Somerset Partnership NHS
NHS Foundation Trust

# INSULIN MANAGEMENT POLICY

**To be read in conjunction with the Hypoglycaemia Management Policy for adult Patients and the Countywide Standard Operating Procedure for Implementing the Insulin Passport/Safety Card and the Patient Information Booklet (NSPA/2011/PSA003)**

| | |
|---|---|
| Version: | 5 |
| Ratified by: | Senior Managers Operational Group |
| Date ratified: | May 2016 |
| Title of originator/author: | Nurse Consultant for Diabetes |
| Title of responsible committee/group: | Clinical Governance Group |
| Date issued: | **May 2016** |
| Review date: | **April 2019** |
| Relevant Staff Groups: | All Somerset Partnership NHS Foundation Trust registered nurses, non-registered practitioners and medical staff |

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000**

## DOCUMENT CONTROL

| **Reference** | **Version** | **Status** | **Author** |
|---|---|---|---|
| SD/Oct/11/IM | 5 | Final | Nurse Consultant for Diabetes |
| **Amendments** | • Update and expansion on sections relating to risk factors and potential causes of hypoglycaemia<br>• Addition of treatment for enterally fed patients<br>• Update of treatment of hypoglycaemia flowchart to reflect national guidelines.<br>• Addition of sample hypo form.<br>• Amended to reflect the inclusion of non-registered practitioners (Assistant Practitioners)<br>• Amendment to wording of paragraph 6.13 to reinforce that insulin syringes must not be drawn up in advance. | | |
| **Document objectives:** This document will ensure that Somerset Partnership NHS Foundation Trust staff complies with the standards set out in this document | | | |
| **Intended recipients:** All nursing and medical staff | | | |
| **Committee/Group Consulted:** Medicines Management Group | | | |
| **Monitoring arrangements and indicators:** This policy will be overseen by the Medicines Management Group, Somerset Partnership NHS Foundation Trust | | | |
| **Training/resource implications:** As indicated in the policy | | | |
| **Approving body and date** | Clinical governance Group | Date: April 2016 | |
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| **Date of issue** | **May 2016** | | |
| **Review date** | **April 2019** | | |
| **Contact for review** | Nurse Consultant for Diabetes | | |
| **Lead Director** | Director of Nursing and Patient Safety | | |

## CONTRIBUTION LIST Key individuals involved in developing the document

| Name | Designation or Group |
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**CONTENTS**

## 1. INTRODUCTION

1.1 Insulin represents one of the medications generally considered high risk. The incorrect dosing of insulin can result in harm to the patient and requires immediate intervention. *(Patient Safety First 2008)*

1.2 Good metabolic control is associated with improved hospital outcomes.

1.3 This document will refer to other Somerset Partnership policies and protocols for specific areas and is intended to cover the additional practical issues relating to insulin management.

## 2. PURPOSE & SCOPE

2.1 The purpose of this policy is to outline the rationale and principles for the safe administration of Insulin. Insulin represents one of the medications generally considered high risk. The incorrect dosing of insulin can result in harm to the patient and requires immediate intervention.

2.2 The aim of this policy is to eliminate harm caused by improper use of insulin.

2.3 The target audience for this procedural document is all Somerset Partnership NHS Foundation Trust clinical staff.

## 3. DUTIES AND RESPONSIBLITIES

3.1 The **Chief Executive** is ultimately responsible for ensuring the Trust complies with legal requirements and national recommendations for medicines management.

3.2 The **Trust Board** has a responsibility to ensure training is available to all relevant staff and that competency assessment is available via the clinical practice team as required. This responsibility is delegated to the Director of Nursing and patient safety.

3.3 The **Medical Director** is the Executive Lead responsible for this policy but will delegate authority for the operational implementation and ongoing management of this policy to the Head of Medicines Management.

3.4 The **Director of Nursing and Patient Safety** is the lead for Non-Medical Prescribing for the Trust and has devolved responsibility for non-medical prescribers, ensuring training, updates and Non-medical Prescribing information, including safe use of insulin is cascaded.

