**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

|  |
| --- |
| 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% NaClc.       [ ]  Hartmann’s d. [ ]  0.18% NaCl / 4% Glucose e.      [ ]  10% Dextrose or [ ]  20% Dextrose f.    [ ]  0.45% NaCl / 5% Glucoseg. [ ]  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. |