Insulin Administration Crisis Intervention Curriculum - Lancaster

Objective: Patient will be able to safely & correctly administer insulin dose using the Novopen 3

Goals: After completing this curriculum with health care provider, patient will be able to return demonstrate the insulin injection technique and will complete a post-test to ensure adequate knowledge has been learned.

1. Explain what insulin is and why it is used to treat diabetes.

2. Explain there are different ways to administer insulin – syringes, the pen, the pump. The focus of this curriculum is the pen

3. Explain insulin must be kept in the refrigerator when the cartridge is not being used. Once a cartridge has been open, it is stable at room temperature for 10 days, but if possible should be kept in the refrigerator.

4. Explain that it is acceptable to keep the pen in your pocket.

5. Go through a demonstration with patient

   - ☐ Pull cap off pen
   - ☐ Unscrew cartridge holder by twisting counter-clockwise
   - ☐ Flatten piston by screwing cartridge holder clockwise towards base of pen
   - ☐ Insert insulin cartridge into cartridge holder with screw side entering first
   - ☐ Screw cartridge & cartridge holder back onto base of pen
   - ☐ Wipe cartridge top with alcohol swab
   - ☐ Screw needle (with cap) onto cartridge
   - ☐ Uncap needle
   - ☐ Tap insulin cartridge to get air bubbles to top of cartridge
   - ☐ Perform a 2 unit air shot – if you do not see insulin at the tip of the needle keep performing 2 unit air shots
   - ☐ Dial your dose
   - ☐ Pinch skin, insert needle, press button to administer dose

6. Explain that the needles must be thrown away after administration of <u>EACH</u> dose. They should be disposed of in a metal container or a plastic jug.

7. Explain that some insulin must be mixed by inverting the cartridge several times before injecting – 70/30, Humalog, NPH, etc. These cartridges should not be shaken but should be turned upsde-down slowly & will look cloudy after mixing. Regular insulin is clear and need not be mixed before injecting

8. If applicable, explain it is acceptable to use one pen for different kinds of insulin (i.e. pt is on 70/30 in the AM, Humalog at lunch, NPH at bedtime). However, when using such a regimen, instruct adjustment of the piston to meet the rubber stopper in the insulin cartridge. The patient may have to perform several large air shots to get the piston in the right place.

9. Explain how to inject insulin
   - ♦Pinch skin between 2 fingers
   - ♦Insert needle into skin until it is no longer visible
   - ♦Push button on end of pen to inject insulin sub-cutaneously

10. Explain how to rotate injection sites
    - ♦Depending on recommendations, rotate injection sites daily to include abdominal wall, buttocks, and fleshy part of the arm. If right-handed, it is usually easier to use only the left arm until you become more comfortable with the pen.

11. Reinforce that you must perform a 2 unit air shot and must wipe the end of the cartridge with an alcohol time <u>EACH TIME</u> before attaching needle & injecting. Again, if you do not see insulin at the tip of the needle keep performing the 2 unit air shot until you see the medicine appear.

12. Go over symptoms of hyper- and hypoglycemia with the patient and make sure they can explain what feelings to be conscious of.

    <u>Hyperglycemia</u>: increased thirst, hunger, urination. Long-term complications include kidney failure, neuropathies, retinopathies, and non-healing wounds.

    <u>Hypoglycemia</u>: sweating, lightheaded, dizzy, can progress to coma

13. Encourage patient to watch video of Novopen insulin administration that is included in packet. Remind patient they can call the Diabetes Education Center with any questions. Write number on handout.
    (803) 313-2380