Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue in Adults Using a Pen Device

V2.0

11 October 2017
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1. **Introduction**

1.1. Diabetes is a serious life-long health condition that occurs when the amount of glucose in the blood is too high because the body cannot use it properly. If left untreated, high blood glucose levels can cause serious health complications.

1.2. There are two main types of Diabetes: Type 1 and Type 2. Everyone with Type 1 Diabetes, and some people with Type 2 Diabetes, need to take Insulin (a hormone produced by the pancreas) to control blood glucose levels. Some people with Type 2 Diabetes need to take a GLP1 analogue (a hormone produced by the gut) to control blood glucose levels.

1.3. The use of Insulin pens is very common in the UK as an alternative to traditional Insulin vials and Insulin syringes. It is the preferred method of administration by patients who use Insulin. GLP1 is only available in a pen device.

1.4. Insulin pen devices can be reusable with refillable Insulin pen cartridges or prefilled and disposable. GLP1 pen devices are prefilled and disposable. Pen devices are intended for the subcutaneous administration of multiple Insulin/GLP1 doses to the same patient using a new pen needle for each dose. They should always be used in accordance with manufacturer instructions.

1.5. Insulin pens offer several significant advantages over Insulin syringes: ease of handling for those with visual or fine motor skills impairments, improved accuracy as an accurate dose can be pre-set on the dosage dial, and less injection pain.

1.6. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

2.1. The injection is to be performed by the patient under supervision of nursing staff in all clinical areas. All patients who are self-administering Insulin or GLP1 must have the Trust’s form “Registered Nurse Assessment for Patient Self-Administration of Insulin/GLP1 Via a Pen Device” completed (CHA2976 - see Appendix 3) and filed in the current section of the patient’s medical notes.

2.2. If the patient is unable to administer their own **Insulin** injection using a pen device staff can administer the Insulin using an Insulin safety syringe and Insulin vial and the correct sharps disposal. The patient’s usual Insulin is to be prescribed on EPMA in an Insulin vial for this purpose. **NB** Insulin **must not** be drawn up from a 3 ml Insulin pen cartridge using a syringe. Only Insulin vials are to be used to withdraw Insulin for subcutaneous injection using an Insulin safety syringe.

2.3. If the patient is unable to administer their own Insulin/GLP1 using a pen device and the Insulin/GLP1 is not available in a vial, staff can administer using a prefilled pen device and use the correct sharps disposal method. Staff who undertake subcutaneous injection using a prefilled pen device must have received training and have demonstrated competency in this procedure (see Appendix 4).
3. **Scope**

3.1. This procedure applies to adults with Diabetes and is for Trust-wide use. It applies to all registered nursing staff regardless of grade that are undertaking patient supervision of self-administration or administering a prescribed Insulin/GLP analogue subcutaneous injection within the Royal Cornwall Hospitals Trust.

3.2. The purpose of the document is to ensure that all staff perform the procedure in accordance with best practice guidelines. Registered staff have a duty of care to supervise the patient in this procedure. Individual staff must ensure they are competent to supervise or administer the injection, undertaking the procedure to the standards within this document.

4. **Definitions / Glossary**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPMA</td>
<td>Electronic Prescribing and Medicines Administration</td>
</tr>
<tr>
<td>GLP1</td>
<td>Glucagon-Like Peptide 1</td>
</tr>
<tr>
<td>TTOs</td>
<td>To Take Out (prescriptions in hospital discharge summary)</td>
</tr>
</tbody>
</table>

5. **Ownership and Responsibilities**

5.1. The strategic and operational roles responsible for the development, implementation, management and compliance of the procedure are shown below.

5.2. The lead professions for this procedure are:
- Consultant Nurse for Infection Prevention and Control
- Diabetes Specialist Pharmacist – RCHT
- Diabetes Inpatient Specialist Nurse Team – CPFT/RCHT

5.3. **Role of the Managers**

*Line Managers* are responsible for:
- Identifying registered staff members who will become cascade trainers for their area.
- Ensuring all staff in their area who undertake patient supervision of self-administration or who are administering a prescribed Insulin/GLP analogue subcutaneous injection have received training and have had the competency assessment document (Appendix 4) completed and filed in their personal file.
- Ensuring adequate supplies of patient pen needles are available in their area.
- Removing Insulin safety pen needles from stock in their area.
- Ensuring they have adequate supplies of one litre sharps bins (Unit 4 ordering code: FSL315) available in their area.
- Ensuring all staff in their area who undertakes patient supervision of self-administration or who are administering a prescribed Insulin/GLP analogue subcutaneous injection follow this procedure.
- Monitoring compliance with the procedure.

