

Diabetes Specialist Nursing Service, Diabetes Centre, Hereford County Hospital
Medication / Prescription Request

01432 364066



Dear..... Surgery..... Date:

Patient's Name:..... Dob:..... NHS no :.....

Reason for Referral:

Diagnosis <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Gestational Diabetes	Treatment <input type="checkbox"/> Not on Insulin <input type="checkbox"/> Insulin <input type="checkbox"/> Oral agents <input type="checkbox"/> GLP1s <input type="checkbox"/> Diet / Lifestyle	Technology <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Continuous Glucose Monitoring Flash Glucose Monitoring <input type="checkbox"/> NHS Trial - Flash Glucose Monitoring <input type="checkbox"/> NHS Prescription Approved - Flash Glucose Monitoring <input type="checkbox"/> Self-funding - Flash Glucose Monitoring
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Topics Covered in Consultation:

Blood Monitoring
 How to use a glucometer
 Frequency of testing blood glucose levels & level patterns

Insulin
 Storage and Expiry of Insulin
 Action of insulin / timing of injection
 DVLA and Safe driving
 Review of injection sites
 Injection technique

Managing hyper/hypoglycaemia
 Hypoglycaemia
 Hyperglycaemia / Sick day rules

Miscellaneous
 Safe disposal of sharps (Refer to Sharps [Patient Information Leaflet](#))

Other
 Structured Education Sessions
 Education on flash glucose monitoring

Recommendations:

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Other

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HbA1c..... **Date of Result** **Target HbA1c**

Insulin Recommended

Units.....(in words)..... (and figures)

Directions.....

NOTE TO G.P: To update the Summary Care Record: Please add the current number or range of units to directions and date.

Insulin Recommended

Units.....(in words)..... (and figures)

Directions.....

NOTE TO G.P: To update the Summary Care Record: Please add the current number or range of units to directions and date.

Oral Medication.....

Comments.....

Medication Stopped.....

Reason for stopping

Number of times per day testing blood glucose levels:.....

.....

Requested by (Signature) :.....

Print Name Job Title.....

Contact Number : 01432 364066 Date

Click on link to see : [Herefordshire Blood Glucose Monitoring: A Guide to Prescription Quantities](#)

