

Injecting insulin checklist

Steps	Why this is important	Check when done
1. Wash hands with soap and water.	Proper hygiene reduces the risk of infections.	<input type="checkbox"/>
2. Check insulin's expiration date (the date printed by the manufacturer and the date recorded after opening the cartridge).	Expired insulin may not work well and may result in poorly controlled blood glucose.	<input type="checkbox"/>
3. Inspect insulin before each use.	Do not use clear insulin that appears cloudy, discoloured or contains solid particles. Do not use cloudy insulin that appears yellowish or lumpy. These insulins may not work well.	<input type="checkbox"/>
4. Rotate site for each injection.	Overusing a site can cause bumps, cracks or scarring that may lower or change insulin absorption.	<input type="checkbox"/>
5. Make sure injection site is free of bumps, cracks or scarring.	These may lower or change insulin absorption and result in poorly controlled blood glucose.	<input type="checkbox"/>
6. Use a new needle for each injection.	Reusing needles can increase the risk of infections. Also, the needle may become dull and lead to more painful injections.	<input type="checkbox"/>
7. For cloudy insulin only, gently mix/roll the insulin 25 times prior to using. DO NOT SHAKE.	If cloudy insulin is not re-suspended, insulin absorption may be affected and this may result in poorly controlled blood glucose.	<input type="checkbox"/>
8. Prime the pen with 2 units prior to each use. If using a new cartridge prime the pen with 8-10 units.	Priming the pen ensures the needle is not plugged up.	<input type="checkbox"/>
9. Hold injection for at least 6 seconds.	Holding the injection ensures that the insulin is well absorbed.	<input type="checkbox"/>
10. Put used needle into a "sharps" container. You can get one at your pharmacy.	Throwing the needles away properly reduces the risk of injury and infections.	<input type="checkbox"/>



Produced by the Hamilton Family Health Team Registered Dietitians
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Self Adjustment of Bedtime Insulin

Your physician has prescribed a bedtime insulin called:

Humulin N OR **Novolin NPH** OR **Lantus** OR **Levemir**

The combination of insulin at bedtime plus diabetes pills during the day is an effective way of controlling blood glucose levels. Bedtime insulin will help improve blood glucose levels before breakfast. The dosage required can be determined by checking your blood glucose levels regularly. This sheet will help you find the right dose of insulin to give yourself at bedtime.

Procedure:

1. Start with a dose of 10 units of insulin at bedtime. Generally Humulin N and Novolin NPH are injected at around 10 pm. This allows for the peak action of these insulins to coincide with high morning blood glucose levels. Lantus and Levemir can be injected at any time. Injection times for all insulins must be as regular as possible.
2. Check your blood glucose every morning before breakfast (and at other times as indicated by your health care provider). Before meal blood glucose levels should be between 4 – 7 mmol/L.
3. If your blood glucose reading before breakfast is higher than 7 mmol/L for 2 days in a row, increase the bedtime insulin by 2 units.
4. Every 2 days, increase your bedtime insulin by 2 units until your fasting blood glucose remains between 4 -7 mmol/L.
5. If you have a before breakfast glucose reading less than 4 mmol/L for 2 days in a row, reduce the bedtime insulin by 2 units.
6. Often a high blood glucose reading in the morning can occur following a low blood glucose “insulin reaction” in the middle of the night. Symptoms include bad dreams, damp bed sheets from sweating, morning grumpiness and/or headache. Check your blood glucose levels at 3 am once a week (or more if needed). If you have a low blood glucose reaction during the night, reduce the bedtime insulin by 2 units, even if the morning blood glucose is high.

If you have any problems or questions, please call the office at: _____



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