**Purpose**

This policy is designed to provide [insert hospital name] clinicians with information for safe and effective management of patient **self-monitoring of blood glucose (SMBG) and self-determination of insulin doses and/or self-administration of insulin.**

**Scope**

* A Diabetes Management Service or Endocrine Service consult should be considered for any patient wishing to self-manage diabetes in the hospital.
* The patient should be evaluated for competency, knowledge, and technique prior to initiating self-management. Patients may self-manage their diabetes during the hospitalization if they are alert, oriented, and competent to perform the procedures as indicated. Patient self-management is generally not appropriate in a patient with altered sensorium, an unstable medical condition, initiation of parenteral nutrition or tube-feeding, variable steroid doses, or frequently missed meals.

**Policy**

* **Patient self-monitoring of blood glucose**
  + Only hospital-approved equipment and supplies may be used to obtain bedside blood glucose (BBG or fingerstick glucose) values, as ordered by the physician. This is necessary to have a record of glucose values and is a hospital policy.
  + Patients may use their own meter and supplies to obtain any additional glucose values. These values may be reported to nursing and recorded on the flow sheet as “patient’s own meter.”
    - Only hospital-approved point-of-care (POC) device may be used.
    - Patient may do additional glucose determinations. Values may be recorded as “patient’s own meter.”
    - Any abnormal value obtained with a patient’s meter must be validated using the hospital glucose meter prior to any treatment. (Order for this blood glucose check would be included in the self-management order set.)
* **Patient self-administration of insulin**
  + If insulin has been ordered by the physician, the patient may self-administer the dose. Only hospital medications and supplies may be used. Patient must demonstrate good technique to the satisfaction of the nurse.
  + Nurses should directly observe administration of all insulin doses and confirm the correct insulin was given appropriately. They should record in eMAR or MAR the time and dose given.
  + If patient is receiving insulin before meals, the patient must let nursing know when patient is about to eat.
    - Nurses will observe and document all doses of insulin given by injection.
    - Nursing will respond quickly to bring insulin to patient when desired (e.g. before a meal).
* **Patient self-determination of insulin dose**
  + Patient self-determination of insulin dose REQUIRES
    - A physician order. A template for the order is available in [insert template link].
    - In the orders, physicians must specify the insulin RANGE within which the patient may select the dose.
    - A consent form, signed by the patient and the physician. The consent form outlines the patient’s agreement to assume the responsibilities of self-determining their own insulin doses.
  + Before insulin is administered, the patient should be assessed to confirm he or she is alert and oriented, and this is documented on the flow sheet every eight hours. If the nurse judges the patient to not be able to make appropriate treatment decisions, the insulin should not be administered and the house officer should be notified.
  + The house officer should be notified if the patient would like to inject an insulin dose outside the prescribed range. The physician will need to write a separate order for that dose.
  + The nurse should administer or supervise all insulin dose administration.
  + All administered doses must be recorded in eMAR or MAR.