3.5 **Each registered healthcare professional** is accountable for his/her own practice and will be aware of their legal and professional responsibilities relating to their competence in the ordering, prescribing, administering, monitoring, dispensing and supplying of insulin whichever is within their scope of practice; and work within the Code of practice of their professional body. All healthcare professionals involved in the use of insulin:

- must acquaint themselves with this policy and other related policies
- will be aware of the action that should be taken if their practice or patient safety is compromised

- will be aware of the action of, frequency of administration, side effects, contra-indications and interactions of the insulin prescribed
- will monitor the patients for side effects and adverse reactions and manage them appropriately
- will be aware of their limitations and seek advice or support from appropriate health professionals when in doubt
- prior to administration of insulin, will ensure that the patient is able to understand the information given to them and consider the use of interpreting services where necessary

Each non-registered practitioner is accountable for their actions and to work within their scope of practice

## 4 EXPLANATIONS OF TERMS USED

4.1 Non registered practitioner refers to an Assistant Practitioner who has a minimum QCF level 5 diploma

4.2 NPSA – National Patient Safety Agency.

4.3 Hypoglycaemia - Hypoglycaemia in a person with diabetes is defined as a capillary or venous glucose of less than 4mmol/L with or without symptoms.

4.4 Analogue insulin - An insulin analogue is an altered form of insulin, different from any occurring in nature, but still available to the human body for performing the same action as human insulin in terms of glycaemic control.

4.5 Glucagon - a peptide hormone secreted by the pancreas, raises blood glucose levels. Its effect is opposite that of insulin, which lowers blood glucose levels.

4.6 Biphasic insulin – A biphasic insulin is one which has 2 phases of insulin action.

4.7 DAFNE – Dose adjustment for normal eating: a course designed specifically to teach patients with type 1 diabetes how to alter their insulin doses in relation to their carbohydrate intake.

## 5 PRESCRIBING OF INSULIN

5.1 In order to comply with the NPSA/2011/PSA003 on insulin safety, all staff must refer to the Countywide Standard Operating Procedure for Implementing Insulin Passports/Insulin Safety Cards and the Patient Information Booklet.

5.2 Insulin must be prescribed using the new Somerset Partnership NHS Foundation Trust Insulin Administration Record.

5.3 The insulin dose must be prescribed with the words ‘units’ spelt in full not abbreviated to ‘u’/’iu’. The use of the abbreviation can lead to the incorrect dose being given as with handwriting the ‘u’ can be mistaken for a zero thereby giving ten times the intended dose (National Patient Safety Agency 2010).

5.4 The exact dose must be prescribed and not left 'as directed' for patients whilst in hospital or who require a health care professional to administer the insulin.

5.5 When prescribing, specify the exact brand name and if possible whether a vial, cartridge or pen is required. This is particularly important when an inpatient is discharged to ensure that the patient goes home with the correct means of administration.

5.6 On the prescription, the time of administration should co-ordinate with meal times as delayed availability of food may lead to hypoglycaemia.

5.7 Where insulin is to be administered by a registered nurse or a non –registered practitioner in the community, or the patient has a suitably trained carer, Glucagon should also be prescribed PRN for use in patients known to be at increased risk of hypoglycaemia**.**

## 6. ADMINISTRATION OF INSULIN

6.1 Health Care Professionals should ensure the patient is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information (Interpreting and Translation Policy). A capacity assessment should be considered for those patients who are unable to consent to the procedure and reference should be made to the Consent and Capacity to Consent Policy.

6.2 Non registered practitioners can administer insulin to patients following an assessment and care planning by the registered nurse identifying that the patient's diabetes is stable and the patient is medically predictable. The care plan must specify the accepted blood glucose levels for the patient and what to do if blood glucose levels are outside the acceptable range. The registered nurse remains accountable for the care plan and the review date.

6.3 The registered nurse is accountable for their decisions to delegate tasks and duties to other people. To achieve this, the registered nurse must only delegate tasks and duties that are within the other person's scope of competence (NMC 2015), Therefore before delegating the administration of insulin to a non- registered practitioner the registered nurse must ensure that the non-registered practitioner has undertaken training in insulin administration and has been assessed as competent in this clinical task, as well as demonstrating competency in drug calculation skills, anaphylaxis and basic life training.

The non-registered practitioner must be given the opportunity to discuss, reflect and review the work and to be supported and developed so that they can fully meet the requirements of their role to deliver a high quality service.

