

6. Overdose of insulin due to abbreviations or incorrect device

Overdose refers to when:

- a patient is given a 10-fold or greater overdose of insulin because the words 'unit' or 'international units' are abbreviated; such an overdose was given in a care setting with an electronic prescribing system⁴
- a healthcare professional fails to use a specific insulin administration device – that is, an insulin syringe or pen is not used to measure the insulin
- a healthcare professional withdraws insulin from an insulin pen or pen refill and then administers this using a syringe and needle.

Setting: All settings providing NHS-funded care.

National safety requirement:

- Rapid Response Report – *Safer administration of insulin* (2010). Key points are summarised in [Recommendations from National Patient Safety Agency alerts that remain relevant to the Never Events list](#).
- Patient Safety Alert – *Risk of severe harm and death due to withdrawing insulin from pen devices* (2016).

NHS England (2021) Never Events list 2018 First published January 2018 (last updated February 2021)
Appendix 1

REFERRAL DETAILS	
<p>Please provide relevant clinical details to help the diabetes team prioritise its clinical workload or your referral may be rejected. Ensure that the patients own team have addressed basic diabetes needs before referring. Concise diabetes guidance can be obtained via the Microguide 'diAppbetes' smartphone App (also on via CHARTS). Please do not refer patients with acute foot disease problems to us. These patients should be discussed <u>directly</u> with the vascular team (bi 1513, 9-5), or the OOH O/C surgical team OOH. If your patient needs podiatry review, leave a message with patient details on ext 4044.</p>	
Referral required	Referral may be required
Patient request	<input type="checkbox"/> IV insulin infusion with good control <48 hours
Diabetic ketoacidosis (DKA)	<input type="checkbox"/> NBM >24hrs post surgery or procedure
Hyperosmolar hyperglycaemic state (HHS)	<input type="checkbox"/> Recurrent HYPOglycaemia despite ward intervention
Patient is using a personal insulin pump	<input type="checkbox"/> Persistent HYPERglycaemia despite ward intervention
Patient is pregnant (PLEASE ALSO INFORM OBSTETRICS)	<input type="checkbox"/> Use of steroid-based therapy with unstable glucose control
Staff concerns over patient ability to self manage	<input type="checkbox"/> Patient is on a feed
Severe hypoglycaemia despite ward intervention	
Sepsis with erratic glucose control	
Persistent vomiting	<input type="checkbox"/> Outpatient/Elective Surgical Procedure/Operation
Diabetes dietician review needed	<input type="checkbox"/> Pre-op diabetes support needed (N.B, minimum 4/52 needed before op date for review)
Newly diagnosed diabetes (Please request HbA1c now)	
IV insulin infusion >48hrs	
Major surgery or elective procedure	
Pancreatic Surgery	
End of life care	
Patient Education - Please refer >24hrs before expected discharge date	<input type="checkbox"/>
Is community support needed?	<input type="checkbox"/>
Has this been actioned?	<input type="checkbox"/>

Appendix 2