**A Survey of the Safety & Use of the JBDS Variable Rate Intravenous Insulin Infusion for Medical Inpatients**

Please complete an audit proforma for those patients who have been on a VRIII and have been stepped down for at least 24 hours - EXCLUDING DKA patients

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| SECTION 1: DEMOGRAPHICS | | | |
| 1. NHS Trust: *(please write in full)* Click here to enter text. | | | |
| 1. Patient survey number Click here to enter text. of 5 | | | |
| 1. Do you use the JBDS guidelines in your trust?  Yes  No\*   \*If No, Please explain why, and send a copy of local guidelines with this form: Click here to enter text. | | | |
| 1. Length of stay: Click here to enter text. days | | | |
| 1. Was the admission:  Elective  Emergency | | | |
| 1. Is the patient known to have diabetes prior to this admission?  Yes  No  Not Known | | | |
| 1. Type of diabetes:  Type 1  Type 2  Insulin Treated Type 2   Not known to have diabetes  Other: Click here to enter text. | | | |
| 1. Type of medication on admission: *(Tick as many as needed)* | | | |
| Basal insulin | | Tablets | |
| Fast acting insulin | | GLP1 agonists | |
| Pump | | Mixed insulin | |
| None | | Other: Click here to enter text. | |
| 1. Latest HBA1C result: Click here to enter text. (mmol/mol) | | | |
| SECTION 2: INITIATION OF VRIII | | | |
| 1. Duration of VRIII:  < 1 days  1 to <2days  2 to < 4 days  4 to < 7days  ≥7 days | | | |
| 1. In your opinion, was the duration of the VRIII appropriate:  Yes  No  Not known | | | |
| 1. Why was the patient put onto a VRIII? *(Tick as many as needed)* | | | |
| Vomiting | TPN/Enteral fed | | |
| Nil by mouth (due to missing more than 1 meal) | Severe illness | | |
| ACS - Standard VRIII | Steroid use | | |
| ACS -TITAN protocol | Other: Click here to enter text. | | |
| SECTION 3: MONITORING & FLUIDS | | | |
| 1. Was bedside capillary glucose monitored on an hourly basis throughout duration of VRIII:  Yes No | | | |
| 1. What was the total number of glucose readings in the last 24 hours on infusion? Click here to enter text. | | | |
| 1. If the patient was already on background insulin when they  Yes  No  Not on background insulin   they were admitted, was the background insulin PRESCRIBED: | | | |
| 1. If the patient was already on background insulin when they  Yes  No  Not on background insulin were admitted, was the background insulin GIVEN: | | | |
| 1. Were fluids prescribed: *(Tick as many as needed)* | | | |
| a.  5% Dextrose b.  0.9% NaCl  c.        Hartmann’s d.  0.18% NaCl / 4% Glucose  e.       10% Dextrose or  20% Dextrose f.     0.45% NaCl / 5% Glucose  g.  Other: (please indicate) …Click here to enter text. | | |  |
| 1. How much potassium was given through the VRIII in total? Click here to enter text.mmol/l | | | |
| 1. In your opinion, was the fluid management appropriate?  Yes No\*   \*If No, please comment Click here to enter text. | | | |
| SECTION 4: HYPOGLYCAEMIA | | | |
| 1. Did the patient have any episodes of hypoglycaemia whilst on VRIII?  Yes No (Go to Q25) | | | |
| 1. If the patient did have hypoglycaemic events, how many glucose readings between 3.0-3.9 mmol/L: ………… | | | |
| 1. If the patient did have hypoglycaemic events, how many glucose readings less than 3.0 mmol/L: ………… | | | |
| 1. If the patient did have hypoglycaemic events, how many episodes required oral therapy? ………….. | | | |
| 1. Number of episodes of hypoglycaemia requiring glucagon or IV glucose: ………… | | | |
| 1. Were **all** hypoglycaemic events treated according to Trust guidelines?  Yes  No  NA | | | |
| SECTION 5: ELECTROLYTE DISTURBANCES & VRIII REVIEW | | | |
| 1. Was there a daily review of patient’s U and E whilst on VRIII?  Yes  No\*  NA if <24 hours   \*If No, please comment Click here to enter text. | | | |
| 1. Did the patient suffer from hypokalaemia whilst on the VRIII?  Yes\*  No   \*If Yes, were there any clinical consequences? Click here to enter text. | | | |
| 1. Did the patient suffer from hyponatremia whilst on the VRIII?  Yes\*  No   \*If Yes, were there any clinical consequences? Click here to enter text. | | | |
| 1. Was the patient reviewed clinically on a daily basis while on VRIII?  Yes  No  NA if <24 hours | | | |
| 1. Was the patient’s on-going need for VRIII reviewed on a daily basis?  Yes  No  NA if <24 hours | | | |
| SECTION 6: STEPDOWN | | | |
| 1. Was the patient’s stepdown from VRIII done safely?  Yes  No\*   \*If No, were there any clinical consequences? Click here to enter text. | | | |
| 1. Was there a 30 minute overlap between subcutaneous  Yes  No  NA  NK   insulin being given and the VRIII being taken down? | | | |
| 1. In the 12 hours following stepdown did the patient have a hypo (CBG<4)?  Yes\*  No   \*If Yes, please comment: Click here to enter text. | | | |
| 1. In the 12 hours following stepdown did the patient have a rebound hyper (CBG <20)?  Yes\*  No   \*If Yes, please comment: Click here to enter text. | | | |