6.4 The Somerset Partnership NHS Foundation Trust Medicines Policy must be adhered to at all times. In addition to which the following points with particular reference to insulin administration must be undertaken (please refer to the Medicines Policy).

6.5 Insulin is most commonly given via subcutaneous injection. If any other route is prescribed, this should be queried with medical staff concerned and transfer to the acute trust should be considered if necessary for further management.

6.6 If a particular insulin pen device is not prescribed, insulin **must** be drawn up using an **insulin safety syringe**. No other device should be used to measure insulin apart from one specifically designed to do so. Failure to do this may result in an overdose of insulin. A list of all currently available insulin pen devices can be found at:

www.diabetes.or.uk/Documents/Professionals/insulin-pens-wallchart-autumn-2012.pdf

6.7 Prior to administering insulin the health care professional must have knowledge of the action of the particular insulin. A list of all insulins and their action can be found at:

www.diabetes.org.uk/upload/Professionals/Publications/Wallcharts/WallchartInsulins.pdf

6.8 For insulin where the action is immediate, food must be available for the patient to eat as soon as the insulin has been administered.

6.9 Long acting insulin analogues should be given at the same time every day in order to provide the most consistent blood glucose profiles.

6.10 Insulin that is 'cloudy' must be correctly re-suspended prior to administration. If sediment is left in the bottle or cartridge before administration this will affect the action of the dose administered and may lead to erratic and unpredictable blood glucose control resulting in hypoglycaemia. Re-suspension should be done by gently rolling and inverting as too vigorous shaking can destroy the insulin molecule.

6.11 Never use insulin that has become discoloured, has a frosty coating on the inside of the vial or has become cloudy when it should be clear. Insulin in this state is ineffective and if used may lead to hyperglycaemia.

6.12 Always check the expiry date on the vial or cartridge prior to administration.

6.13 Once drawn up insulin must be administered immediately. Syringes of insulin MUST not be drawn up, and insulin pens MUST not be dialled up in advance for use at a later date/time. The preparation of pre-loaded syringes represents a form of secondary dispensing which, under the terms of the Medicines Act (1968), is classified as an unlicensed activity in all four UK countries. The safety of individuals using pre-loaded insulin syringes, as well as the storage, stability and sterility of insulin once drawn up in the syringe, is of paramount importance. (The Nursing and Midwifery Council (NMC) Standards for medicines management (NMC, 2010).

6.14 The type and dose of insulin should be second checked before administration to the patient. **The only exception to this is Registered Nurses and non-registered practitioners working in the community, who as lone workers,**

**need to be extra vigilant by double checking the insulin prescriptions themselves prior to administration.**

6.15 If self administration is to be considered for inpatients/patients in the community, a risk assessment must be undertaken to assess appropriateness and competence as per self medication decision tree. If the risk of self harm/suicide is perceived to be present, self administration is not appropriate; Inpatient Diabetes Medication, Prescription and Administration Record – see appendix A.

## 7 LABELLING AND STORING OF INSULIN

7.1 For patients who are self administering their insulin in hospital, all vials and devices must be clearly labelled with the patients name and details and ensure they are taken by the patient on discharge or disposed of appropriately. Ward staff should follow the procedure in the Healthcare Waste (Clinical Waste) Policy (on the intranet).

7.2 Stock insulin must be stored in a fridge at between 4° and 8°C. Fridge temperatures should be maintained and recorded on a daily basis.

7.3 Insulin cannot withstand temperatures of below 2°C.

7.4 Insulin for injection should be allowed to come up to room temperature before injecting.

7.5 In most hospital settings it is safer for patients own insulin vials in use to be kept with the patient's own drugs rather than separately in the fridge. This would not be appropriate on a psychiatric unit where there are no facilities for patients to store their own medicines.

7.6 Shelf-Life after first use:
The product may be stored for a maximum of four weeks not above $25^0$C and away from direct heat or direct light. Keep the vial in the outer carton in order to protect from light. It is recommended that the date of the first use from the vial be noted on the label.