5.4. **Role of the Specialist Staff**

*Ward Pharmacists* are responsible for:
- Ensuring the correct Insulin preparations are prescribed on EPMA and for TTOs during the patient’s inpatient stay as per this procedure.
• Ensuring adequate supplies of the correct Insulin preparation have been ordered/are available in the ward area for use.
• Ensuring, for those patients self-administering Insulin/GLP1, that the Trust’s “Self-Administration of Insulin/GLP1” form (CHA2976) has been completed and filed in the patient’s current section of the medical notes.
• Liaising with registered ward staff to ensure this form is completed and correctly filed if this is absent and the patient is self-administering Insulin/GLP1.
• Monitoring compliance with the procedure.

Diabetes Specialist Pharmacist and Medical Safety Pharmacist are responsible for:
• Communication and dissemination of this procedure and any associated information across all three Trust sites.
• Ensure adequate on-going supplies of Insulin preparations are available in pharmacy to order to avoid Insulin omissions and errors.
• Monitoring and compliance with the procedure.
• Auditing practice and producing reports.

Nurse Consultant for Infection Prevention and Control is responsible for:
• Communication of this procedure across all three Trust sites and liaison with the Trust’s senior nursing team.
• Monitoring and compliance with the procedure regarding safe use of sharps.

Clinical Nurse Specialist Diabetes In-patient Team is responsible for:
• The development, updating and ratification (via their governance structure) of this procedure document and any accompanying documentation.
• Delivering initial cascade training to ward representatives and their competency assessment in the procedure.
• Communication of this procedure to the Trusts Diabetes Link Nurse group.
• Liaising with nursing staff to advocate that the Trusts self-administration of Insulin/GLP1 form (CHA2976) has been completed and filed in the patient’s current section of the medical notes.

5.5. Role of Individual Staff
All staff members are responsible for:
• Compliance with the procedure.
• Ensuring that if they undertake patient supervision of self-administration or they administer a prescribed Insulin/GLP analogue subcutaneous injection that they have received the correct training and have had the competency assessment document (Appendix 4) completed.
• Ensuring their clinical skills are current and up to-date in order to facilitate the procedure.
• Completing the Trust’s “Self-Administration of Insulin/GLP1” form (CHA2976) for each patient that is self-administering and file in the patient’s current section of the medical notes.
• Ensuring safe use of sharps as per this procedure.
6. Standards and Practice

Equipment
- EPMA Prescription
- Cartridge of prescribed Insulin and appropriate reusable pen device, i.e. NovoPen is using NovoNordisk Insulin, HumaPen if using Lilly Insulin, Autopen24/Clikstar if using Aventis Insulin, Autopen if using C P Pharmaceutical Insulin
- **Or** appropriate disposable prefilled Insulin or GLP1 Analogue pen device
- Pen needle – 6mm or less
- Pen user guide supplied with each box of pens
- Named patient one litre sharps bin with designated pen needle remover.
  (Unit 4 ordering code: FSL315.) available

Procedures A and B

A - If the patient is UNABLE to perform their own Insulin injection using a pen device:

1. Patient’s usual Insulin needs to be prescribed on EPMA in vials (their usual Insulin and Insulin pen device needs to be prescribed and then suspended on EPMA to avoid error on discharge). Staff can administer the prescribed Insulin using an Insulin safety syringe, drawing up the Insulin from an Insulin vial. Staff to dispose of the Insulin safety syringe as per the Trust’s Sharps Policy.

   **NB** - On discharge, if the patient is able to self-administer their own Insulin again, they will need their usual Insulin and Insulin pen device prescribed as TTO’s. They are not to be discharged home with Insulin vials and Insulin syringes.

