



## Instructions for once a day insulin

Name of insulin	Dose	Time	Injection site
	units	at..... am /pm	thigh

### Preparation

- ✓ Remove the cap
- ✓ Attach a new needle to the pen
- ✓ Remove the needle caps
- ✓ Dial 2 units and do 'air shot' to test pen needle
- ✓ Dial up the correct dose of insulin

### Injection

- ✓ Give insulin injection at an angle of 90 degrees into the fat tissue – use a different site each time
- ✓ Once plunger is completely depressed count to 10 before removing needle
  - This ensures you receive the full dose of the insulin
- ✓ Replace the big cap before you unscrew needle from pen and dispose of 'sharps' as instructed

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### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## Insulin Administration skills

	Do you feel confident?	Literature given
Blood glucose monitoring	Meter given Y / N Type .....	
Injection Technique Injection Sites	Pen / device Type .....	
Storage of Insulin		
Disposal of sharps		
Symptoms and Treatment of Hypoglycaemia		
Sick day rules		
Driving and DVLA		
Other Information	Travel Medical alert Annual diabetes checks Insulin passport	
Contact Details		
Follow up arrangements		

## Blood glucose monitoring for once daily insulin

If you are ill or are new to insulin or your doses have changed, you should check your blood glucose twice a day. The first reading of the day should be on waking before you have taken any food or drink.

When you are first discharged from hospital, you may need to measure your blood glucose more frequently as your home diet and physical activities will be different from the hospital routine.

Your target blood glucose levels are .....mmol/L before breakfast and .....mmol/L 2hours after meals. If all blood glucose readings are within target, you can reduce monitoring to once daily.

If your blood glucose levels are frequently outside these targets or you are worried, please seek advice from your GP, practice nurse or diabetes specialist nurse.

**If you are on insulin please only take as directed by your health care professional using the device given to you. Insulin should never be withdrawn from a cartridge or pen using a needle or syringe.**

Date	Before breakfast	Before lunch	Before evening meal	Before bedtime
Day 1 at home	Test			Test
Day 2 at home	Test	Test		
Day 3 at home	Test		Test	
Day 4 at home	Test			Test

### Contact numbers for local councils are: -

<b>Woking</b> Borough Council	01483 755855
<b>Surrey Heath</b> Borough Council	01276 707100
<b>Guildford</b> Borough Council	01483 505050 or 01483-444499 <b>cleansinghotline@guildford.gov.uk</b>
<b>Waverley</b> Borough Council	01483 523333
<b>Spelthorne</b> Borough Council	01784 451499 <b>direct.services@spelthorne.gov.uk</b>
<b>Runnymede</b> Borough Council	01932 838383
<b>Elmbridge</b> Borough Council	01372 474474 <b>envcare@elmbridge.gov.uk</b>
<b>Hounslow</b> Borough Council	020 8583 5555 <b>recycling@hounslow.gov.uk</b>

Further information can be found at [www.surreywaste.info](http://www.surreywaste.info)

### Community Diabetes Specialist Nurses

<b>Surrey Area</b>	01932 723315    Mon – Fri Answer phone for messages.
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**Out of hours helpline: Call 111 (when it is less urgent than 999) or GP out of hours service.**

## Identification

Ensure that you carry some form of identification that indicates you are on insulin therapy e.g. insulin passport. This enables the right treatment to be given in case of emergency. This can be credit card sized alert message, or medic alert bracelet. The type of insulin you are taking is written on your 'insulin passport'.

## Disposal of sharps

A sharp is any needle or lancet that may cause an accidental injury if not disposed of carefully. You should put your blood glucose strips in the sharps box. You should go to your GP to get a prescription for a 'sharps' container. Your Local Authority has the responsibility for arranging the collection and safe disposal of sharps container from patients. They should not be left for normal domestic collection.

## Insulin Information

Insulin is used to reduce the glucose levels in the blood to a more normal level. The dose is individualised to each person. A normal level of blood glucose is between 4 – 7mmol. Good glucose control is important to help keep you well.

## Types of Insulin

There are many different types of insulin available. Whichever insulin you have been prescribed, the early stages of dose adjustment can take time for your blood glucose levels to stabilise. Blood glucose monitoring regularly helps with adjusting your dose of insulin.

## Storage of Insulin and Equipment

Usually, disposable insulin pens and pen refills (pen fills) are supplied in a multi pack. Check the expiry date and discard any out of date insulin. Insulin that is in current use can be stored at room temperature for up to 4 weeks. The rest of your insulin supply should be stored in the fridge.

## Prescriptions

Never allow yourself to run out of insulin. When you have 2 remaining cartridges / disposable pens in the fridge, request a repeat prescription.

Don't forget to ensure you have enough

- Insulin pen needles
- Lancets for blood glucose testing
- Test strips for your blood glucose machine

## Hypoglycaemia (Hypos)

The symptoms vary from person to person. Information about recognising and managing this is included in your booklet on insulin. A 'hypo' is any blood glucose level less than 4.0 mmol/l. Blood glucose monitoring is an important part of managing insulin as insulin doses may need to be adjusted if diet or activity changes.

## Hyperglycaemia

Hyperglycaemia is the medical word for a high blood glucose. If the blood glucose is always in double figures most people will need to adjust their insulin doses. This is tailored to each individual and you will discuss this with your diabetes specialist nurse.

## Sick Day Rules

Always continue with your insulin as advised by your diabetes specialist nurse, practice nurse or doctor.

Monitor blood glucose levels 2-4 hourly

Drink plenty of clear fluids

Check for ketones if you have Type one diabetes and when your blood glucose is greater than 15 mmol/L. If unable to eat, sip slowly at lemonade or similar (check you have a full sugar non diet drink).

If suffering from diarrhoea and or vomiting for more than 24 hours you should seek medical advice.

## Driving

It is a legal requirement to inform the DVLA that you are on insulin therapy

- You must inform the DVLA if any problem or diabetic complications develop that may affect your ability to drive safely for example if you are having difficulties recognising hypos
- For your car insurance to be valid you must inform your insurance company as soon as you are diagnosed with diabetes

## *Prevention and managing hypoglycaemia for driving*

- Check your blood glucose before a journey. The DVLA recommend that your blood glucose is **at least** 5 mmol/L prior to driving
- Never drive for more than one and a half hours without stopping and checking your blood glucose
- Carry treatment for hypo in the car and at all times. At the first sign of hypoglycaemia
  - Park the car somewhere safely
  - Take the keys out of the ignition
  - Check your blood glucose
  - Treat your hypo with glucose or dextrose tablets and once blood glucose is above 4 mmol/l follow up with starchy food e.g. digestive biscuits
  - You should not drive for 45 minutes after your blood glucose is above 5mmol/L this is DVLA guidance. Support for hypo management can be sought from your diabetes team
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