



New York State
Partnership
for Patients



Nursing Centered Initiatives

Adverse Drug Events

NYSPPF ADVERSE DRUG EVENT REDUCTION INITIATIVE TEAM ACTION PLANNING WORKSHEET FOR INSULIN

The following practice recommendations checklist, developed by NYSPPF in partnership with the Institute for Safe Medication Practices (ISMP), provides insulin-related process improvement strategies for consideration as hospitals work to reduce adverse drug events.

PRACTICE RECOMMENDATIONS	CHECKLIST OF HOSPITAL'S IMPLEMENTATION STATUS			ACTION PLAN/NEXT STEPS
	FULLY	PARTIALLY	NONE	
Practice Recommendations for Insulin				List specific activities your team will try to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes.
Insulin infusions are prepared by the pharmacy.				
Insulin infusions are standardized to one concentration.				
U-500 insulin doses are prepared by the pharmacy.				
Pediatric dilutions of insulin are prepared by the pharmacy.				
Patient-specific doses of long-acting insulins are dispensed by the pharmacy.				
A standardized hypoglycemia protocol is ordered and readily available for each patient receiving insulin.				

TEAM ACTION PLANNING WORKSHEET FOR INSULIN (continued)

PRACTICE RECOMMENDATIONS	CHECKLIST OF HOSPITAL'S IMPLEMENTATION STATUS			ACTION PLAN/NEXT STEPS
Practice Recommendations for Insulin	FULLY	PARTIALLY	NONE	List specific activities your team will try to accomplish to fully implement each practice recommendation. Include a detailed plan (what, who, how, and starting when) in your notes.
Patients on insulin have orders for blood glucose monitoring at least daily.				
Only the smallest commercially-available insulin vials should be stocked on the clinical units.				
Annual competency assessment is required for all practitioners using point-of-care glucose testing devices.				
A standardized process exists for the communication and documentation of point-of-care glucose testing results.				
A standard process is in place for the caregiver to withhold insulin administration when the patient is NPO.				
Insulin infusions are administered using a smart infusion device with hard stops for catastrophic doses.				
Patients receiving insulin infusions are cared for in clinical locations capable of providing the required monitoring (e.g., staffing appropriate in order to provide "Q 1 hour" testing if ordered).				
An independent double check for IV insulin occurs prior to administration, and at each dose change and infusion bag change for continuous infusions.				