

## Plan of Care for the Pre-Loading an Insulin Pen for Patient Self Administration in the Community

The patient prescribed insulin for the management of their diabetes usually self-administers the insulin, or it is administered by a health professional. However, in exceptional circumstances the patient's needs may not be met by East Riding Neighbourhood Care Service (ERNCS), and alternative resources need to be considered. Insulin pens can only be pre-loaded once a day, and should not have the needle attached until the administration is required. This is due to the potential risk of leakage from the needle.

Each case will be agreed with the Clinical Lead/Community Matron. The risk assessment and care plan of pre-loading insulin pens will have been undertaken, and again agreed with the Clinical Lead/Community Matron.

Following administration of the patient's morning prescribed dose of insulin. The nurse will:-

- a) Explain the pre-loading of afternoon insulin dose to the patient and gain informed agreement/consent.
- b) Prepare equipment, ensuring enough insulin is present in the prefilled pen for administration by the patient later that day.
- c) Dial the prefilled pen to the prescribed dose as indicated on patient's medication chart, and replace cap.
- d) Ensure the patient/carer has all equipment to carry out procedure independently.
- e) Leave the pre-loaded pen with the prescribed dose along with relevant needle for attachment later by the patient/carer (do not leave needle attached as this may cause leakage).
- f) Store the pre-loaded insulin pen in an appropriate storage container, ensuring pen and container are clearly labelled identifying the patient, the medication, the dose to be administered, and when this should be given. Store container and current pen at room temperature, (up to 25°C for a maximum of 28 days) to minimise discomfort on administration.
- g) Ensure unopened insulin pens are stored in the fridge in appropriate container.
- h) Ensure relevant equipment is available so the pen and needles can be disposed of within HFT Clinical Waste Policy.
- i) Document in nursing notes, and sign patient's pre-loaded insulin on the 'Insulin Authorisation and Administration Record'.
- j) Remind the patient/carer to check blood sugar level and record prior to administration.
- k) Ensure patient/carer is aware of contact details if urgent support is required.
- l) Ensure the plan of care continues to meet the needs of the patient.
- m) Report any concerns to the Caseload Holder, Clinical Lead/Community Matron or GP as required and document.
- n) The patient will be reviewed; if there are any changes in the patient's presentation, if they wish to discontinue self-administration or 3 monthly. The review will include an assessment of blood sugar levels over the last 3 months with the use of Glycated Haemoglobin (HbA1c) blood test. In addition, how the patient/carer feels they are managing and, any difficulties they are experiencing.