

TOP 10 INSULIN SAFETY MESSAGES

- 1** Always check type of insulin, dose and frequency of administration with at least 2 sources (eg EGS and patient).
- 2** If patient uses pen insulin, prescribe pen insulin and administer pen insulin.
- 3** Use pen safety needles (ensure appropriate training).
- 4** Always prescribe on Insulin Prescription Charts with 'units' pretyped, in addition to Kardex. Never write U or IU after the number!
- 5** Be aware that changes in patient's condition may affect insulin requirement (nutrition, steroids, sepsis, renal function) and adjust doses as necessary (target fasting and pre-evening-meal CBG 6-10 mmol/l).
- 6** Continue basal/long-acting background insulin in a Type 1 patient, even if fasting or NBM (dose may need adjusted).
- 7** Ensure that basal insulin has been given before discontinuing intravenous insulin.
- 8** If a patient on an insulin pump is admitted and unable to self manage, remove pump and start variable-rate intravenous insulin infusion (VRIII).
- 9** Be aware of concentrated pen insulins (Tresiba 200units/ml, Toujeo 300units/ml).
Never draw insulin from a pen with a syringe!
- 10** Be aware of Xultophy (Tresiba 100units/ml + Liraglutide, fixed combination). Advise temporary switch to Tresiba 100units/ml as inpatient ('dose steps' = units).

* Remember to involve the patient who is usually the expert - discuss any amendments and check the insulin you are giving them.

* On discharge, remember to clarify both the type of insulin and type of pen device, with details of timing and dose. This is especially important for patients who require others (eg Community Nurse) to administer insulin.