2. If the patient’s usual Insulin/GLP1 is not available in a vial, staff can administer the Insulin/GLP1 using a prefilled pen device and patient-use pen needles following the procedure below for Prefilled Insulin/GLP1 Pen Device.

3. After administration, the pen needle needs to be removed using the designated pen needle removing section on the one litre sharps bin (Unit 4 ordering code: FSL315.) available Each patient will need an individual named sharps bin for this method of disposal that is to be stored in the patient’s bedside locker with the temporary closure in use.

B - If the patient IS ABLE to perform their own Insulin/GLP1 injection using a pen device OR registered staff needs to administer Insulin/GLP1 using a prefilled pen device:

1. Wash hands and assemble required equipment as above and take to patient.

2. Explain procedure to patient and ask patient to wash hands.

3(a) **For Prefilled Insulin/GLP1 Pen Devices:**

   i) Twist and pull off cap from main body of pen and put to one side.
ii) Identify the disposable prefilled pen contains the correct injectable solution and check expiry date. NB Insulin and GLP1 analogue that has been kept out of the fridge has an expiry date within four weeks.

iii) Check prefilled pen is intact and that it has no crystals.

3(b) For Reusable Insulin Pen Devices (refer to individual pen guides for specific instructions):

   i) Twist and pull off cap from main body of pen and put to one side.

   ii) Unscrew the Insulin cartridge holder which will provide two sections.

   iii) Identify correct Insulin cartridge has been obtained and check expiry date of cartridge.

   iv) Ensure Insulin cartridge is matched with the correct Insulin company pen device.

   v) Check cartridge is intact and that it has no crystals.

   vi) Using instruction manual which accompanies pen device, ensure piston rod in mechanical section is inside pen.

   vii) Put Insulin cartridge into the Insulin cartridge holder section. The screw cap end goes first.

   viii) Screw the mechanical section and the Insulin cartridge holder tightly together.

For All Pen Devices (after completing the appropriate instructions as above):

4. Use a new pen needle for each injection (single use only).

5. Take protective tab off the pen needle, push and screw onto the screw cap end of the pen device. Pull off outer and inner needle caps.

6. For cloudy or pre-mixed Insulin e.g. Humulin M3, Insulatard, Novomix 30, gently rock and roll the pen between the palms of your hand 10 times and then turn pen up and down 10 times from one end to the other. Repeat until Insulin is uniform and cloudy.

7. Perform air shot/pen needle prime for all pen devices except Exenatide (Byetta) and Lyxumia (Lixisenatide) where you should refer to the specific pen guide. Check the dose selector is set at zero. Dial 2-4 clicks (for Novopen 4, disposable Lilly pens and Lyxumia GLP1 analogue pen pull the end injection button out before dialling). With pen needle pointed upward, press the plunger all the way in. A drop of solution should appear. If not, repeat procedure until a drop of solution
appears. This ensures the pen needle is now primed ready for use. This procedure needs to be repeated prior to every injection.

8. Check that dose selector has returned to zero. Dial the required dose by turning the dose selector to the specified amount as prescribed.

9. Select injection site, e.g. lower abdomen, upper outer arm or upper outer thigh. Support injection site for injection. These sites should be rotated daily.

10. Administer as subcutaneous injection 90° angle to skin surface. Depress plunger all the way down. Ensure dose selector has returned to zero. Wait for a count of 10 seconds before removing the pen needle from the skin.

11. **Patient only** to remove the pen needle from the pen device and dispose of sharp as per local Infection Control Policy. Staff administering Insulin/GLP1 using a prefilled pen device will need to remove the pen needle using the designated pen needle removing section on the one litre sharps bin. Each patient will need an individual, named, one litre sharps bin for sharp disposal that is to be stored in the patient’s bedside locker with the temporary closure in use.

12. Complete EPMA prescription and complete nursing documentation.

13. Insulin/GLP analogue that is in use is to be kept out of fridge, at room temperature, for up to four weeks. Please ensure Insulin cartridge/vial/prefilled pen is dated once commenced.