## 8 INSULIN TYPES AND REGIMES

8.1 Insulin regimens must give 24 hour coverage of insulin. This can be achieved in a variety of ways. The most common regimens are:

8.2 Twice daily doses of short and intermediate acting insulin. These are given before breakfast and evening meal:

- the short-acting doses cover the insulin needs of the morning and evening
- the intermediate-acting doses cover the afternoon and overnight
- pre-mixed or biphasic insulin injections are convenient for this regimen

8.3 Background insulin in addition to diabetes oral medications.

- this regimen is only suitable for people with type 2 diabetes

8.4 Multiple daily doses.

- short-acting insulin is used before each main meal
- an intermediate or long-acting insulin is used before bedtime to give coverage overnight

8.5 Dose Adjustment For Normal Eating (DAFNE)

- A risk assessment should be considered for any inpatients on this regimen

8.6 A list of all currently available insulin and their action can be found at:

www.diabetes.org.uk/upload/Professionals/Publications/Wallcharts/WallchartInsulins.pdf

8.7 The type of insulin is usually either Human or Analogue. Porcine and Bovine insulin are still currently available. All insulin types have different modes of action and the health care professional must be familiar with the action of the insulin prescribed.

## 9 INSULIN SITES AND INJECTION TECHNIQUE

9.1 The most common injection site is the abdomen (or stomach). The back of the upper arms, the upper buttocks or hips, and the outer side of the thighs are also used. These sites are the best to inject into for two reasons:

- they have a layer of fat just below the skin to absorb the insulin, but not many nerves, which means that injecting there will be more comfortable for the patient
- it is easier to inject into the subcutaneous tissue, where insulin injection is recommended

9.2 Inject at an angle of 90° using a short 4 to 8mm needle.

9.3 It is important to vary the injection sites as continually injecting into one area can lead to lipohypertrophy and subsequent unpredictable absorption of insulin. This unpredictability may lead to either hypoglycaemia or hyperglyceamia. Staff must however be aware of cultural and gender sensitivities to certain injection sites, particularly if the staff member is a different gender to the patient.

9.4 There is no need to clean the skin prior to injection.

9.5 If using a needle greater than 5mm the injection should be into a skin fold to ensure it is not in the muscle layer, this still requires an angle of $90^{o}$ (see 6.3).

To ‘pinch’ the skin correctly, a couple inches of skin should be held between the thumb and two fingers, pulling the skin away from the underlying muscle. This step is unnecessary with the needles of 5mm or shorter.

9.6 The needle should be inserted with the pinch still held and released only after all the insulin has been injected.

9.7 It is the responsibility of the health care professional to be familiar with the insulin device used.

9.8 A new pen needle or safety syringe must be used for each injection. Needles must not be re-sheathed (please see the Needlestick and Decontamination Policy*).*

9.9 Never leave an insulin pen with the needle attached. This can lead to leakage of insulin from the needle or the accumulation of air in the cartridge.

## 10 BLOOD GLUCOSE MONITORING

10.1 All Health Care Professionals within Somerset Partnership NHS Foundation Trust must refer to the Point of care Blood Glucose Monitoring Policy.

10.2 All Health Care Professionals within Somerset Partnership NHS Foundation Trust must use the glucose meters recommended for use by the trust when testing a patients’ blood glucose and ensure that glucose meters are calibrated and serviced as directed.

10.3 All Health Care Professionals must be trained in usage of the meter and have regular updated as stated in the Medical Devices policy.

10.4 Incorrect usage of the meters may lead to inaccurate results and these results may lead to inappropriate insulin dose alterations.

## 11 HYPOGLYCAEMIA MANAGEMENT

11.1 For the treatment of hypoglycaemia please see the Somerset Partnership NHS Foundation Trust Policy for the Management of Hypoglycaemia in Adult Patients.

## 12. TRAINING REQUIREMENTS

12.1 All staff who prescribe, administer or dispense insulin must undertake the mandatory e-learning Safe Use of Insulin every 2 years as found on the Learning and development page on the intranet.

12.2 Unregistered practitioners must undertake specific training in administration of subcutaneous injections, and assessment of competence in administration of insulin (see Appendix B)

12.3 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Needlestick and Contamination Injury Policy
- Healthcare Clinical Waste Policy

12.4 All Somerset Partnership NHS Foundation Trust clinical staff have access to the Diabetes Intermediate Care service for advice and guidance.