Insulins (3ml cartridges)	GLP-1s (Glucagon-like peptide -1)	Testing Strips / Sensors (pack size)
<p>Long acting analogue insulins</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abasaglar (Glargine) 5x3mls Cartridges / KwikPen <input type="checkbox"/> Lantus SoloStar (Glargine) 5x3ml pre-filled pens <input type="checkbox"/> Levemir Flexpen (Detemir) 5x3ml pre-filled pens <input type="checkbox"/> Tresiba Flextouch (Degludec) 5x 3ml pre-filled pens 100units/ml <input type="checkbox"/> Tresiba Flextouch (Degludec) 5x3ml pre-filled pens <u>200units/ml - High strength</u> <p>Intermediate isophane insulins</p> <ul style="list-style-type: none"> <input type="checkbox"/> Humulin I KwikPen (Isophane) 5 x 3ml pre-filled pens <input type="checkbox"/> Insulatard Innolet (Isophane) 5 x 3ml pre-filled pens <p>Biphasic insulins</p> <ul style="list-style-type: none"> <input type="checkbox"/> Humulin M3 KwikPen (Isophane) 5 x 3ml pre-filled pens <input type="checkbox"/> Humalog Mix 50 KwikPen (Lispro) 5 x 3ml pre-filled pens <input type="checkbox"/> Humalog Mix 25 KwikPen (Lispro) 5 x 3ml pre-filled pens <input type="checkbox"/> NovoMix 30 FlexPen (Aspart) 5 x 3 ml pens <p>Rapid Acting Analogue</p> <ul style="list-style-type: none"> <input type="checkbox"/> Humalog Kwik Pen (Lispro) 5 x 3ml pre-filled pens <input type="checkbox"/> Novorapid FlexPen (Aspart) 5x3ml pre-filled pens <input type="checkbox"/> Novorapid FlexTouch (Aspart) 5x3ml pre-filled pens <p>Ultra-Rapid Acting Analogue</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fiasp FlexTouch (Aspart) 5x3ml pre-filled pens <p>Other</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bydureon® (Exenatide) x 4 2mg powder and solvent injection pre-filled disposable devices (includes 23G needles) <input type="checkbox"/> Victoza® (Liraglutide) x 2 6mg/ml solution for Injection 3ml pre-filled disposable devices <i>(needles not included-compatible with needles below, prescribe 4mm)</i> <input type="checkbox"/> Trulicity® (Dulaglutide) x 4 0.75mg/0.5ml =1.5mg per pre-filled pen (includes needles) <input type="checkbox"/> Trulicity® (Dulaglutide) x 4 1.5mg/0.5ml=3mg per pre-filled pen (includes needles) 	<p>Glucose Testing Strips</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tee2 ® (Spirit) (50) <input type="checkbox"/> WaveSenseJazz DUO® (AgaMatrix) (50) <input type="checkbox"/> CareSens N/Voice ® (Spirit) (50) <input type="checkbox"/> Contour Next ® (Bayer) (50) <input type="checkbox"/> Aviva - Accu-Chek ® (Roche) (50) <input type="checkbox"/> Mobile Cassette Accu-Chek ® (Roche) (50) <input type="checkbox"/> CareSens Pro ® (Spirit) (50) <p>Other</p> <p>Ketone Testing Strips</p> <ul style="list-style-type: none"> <input type="checkbox"/> KetoSens ® (Spirit) (10) <p>Other</p> <p>Flash Glucose Monitoring</p> <p>Freestyle Libre Sensor (Abbott) (1sensor,1 applicator,1 wipe)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 sensors = 1 months supply <input type="checkbox"/> 4 sensors = 2 months supply (1 sensor last 14 days)
<p>Lancets (pack size)</p> <ul style="list-style-type: none"> <input type="checkbox"/> AgaMatrix Ultra-Thin (Aga Matrix) 28G (200) <input type="checkbox"/> CareSens Lancet (Spirit) 28G or 30G (100) <input type="checkbox"/> Fastclix Drums 30G (AccuChek) (204) <input type="checkbox"/> GlucoRx Lancets 30G (GlucoRx) (200) Supplied with lancing device <input type="checkbox"/> GlucoRx Safety Lancets 28G or 30G (Gluco Rx) (100) 	<p>Needles Formulary brands, length & gauge (*delete/ circle)</p> <ul style="list-style-type: none"> <input type="checkbox"/> BD Viva® (90) (BD) 4mm/32G * 5mm/31G * <input type="checkbox"/> Omnican® (100) (BBraun) 4mm/32G* 5mm/32G* <input type="checkbox"/> TriCare®(100) (Owen Mumford) 4mm/32G * 5mm/31G* <p>Safety Needles For District Nurses/ Carers</p> <ul style="list-style-type: none"> <input type="checkbox"/> (100) 5mm/31G 	<p>Sharps Bins</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Litre (for lancet users) Sharpsafe® (Frontier) Yellow or Sharpsguard ® (Daniels) Yellow <input type="checkbox"/> 1.8 Litre (for GLP 1 users) Sharpsafe® (Frontier) Yellow <input type="checkbox"/> 5 Litre (for pts injecting / pumps) Sharpsguard ® (Daniels) Yellow
<p>Injection Pen Devices (where not using disposable devices)</p>		<p>Hypoglycaemia Treatments</p>
<ul style="list-style-type: none"> <input type="checkbox"/> NovoPen 5 ® 3ml injection pen x 1 device <input type="checkbox"/> NovoPen Echo ® 3ml injection pen x 1 device <input type="checkbox"/> HumaPen Savvio ® 3ml injection pen x 1 device 1 unit 1-60 units <input type="checkbox"/> HumaPen Luxura HD ® 3ml injection pen x 1 device 0.5 unit (1-30 units) <input type="checkbox"/> Sanofi CliKSTAR ® 3ml insulin pen x 1 device 1 unit (1-80 units) 		<ul style="list-style-type: none"> <input type="checkbox"/> GlucaGen® HypoKit® <input type="checkbox"/> RapiLOSE Gel ® 40% 75g