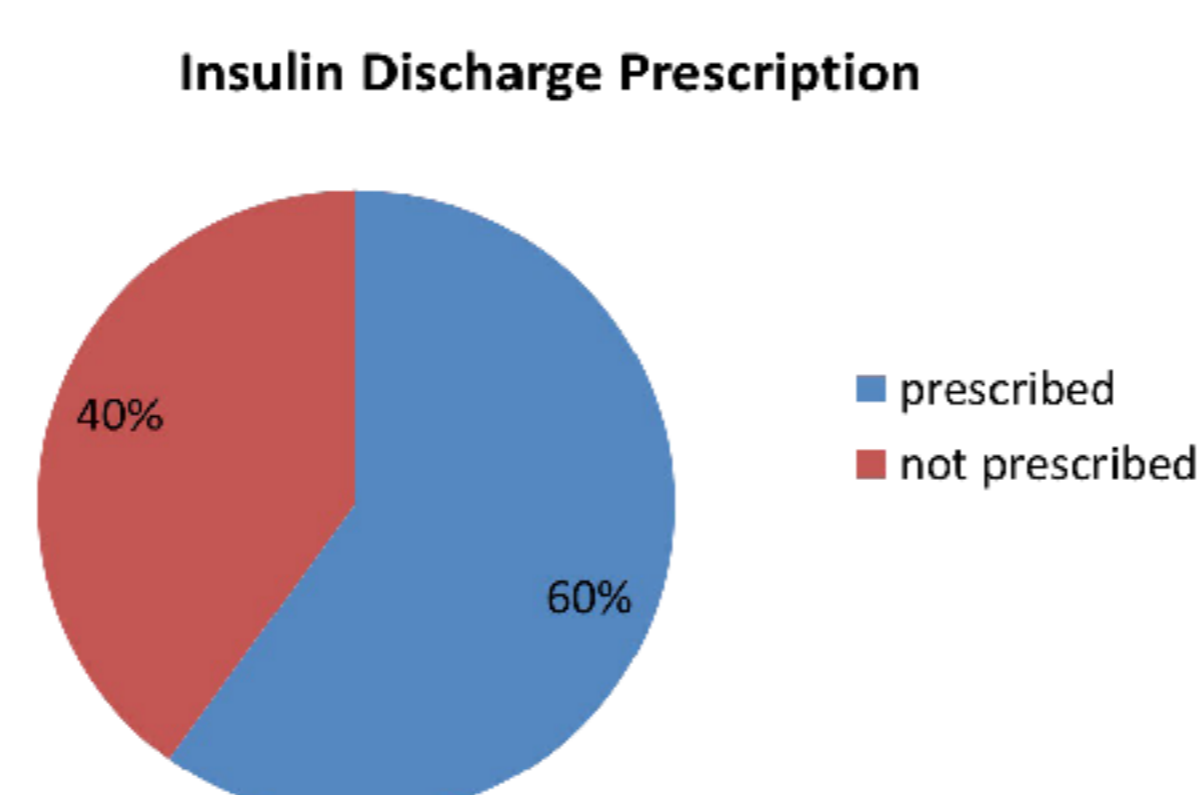
Twenty consecutive patients were audited. 65% had insulin charted on insulin prescription sheet, 15% on drug kardex alone and 20% on both.

80% of patients had their insulin dosage corrected as per blood glucose readings on insulin prescription sheet, 10% on both and 10% did not need insulin dosage correction.



60% of patients had insulin prescribed on discharge prescription and 40% did not. The reasons for this were analysed:

- one patient died
- three patients were not given a discharge prescription
- one prescription read "as per letter & drug kardex"
- one remained an inpatient at end of audit
- two patients left against medical advice



