SCDDSN Employee Checklist - Insulin Pen Injection

Employee:	r 1			1		
<i>(((())</i>	Consumer					
✓ off time	Initials Reviewer			Credential		Date
1						
2						
3						
check off results	column for YES. I ults column for N	etes the task independently (without verbal f the employee does not complete the task O. An employee is not considered compete	or requires verbal or manua	al guidanc	e, place	a 'N' ir
	Does the e	employee complete all of the follow	ving steps independen	tly?		
		Item		✓	off t	ime
		FOR INSULIN INJECTION		1	2	3
Getting Ready						
		d supplies need to be reordered and place to support the individual in re-				
Washes han	ds					
Confirms the	e identity of tl	he consumer using at least 2 method	ds of identification			
Locates and	places the fol	llowing items on a clean surface:				
 Insulir 	n pen					
Alcoh	ol prep pads					
Pen n	eedle					
		stration Record (MAR) and pen				
Identifies th 1 st Medicati		lin pen to be used and removes from	n locked storage area-			
Checks the e	expiration dat	e – Does not give if expired				
Identifies th	e purpose of i	nsulin				
Identifies th	e most comm	on side effects of insulin				
Selects the s	site for insulin	administration ensuring sites are ro	otated			
Puts on glov	res					
Cleans site v	vith alcohol p	rep pad				
Rechecks th	at the insulin	pen selected is correct – 2 nd Medica	tion Check			
Removes pe	n cap					
Looks at ins	ulin to be sure	e it is clear or evenly mixed (cloudy v	vhite) with no			
clumping of discolored.		es not use if drug appears to have p	ieces in it or is			
Short	or rapid actin	g insulin and Lantas or Levemir shou	ıld be clear.			
	nediate or mix hite AFTER it	ked insulin should be cloudy and whitis mixed.	ite. It will look cloudy			
betwe	en hands 10 t	nediate or mixed insulin before use I times and turning the pen up and do sulin is cloudy and white.				
	-	in is to be given based on the prima	ry care prescriber's			

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Drevention of the ineulin new.	<u> </u>	
Preparation of the insulin pen:		
Wipes the tip of the pen where the needle will attach with alcohol prep pad		
Removes the protective seal from new needle		
Screws needle onto insulin pen		
Removes the outer needle cover and sets aside		
Removes inner needle cover to expose the needle – discards the cover		
Safety Test – Priming the insulin pen:		
Looks at the dose window and turns dosage knob to '2' units		
Holds the pen with the needle pointing up		
Lightly taps the reservoir so air bubbles rise to the top of the reservoir		
Presses the injection button until at least a drop of insulin appears. Repeats this		
step if needed until a drop appears.		
Selecting the correct dose:		
Looks at the dose window to make sure it shows '0'		
Checks the amount of insulin to be given based on the primary care prescriber's		
order		
Uses dosage knob to dial the correct dose		
Rechecks the amount of insulin to be given based on the primary care prescriber's		
order and the administration amount selected in the insulin pen – 3rd Medication		
Check		
Administering the medication:		
Keeping the pen straight, inserts the needle into skin at a 45 to 90 degree angle.		
Curls fingers around the pen leaving the thumb free to press the injection button		
Keeps needle inserted and continues to press injection button until the dosage window returns to '0'. (Counts to 10)		
Releases injection button		
Removes needle from skin		
Places an alcohol swab over the injection site if bleeding occurs. Presses gently on the swab until bleeding stops. Does not rub skin.		
Places the outer needle cover over the needle and twists the outer needle cover to unscrew the needle. [Never leaves needle on pen when not in use.]		
Disposes of needle in sharps container		
Puts pen cap back on the insulin pen		
Removes and properly disposes of gloves		
Returns insulin pen to proper locked storage location		
Documents amount of insulin administered and injection site on MAR	Τ	
Clean up:		
Wipes off counter		
Returns MAR to proper location		
Washes hands	1	
Signatures upon successful completion.		l

Signatures upon successful completion:

Reviewer:______Date_____