

## INSULIN TEACHING CHECKLIST

Please keep checklist with the patient's MAR and Blood Glucose Record See GUIDE FOR USE on reverse

Resources		Initials / Date	Comments
My Diabetes Toolkit #828440			
My Insulin Basics Toolkit #828498			
Blood Glucose Monitoring Sheet or Log Book			
Insulin Education		Initials / Date	Comments
1. Cognitive, visior	n, or dexterity concerns		
<ul> <li>If yes, identify a</li> </ul>	and discuss with team		
2. Review insulin pen administration			
Mixing cloudy insulin			
<ul><li>Attaching pen needle</li><li>Priming</li></ul>			
Injections			
<ul> <li>Site rotation</li> </ul>			
3. Review insulin types used by patient			
Review ISF only if ordered by MRP for			
home manager			
4. Patient successfully demonstrates self-administering insulin			
5. Hypoglycemia			
<ul> <li>Signs and symplet</li> </ul>	ptoms		
Treatment			
6. Blood glucose n	nonitoring		
Test times     Strip storage			
<ul><li>Strip storage</li><li>Record keeping</li></ul>			
<ul> <li>Patient demonstrate correct testing</li> </ul>			
	personal or IH meter		
7. Sharps (lancets, pen needles and			
insulin pen)			
Safe disposal			
8. Where to get hel			
<ul> <li>*811 HealthLink</li> <li>Local Diabetes</li> </ul>	CBC Education Centre		
<ul> <li>Pharmacist</li> </ul>			
Diabetes Supplies		Initials/Date	Comments
MRP to write prescription for diabetes			
supplies. Review supplies needed for home:			
Blood glucose meter			
<ul> <li>Insulin pen and pen needles (reinforce: pen usedle silles the thread is beginning)</li> </ul>			
<ul><li>needle will not be the same as in hospital)</li><li>See full list of supplies in My Insulin Basics</li></ul>			
• See full list of s Toolkit #82849			
Referrals		Initials / Date	Comments
Refer to Outpatient Diabetes Education Program			
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Interior Health

## **INSULIN TEACHING CHECKLIST-GUIDE FOR USE**

This Checklist is intended to be a guide for nursing staff in the acute care setting tasked with educating patients new to insulin or patients requiring a review (due to significant change in health status or insulin regime). It is not intended to replace clinical judgment. Refer to acute care diabetes educator (if applicable).

**My Diabetes Toolkit and My Insulin Basics Toolkit:** Stand alone resources to be reviewed independently by the patient or with the support of nursing staff. All patients with Diabetes should receive the My Diabetes Toolkit and patients starting insulin should also receive My Insulin Basics Toolkit. Available through Royal Printers and the Inside Net Diabetes Page.

Blood Glucose Testing Sheet or Log Book: Provide patient with a blood glucose record to record blood sugars on.

- 1. **Cognitive, Vision or Dexterity Concerns:** Does the patient appear to be alert, oriented to time and place with no identified cognitive concerns or barriers to learning. Discuss any concerns with the health care team that may impair self-management.
- 2. Insulin Pen Administration: Review bullets listed under this heading.
  - Cloudy insulin must be gently rolled 10 times, then tipped (not shaken) 10 times, then checked to ensure it has a consistently milky white appearance.
  - Pen needle at home will be different from hospital needle. The needle at home will have outer and inner needle caps. Both caps need to be removed prior to injection to ensure delivery of insulin. Use a new needle with each injection.
  - Prime needle with 2 units until drop of insulin appears before each injection.
  - Injections should be given at a 90° angle and it should be held for 10 seconds.
  - Site Rotation is important to prevent lipohypertrophy (lumps and bumps under the skin at injection site).
- 3. **Insulin Types Used by Patient:** Review the name (generic and brand), type (basal, bolus, mixed) and action times of insulin prescribed to the patient. Review ISF correction only if ordered by MRP for at home management.
- 4. Patient Successfully Demonstrates Self-Administering Insulin: Injects into a clean site with clean hands, cloudy insulin is properly mixed as per instructions above, healthy injection site chosen, aware of importance of site rotation, pen needle is attached properly, pen is primed correctly, dose is correctly dialed, pen needle inserted into skin at a 90 degree angle, uses thumb to push pen dose slowly (count of 10), needle withdrawn, pen needle removed and disposed of properly.
- 5. Hypoglycemia (blood sugar less than 4 mmol/L): Review bullets
  - Signs and symptoms: sweating, hunger, dizziness, vision changes, irritability, tingling, weakness, tremors, confusion, unconsciousness or seizures.
  - Treatment: consume 15–20 grams of fasting acting carbohydrate. Wait 15 minutes and check blood glucose.
     If still below 4mmol/L repeat until 4 mmol/L or greater. Follow up with a snack (15 g carbohydrate and protein) if next meal is more than 1 hour away.
- 6. Blood Glucose Monitoring: Review bullets
  - Test times: commonly before meals and bedtime or as discussed with health care team.
  - Strip storage: check expiry date, keep strips in bottle with lid closed when not in use, avoid extreme temperatures.
  - Record keeping: review blood glucose recording options (log book available at most pharmacies).
  - Patient to demonstrate correct testing technique with personal or IH meter.
- 7. Sharps: Patient will need to obtain a sharps container from the local pharmacy. Some pharmacies will accept full containers for disposal.

8. Where to get help: Review HealthLink BC Services 811 and local Diabetes Education Centre (DEC) contact information.

**Diabetes Supplies** 

- Blood glucose meter purchased at the local pharmacy where education is also provided. DECs may provide patients with a blood glucose meter and educate on proper usage; check with your local DEC.
- Insulin pen & needles purchased at the local pharmacy. Review use with pharmacist upon purchase and read instruction guide provided. DECs will provide follow up education regarding proper use and disposal.

Referrals: Refer all patients new to insulin to their local DECs through Meditech Order Entry.