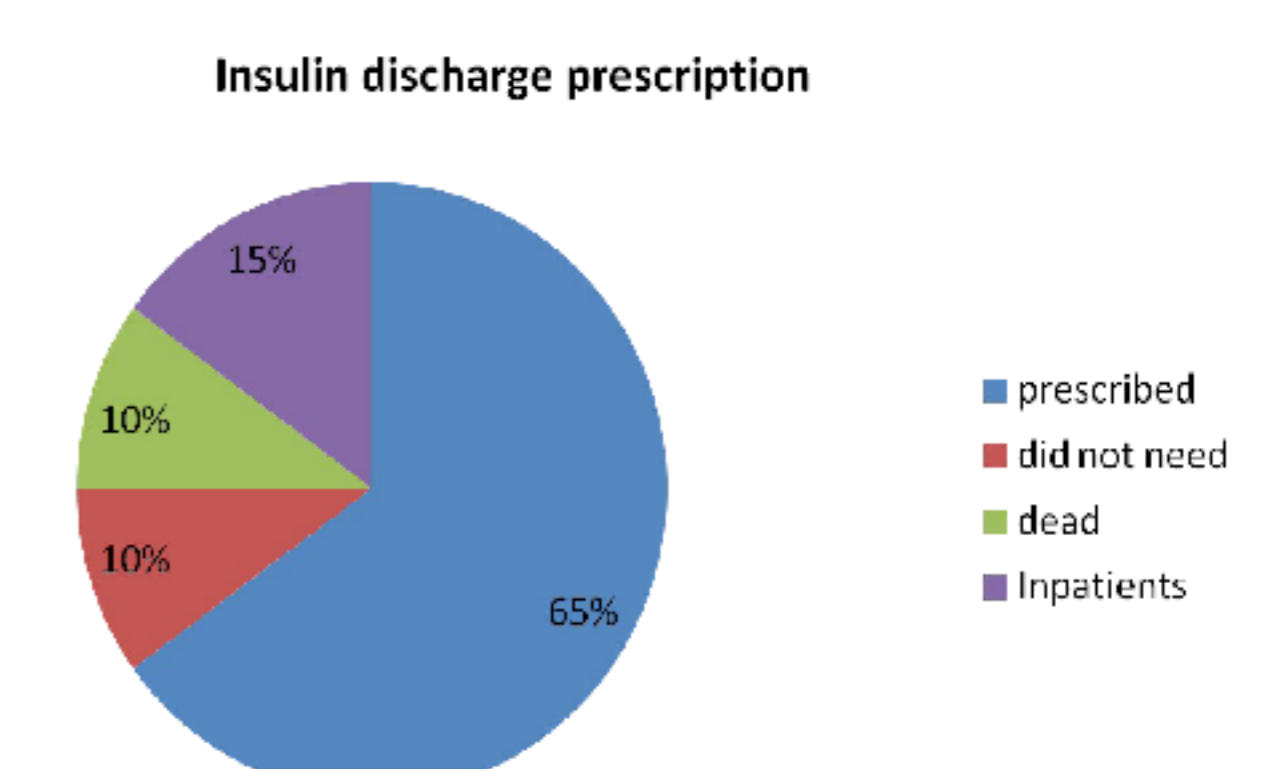
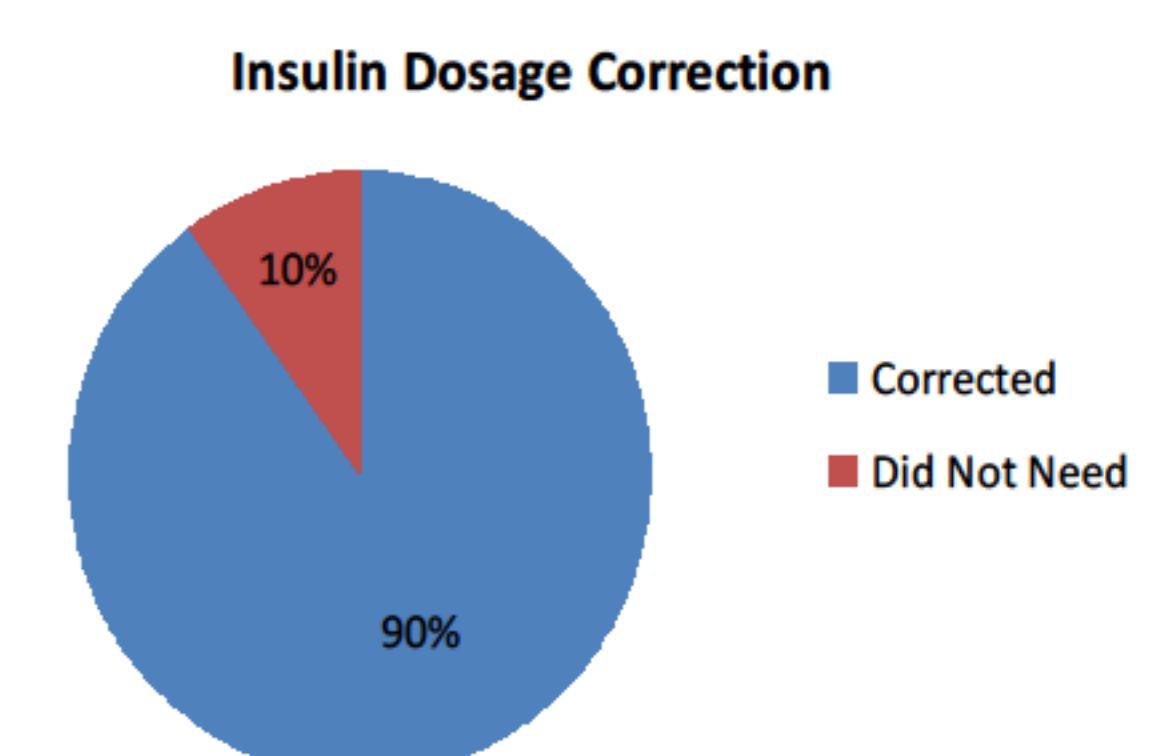
INTERVENTION

As a result of these findings a new insulin prescription sheet was recommended and introduced with more space for charting insulin and adjusting insulin doses. Sections for diabetic medications on admission and hypoglycaemia treatment were also included in the new prescription sheet. Educational sessions on insulin prescription were also organised for medical and nursing staff.

RE AUDIT

A re-audit of a further twenty patients was performed in June 2014 to again look at the above three prescribing practices.

100% compliance was observed in terms of location of insulin prescription
90% compliance was observed in terms of insulin dose adjustment. The remaining 10% did not require correction of insulin dose.
65% of patients had insulin prescribed on discharge, 10% did not require insulin on discharge, 10% died and 15% were still inpatients at time of re audit.



CONCLUSION

The re audit showed an improvement in the practice of insulin prescribing and therefore improved patient safety

Reference Implementation of a dedicated hospital subcutaneous insulin prescription chart:effect of glycaemic control
Cheung N W, cinnadailo N, O'Neill A, Koller L, Pvatt H L, Zingle C, Chipps D R.