## 13. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

## 14. MONITORING COMPLIANCE AND EFFECTIVENESS

14.1 Overall monitoring will be by the Medicines Management Group by reviewing trends in incident reporting via DATIX

14.2 Incidents will be reported to the Medicines in Clinical Practice Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

14.3 Best Practice Group will provide six monthly reports to Clinical and Social care Effectiveness Group

14.4 Six monthly reporting to the Clinical and Social Care Effectiveness Group and Medicines Management Group. These reports will be accessible to all staff on the Trust Intranet and hyperlinked into Whatson@sompar newsletter to raise awareness.

## 15. COUNTER FRAUD

15.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 16. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

16.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

| | |
|---|---|
| Regulation 9: | Person-centred care |
| Regulation 10: | Dignity and respect |
| Regulation 11: | Need for consent |
| Regulation 12: | Safe care and treatment |

| | |
|---|---|
| Regulation 13: | Safeguarding service users from abuse and improper treatment |
| Regulation 14: | Meeting nutritional and hydration needs |
| Regulation 15: | Premises and equipment |
| Regulation 16: | Receiving and acting on complaints |
| Regulation 17: | Good governance |
| Regulation 18: | Staffing |
| Regulation 19: | Fit and proper persons employed |
| Regulation 20: | Duty of candour |
| Regulation 20A: | Requirement as to display of performance assessments. |

16.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

| | |
|---|---|
| Regulation 16: | Notification of death of service user |
| Regulation 17: | Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983 |
| Regulation 18: | Notification of other incidents |

16.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

## 17. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

### 17.1 References

Patient safety first – version 1.1 12/09/08 (pages 25-26)
www.patientsafetyfirst.nhs.uk

National Patient Safety Agency – safer administration of insulin, June 2010

Policy for the Safe and Secure Handling of Medicines – Somerset Community Health, September 2009

### 17.2 Cross reference to other procedural documents

Consent and Capacity to Consent to Examination and Treatment Policy

Countywide Policy for Implementing Insulin Passport/Insulin Safety Card and the Patient Information Booklet (NPSA/2011/PSA003)

Hand Hygiene Policy

Healthcare Clinical Waste Policy

Inpatient Diabetes Medication, Prescription and Administration Record

Learning Development and Mandatory Training Policy

Management of Hypoglycaemia Policy

Medical Devices Policy

Medicines Policy

Needlestick and Contamination Injury Policy

Record Keeping and Record Management Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Syringe Driver Policy

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## 18. APPENDICES

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

| | |
|---|---|
| APPENDIX A | Self – medication Decision Tree |
| APPENDIX B | Competency Assessment for Insulin Administration |

## SELF – MEDICATION DECISION TREE

Assessment to enable safe patient self-medication of insulin whilst in hospital and the patients' own home. Self – medication means the patient must be able to perform a blood sugar test, interpret the results to make a decision on the insulin dose, store own insulin in locker provided and administer the insulin dose correctly.

**YES** ← **Current self-medication** → **NO** (not suitable)
Does the patient medicate his/her own insulin at home?

**YES** ← **Mental capacity** → **NO** (not suitable, reassess if mental capacity changes)
Does the patient have the mental capacity currently to self-medicate his/her own insulin?

**YES** ← **Manual dexterity** → **NO** (not suitable, reassess if manual? dexterity changes)
Does the patient have the manual dexterity to self-medicate His/her own insulin? (with aids if necessary)

**YES** ← **Risk Factors** → **NO** (not suitable, reassess if risk factors change)
Does the patient have no other risk factors currently that makes him/her unsuitable for self-medicating his/her own insulin? (i.e. no unresolved risk of drug abuse/overdose, alcoholism, self-harming, non adherence or suspected non adherence to their insulin)

**YES** ← **Patient willing to self-medicate** → **NO** (not suitable, explain to the patient that they can change their mind at any time and should inform a member of staff if this happens)
Would the patient like to self-medicate his/her own insulin?

**YES** ← **Knowledge level** → **NO** (not suitable, refer patient to specialist? diabetes team for education)
Does the patient have the knowledge and skills about insulin and Diabetes to self-medicate (i.e. able to measure his/her own blood Glucose levels, able to recognise and respond to warning signs of hypos, able to inject his/her insulin)?