14. Patients’ pen devices and diabetes equipment should ideally be kept with the patient securely. **All individual pen devices should be clearly labelled with the patient’s details: name, date of birth, CR number.**

### 7. Dissemination and Implementation

#### 7.1. Dissemination

- The procedure will be disseminated to the Trust’s Ward Managers at the Ward Managers' breakfast meeting via a safety briefing document. Ward Managers will disseminate the procedure to all their ward staff using the safety briefing document at their ward safety briefings.
- Clinical Nurse Specialist Diabetes will disseminate the procedure to the Trust Diabetes Link Nurse group via a link nurse meeting and email.
- The Specialist Diabetes Pharmacist will disseminate the procedure to the Trust’s Ward Pharmacists and Pharmacy Department via scheduled continuous professional development lunchtime teaching, at the Wednesday morning Pharmacists’ meeting and Friday morning dispensary meeting.
- The Consultant Nurse for Infection Prevention and Control will disseminate the procedure to the Trust’s Sharps Safety Group and to the Trust’s Senior Nurses.
- The procedure will be placed on the Trust’s electronic document library.
7.2. Training
- Cascade training for cascade trainers will be delivered by the Clinical Nurse Specialist Diabetes Inpatient Team at a Ward Managers' breakfast meeting.
- Clinical Nurse Specialist Diabetes Inpatient Team will deliver cascade training to the Trust's Diabetes Link Nurse Group.
- Trained cascade trainers will train staff at ward level which will be an on-going process.
- Diabetes Specialist Pharmacist will implement this procedure with the Ward Pharmacists on relevant wards via the regular pharmacy meetings as detailed above.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Registered nurse self-assessment form for patient self-administration of subcutaneous Insulin (CHA2976) has been completed by ward pharmacists. Compliance with the relevant process above for patients seen at a Diabetes Team Review.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Ward Pharmacists on review of Individual Patients who are receiving Insulin.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Registered nurse self-assessment form for patient self-administration of subcutaneous Insulin (CHA2976) should be reviewed by ward pharmacists. Adult in-patients with Diabetes who are reviewed/referred to by the specialist Diabetes team.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Non-compliance will be reported to the responsible ward/area manager. Non-compliance resulting in an adverse patient event will be reported via Datix. Every patient who is self-administering their own Insulin needs the Registered Nurse self-assessment form for patient self-administration of subcutaneous Insulin (CHA2976) to be completed and filed in the patient’s current section of the medical notes.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Ward/area managers will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes for their areas. The Specialist Diabetes Pharmacist, Medical Safety Pharmacist, Ward Pharmacists, Nurse Consultant for Infection Prevention and Control and the Clinical Nurse Specialist Diabetes In-Patient Team will undertake any Trust wide recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes.</td>
</tr>
</tbody>
</table>
Lesson learned or changes to practice will be shared with all the relevant stakeholders.

<table>
<thead>
<tr>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
</table>

9. **Updating and Review**
   9.1. This procedure will be updated every three years unless practice or legislation changes necessitate the need to review earlier.

10. **Equality and Diversity**
    10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. **Equality Impact Assessment**
    The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue in Adults using a Pen Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>11 October 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>June 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>June 2020</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Medical Directorate  
Kim Sleeman, Clinical Nurse Specialist Diabetes |
| Contact details: | 01872 253104 |
| Brief summary of contents | Procedure for subcutaneous injection of Insulin or GLP1 in Adults Analogue using a pen device |
| Suggested Keywords: | Diabetes |
| Target Audience | RCHT | PCH | CFT | KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | June 2017 |
| This document replaces (exact title of previous version): | Guideline for Subcutaneous Injection of Insulin or GLP1 Analogue in Adults using a Pen Device |
| Approval route (names of committees)/consultation: | Diabetes In-Patient Specialist Nurses,  
Diabetes Specialist Pharmacist  
Medical Safety Pharmacist  
Nurse Consultant Infection Prevention and Control  
RCHT Sharps Safety Group.  
Medical Directorate Governance Lead |
| Divisional Manager confirming approval processes | |
| Name and Post Title of additional signatories | Not Required |
| Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings | {Original Copy Signed} |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet | ✓ | Intranet Only |
Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue using a Pen Device in Adults

Links to key external standards

- National Patient Safety Alert – Safe Use of Insulin 2011
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- National Patient Safety Alert - risk of severe harm and death due to withdrawing Insulin from pen devices (Nov 2016)

Related Documents:

- Flex Pen user guide (2006) – NovoNordisk
- Lantus SoloStar Information For Patients – how to deliver Lantus. Sanofi – Aventis (July 2007)
- Lyxumia pre filled pen guide (2013) - Aventis

Training Need Identified?

