

NHS number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

Affix patient label

## Registered Nurse assessment for patient self-administration of Insulin / GLP1 via a pen device

**See supporting guideline available on the Document Library**

Does the patient usually self administer their own insulin / GLP1?

Yes  No

Undertake the assessment below Patient not suitable for self administration

**Assessment criteria - Please tick appropriate boxes**

- 1. The patient knows the name of the Insulin/GLP1, how many units of Insulin to take/dose of GLP1, and the correct administration time.
- 2. The patient has the visual ability and dexterity to dial up the correct dose.
- 3. The patient demonstrates they can safely administer a subcutaneous Insulin / GLP1 injection via the pen device.

**NB - For assessment of no's 2 and 3 - Please refer to hospital guideline "Procedure for Subcutaneous Injection of Insulin or GLP1 using a Pen Device".**

**Assessment outcomes**

- All three** Assessment criteria above **have been** met - the patient **can** self-administer according to the self administration policy. To be recorded on notes on EPMA.
- The patient has been supplied with a 1L sharps bin with the designated pen needle removing section. This will be stored in the patient's bedside locker with the temporary closure in use.
- All three** Assessment criteria above **have not been** met - the patient **cannot** self-administer. Nursing staff to undertake administration of Insulin / GLP1.
- Medical Decision that patient is **not** currently suitable for self administration - Nursing staff to undertake administration of Insulin / GLP1.

Assessment date: \_\_\_\_\_

Registered nurse name and signature: \_\_\_\_\_

Ward: \_\_\_\_\_

**Reassessment will be necessary if patients cognitive and / or physical condition changes**