**Suitable for Self-medication**

**Commence patient self-medication of insulin.**
**Reassess if patient's clinical condition alters to ensure none of the above factors have changed.**

**YES** ← **Further knowledge level** → **NO** (not suitable, reassess if knowledge level changes)

**Able to Self adjust Insulin Dose**

Taken from Somerset Partnership NHS Foundation Trust Insulin Prescription Chart

**APPENDIX B**

Somerset Partnership NHS
NHS Foundation Trust

# INSULIN ADMINISTRATION

The competencies are to be used in conjunction with

- Nursing and Midwifery Council (NMC) (2015) The Code: Standards for Conduct; Performance and Ethics for Nurses and Midwives.
- Consent and Capacity to Consent to Examination and Treatment Policy
- Countywide Policy for Implementing Insulin Passport/Insulin Safety Card and the Patient Information Booklet (NPSA/2011/PSA003)
- Medicines Policy
- Hand Hygiene Policy
- Healthcare Clinical Waste Policy
- Learning Development and Mandatory Training Policy
- Management of Hypoglycaemia Policy
- Medical Devices Policy
- Needlestick and Contamination Policy
- Record Keeping and Record Management Policy

The purpose of these competencies is to clarify the knowledge and skills expected of practitioners, to ensure safe practice in Insulin Administration

Once the practitioner has reached a satisfactory level of competence following a period of supervised practice, ensure they are formally competency assessed–within three months of completing the initial theoretical/practical training.

The self–rating scale is to be used by the individual practitioner for self-assessment of present performance during supervised practice, and to help identify learning needs. Their line manager, or other experienced practitioner, must then assess these skills and sign to confirm competency.

Only qualified practitioners with an NMC recognised teaching and assessing in practice qualification and who have completed recognised training and assessment in Insulin Administration can be identified as assessors.

<u>Key for Self-Assessment</u>
1 = No knowledge / experience
2 = Some knowledge / experience
3 = Competent
4 = Competent with some experience
5 = Competent, experienced and able to teach others

Author: Mary Martin
Date: October 2015
Review: October 2018

## Assessment of competence for Insulin Administration

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I confirm that I have self-assessed as competent to practice (insert skill) as below:

Practitioner Name: ……

Practitioner Qualification: ……

Practitioner Signature: …… Date: ……..

**I confirm that I have assessed the named practitioner above as competent to perform the above skill.**

**Name & Title:** ……

**Signature:** …… **Date:** …….

**Upon successful completion of your assessment of competency please send to your line manager and retain a copy for yourself.**

| Knowledge and Skills for Insulin Administration | | Self-Assessment | | | Formal Assessment | |
|---|---|---|---|---|---|---|
| | | Score | Tick | Date & Comments | Signature | Date & Comments |
| **1** | Describe what diabetes is<br><br>Name the two types of diabetes | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **2** | Describe the different types of insulin available | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **3** | Demonstrate an understanding that the type of insulin prescribed will dictate the time the insulin will need to be given | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **4** | Describe the safety procedures that need to be considered when prescribing and administering insulin | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |

| Knowledge and Skills for Insulin Administration | | Self-Assessment | | | Formal Assessment | |
|---|---|---|---|---|---|---|
| | | Score | Tick | Date & Comments | Signature | Date & Comments |
| **5** | Describe how you would reduce the risk of the client developing Lipos (Lipoatrophy) | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **6** | Describe the sites that can be used for insulin administration | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **7** | Describe how insulin is obtained and how it should be stored | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **8** | Describe the effect of insulin on blood glucose levels | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |

| Knowledge and Skills for Insulin Administration | | Self-Assessment | | | Formal Assessment | |
|---|---|---|---|---|---|---|
| | | Score | Tick | Date & Comments | Signature | Date & Comments |
| **9** | Greet, accurately identify the patient and/or key person and introduce yourself and any colleagues present, gain consent | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **10** | Before administering any prescribed medication consult the individuals prescription record to CORRECTLY ascertain the following and ensures correct<br>• Drug<br>• Dosage<br>• Date and time of administration<br>• Route and method of administration<br>• Validity of prescription<br>• Signature of prescriber<br>• Legibility of prescription | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **11** | Demonstrate ability to administer an insulin injection following Trust Policy | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |
| **12** | Makes a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |
| | | 4 | | | | |
| | | 5 | | | | |