

Insulin Safety (Six Steps) – for Community Settings

– see www.lancashireandsouthcumbriaformulary.nhs.uk for further details

Background

There are two different ways insulin is administered in care homes or other community settings:

- **Residential** – district nurses administer
- **Nursing** – care home nurses administer

Self-administration of medicines is encouraged if the resident has capacity and has been trained and assessed as competent to self-administer

Please see: [Diabetes mellitus and insulin use in adult social care - Care Quality Commission](#) and [Handling sharps in adult social care - Care Quality Commission](#) for more details.

All staff should be competent with any insulin pen device before administering insulin to residents.

Six Steps to Insulin Safety

Right person → Right Insulin → Right Dose → Right Device → Right Way → Right Time

1. Right Person

- Check the correct resident has been identified by verbally confirming their **name and date of birth**.
- Check the resident's **picture on the MAR chart** and on the care plan if the resident is unable to communicate or lacks capacity.
- Check the resident's MAR chart and diabetes care plan together with their blood glucose (BG) monitoring chart, are complete, correct and legible.
- **Check prescribed insulin with the resident, carer or relative.**

2. Right Insulin

- Confirm insulin preparation and dosage **correspond with dosage and treatment type prescribed on the MAR chart and the insulin prescription/BG monitoring chart.**
- **Best practice is for two members of staff to check** the correct dose, strength and type of insulin is prescribed before administering to the resident.
- If practically possible, confirm with the resident and show the resident the insulin device before administration.
- **Check if the resident has an insulin safety card.**
- **Insulin must be prescribed by BRAND.**
- Be aware of look-a-like and sound-a-likes e.g. NovoRAPID vs NovoMIX

3. Right Dose

25/50 Rule: confirm any fast-acting doses over 25 units and any long-acting/intermediate doses over 50 units.

- **Review capillary blood glucose (CBG) before administering insulin. Note:** remember adjustment doses.
- Check/review dose with the prescriber if hypoglycaemia or hyperglycaemia occurs.

- Record the dose administered accurately and clearly. **Always write 'units' in full using the word rather than the abbreviation 'U'.**
- Note:** Tresiba 200units/ml Flextouch and Toujeo 300units/ml DoubleStar Pen can only be dialled in two-unit increments (i.e. dose must be in even units).

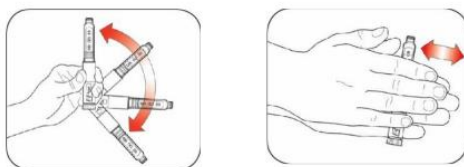
4. Right Device

Insulin syringes should never be used to withdraw from pre-filled pen or cartridges. Insulin syringes should ONLY be used to draw up from 10ml insulin vial (e.g. to prepare IV insulin infusion).

- Cartridges should only be used with compatible reusable pens.
- If resident/carer has not brought in their pen, **NEVER** withdraw from cartridge. Ask the prescriber to change to a disposable pen.

5. Right Way

- Cloudy insulin must be gently rolled 10 times and inverted 10 times to mix.



- Inject at 90° angle.
- Rotate injection sites.
- Observe for lipohypertrophy.
- NEVER** reuse a needle.
- Use safer sharps where possible ([LSCMMG diabetes needles position statements](#)).
- Dispose of used needles in yellow sharps bin provided.
- Insulin in use can be stored at room temperature for 28 days, or as per the manufacturer's instructions.
- Insulin not in use should be [stored in fridge](#).
- Do not use insulin if frozen or exposed to high temperatures.
- Record the date the pen/cartridge was first opened.
- Use the manufacturer's recommended expiry date from opening the pen/cartridge.

6. Right Time

Insulin is a time-critical medicine. If a resident needs it – source it!

- Many insulins need to be given before/with food (e.g. rapid-acting insulins).
- Be Insulin aware - know the different types.
- Prevent stockpiling, order only the amount of insulin needed, based on prescription and usual usage patterns.

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