Yes:

- All registered staff need competency assessment in Subcutaneous injection of Insulin/ GLP1 using a Pre-filled Pen Device.
- Ward Pharmacist need to be briefed on their roles and responsibilities regarding the implementation, monitoring and compliance with this procedure.

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2013</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Kim Bull, Clinical Nurse Specialist Diabetes</td>
</tr>
<tr>
<td>June 2017</td>
<td>V2.0</td>
<td>Document changed from ‘guideline’ to ‘procedure’ and other updates.</td>
<td>Kim Sleem, Clinical Nurse Specialist Diabetes</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed:</th>
<th>Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue Using a Pen Device in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Is this a new or existing Policy?</td>
</tr>
<tr>
<td>Medical</td>
<td>Previously a guideline and now a policy</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Kim Sleeman</td>
<td>01872 253104</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - Who is the strategy / policy / proposal / service function aimed at?
   
   To provide detailed guidance on the procedure of **subcutaneous injection of Insulin or GLP Analogue using a pen device in adults**

2. **Policy Objectives***
   - To provide a consistent approach to the management of adult patients requiring **subcutaneous injection of Insulin or GLP Analogue using a pen Device**
   
   To maintain patient safety and improve outcomes for adult patients with Diabetes

3. **Policy – intended Outcomes***
   
   Consistent management of Diabetes at RCHT sites regarding the procedure for **subcutaneous injection of Insulin or GLP Analogue using a pen device in adults**

4. *How will you measure the outcome?*
   - Audit
   - Datix reporting
   - Review of medical notes as required

5. **Who is intended to benefit from the policy?**
   
   All adult patients with Diabetes who require **subcutaneous injection of Insulin or GLP Analogue using a pen device**

6a Who did you consult with
   
   b). Please identify the groups who have been consulted about this procedure.

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

   - Diabetes In-Patient Specialist Nurses
   - Consultant Nurse Infection Control
   - Diabetes Pharmacist
   - Medical Safety Pharmacist
   - RCHT Sharps Safety group

What was the outcome of the consultation?

- Comments taken into consideration and procedure amended as needed
7. The Impact
Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>x</td>
<td></td>
<td></td>
<td>For capacity to consent, refer to Consent Form – Appendix 4</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended. Yes | No | x

9. If you are not recommending a Full Impact assessment please explain why.

Revision of existing guidance updated from a guideline to a procedure.

Signature of policy developer / lead manager / director

Kim Sleeman

Date of completion and submission 10/10/17

Names and signatures of members carrying out the Screening Assessment
1. Human Rights, Equality & Inclusion Lead
Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
C/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the
Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed

Date ______________________
Appendix 3

Assessment for Self-Administration of Subcutaneous Insulin/GLP1 for Adults with Diabetes

Does the patient have a confirmed diagnosis of diabetes?

Yes

Does the patient usually self-administer their Insulin?

Yes

No

The patient is not appropriate for self-assessment

Complete the relevant box on the Assessment form (CHA2976)

Has a medical decision been made that the patient is NOT suitable for self-administration of insulin

Yes

No

(To be used in conjunction with RCHT PROCEDURE FOR SUBCUTANEOUS INJECTION OF INSULIN OR GLP ANALOGUE USING A PEN DEVICE)

1. Check that the patient knows the correct name of their Insulin/GLP1, correct dose and correct administration time (e.g. Novomix 30, 18 units, breakfast and evening meal. A response such as "blue pen, 9 clicks twice a day is not an acceptable answer)

2. Observe the patient dialling the correct dose (using their usual pen device)

3. Observe the patient administering their own injection (using their usual pen device)

4. If the patient has successfully completed ALL 1-3 steps the patient is considered safe to self-administer their own Insulin/GLP1 using a pen device

5. If the patient has not successfully completed any one of the 1-3 steps the patient is NOT considered safe to self-administer their own Insulin/GLP1

6. Complete the Registered Nurse Assessment for Self Administration of Subcutaneous Insulin/GLP1 form (CHA2976) and file in the current section of the patients medical notes.
### Appendix 4.

**Competency Assessment Document - Subcutaneous Injection of Insulin/GLP1 in Adults Using a Pre-filled Pen Device**

Staff Name…………………………

Ward/Area………………………… (Cc to Personal File)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Rationale</th>
<th>Date of Training &amp; Signature of Trainer</th>
<th>Date of Assessment</th>
<th>Assessor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash and dry hands</td>
<td>Compliance with infection control strategies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review patient’s blood glucose</td>
<td>To ensure that blood glucose is within acceptable ranges and that the patient is not Hypoglycaemic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Check the patient’s EPMA prescription chart to ascertain the following are correct:  
  - Patient name  
  - Insulin/GLP dose (written in units for Insulin or mcg/mgs for GLP dependant on which GLP is prescribed)  
  - Date/time of administration  
  - Route and method  
  - Doctor’s signature | To ensure the patient is given the correct drug in the prescribed dose, by the correct route and at the correct time |  |  |  |
| Gathers equipment:  
  - Pre-filled pen device  
  - One litre Sharps bin (that contains the designated pen needle remover), non-sterile gloves.  
  - Checks Insulin is in date  
  - Checks that pre-filled pen device has been stored at room temperature and not for more than 28 days  
  - Checks that any Insulin contains no crystals | To ensure all equipment is in-date and ready to use |  |  |  |
<p>| Explains and discusses procedure with the patient and obtains verbal consent | To ensure the patient can give valid consent |  |  |  |</p>
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Rationale</th>
<th>Date of training &amp; Signature of Trainer</th>
<th>Date of Assessment</th>
<th>Assessor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twists and pulls the cap off the pre-filled pen device</td>
<td>To prepare pre-filled pen device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks that the prefilled pen device contents are intact and has no crystals</td>
<td>To ensure safety prior to administration</td>
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</tr>
<tr>
<td>Takes the protective paper tab off the pen needle. Screws the needle onto the screw cap end of the pre-filled pen device (new needle at the start of every injection)</td>
<td>To prepare for injecting</td>
<td></td>
<td></td>
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<tr>
<td>For cloudy Insulin “Rock and Roll” the pre-filled pen device in the palm of their hand 10 times</td>
<td>To ensure that the Insulin is correctly mixed</td>
<td></td>
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</tr>
<tr>
<td>Removes the outer and inner needle caps, and holds pen between thumb and forefinger of dominant hand as if holding a dart</td>
<td>To enable a quick, smooth, sub cutaneous injection</td>
<td></td>
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</tr>
<tr>
<td>Dials up two units (air shot/pen needle prime) and discards, ensuring that the prefilled pen device dose selector has returned to zero</td>
<td>To ensure priming of the prefilled pen device pen needle.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Selects injection site e.g. lower abdomen, upper outer thigh or upper outer arm (this should be rotated daily)</td>
<td>Insulin/GLP should be administered subcutaneously. Prevents Lypohypetrophy development</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Inserts the pen needle at an angle of 90 degrees into the chosen injection site. Injects by pressing down on the pre-filled pen device plunger until the dose selector returns to zero. Once administered count to ten before the pen needle is withdrawn from patients skin</td>
<td>Correct administration of the Insulin/GLP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposes of all sharps and clinical waste safely, in accordance with local guidelines. <strong>Do not replace the pen needle cap</strong></td>
<td>To prevent needle-stick injury and blood borne virus contamination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-filled pen device cap to be replaced onto the prefilled pen device. The prefilled pen device that is in use can be stored at room temperature for up-to 28 days</td>
<td>Correct storage of Insulin/GLP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records the administration correctly</td>
<td>To maintain accurate records</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue using a Pen Device in Adults**

*Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, C/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD*

A summary of the results will be published on the Trust’s web site.

**Signed**

**Date**

Procedure for Subcutaneous Injection of Insulin or GLP1 Analogue using a Pen Device in Adults

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