



## **Inpatient Supervised Self Administration of Subcutaneous Insulin or Glucagon-like peptide-1 (GLP-1) analogs Protocol**

### **Procedure:**

#### **Objective:**

To achieve safe and accurate administration of subcutaneous insulin or GLP-1 analog by inpatients with supervision by a Registered Nurse (RN) ensuring;

1. Review of ability and understanding of inpatients engaged in self-management of diabetes.
2. Identification of opportunities for education regarding diabetes self-management.
3. To minimise the risk of medication incidents during the admission and on discharge.

#### **Patients:**

This procedure applies to the following inpatients with diabetes:

- People new to administering insulin or GLP-1 analog or using a new delivery device to develop confidence and skill and minimise error after discharge
- People self administering insulin or GLP-1 analog prior to admission to maintain involvement in management of their diabetes.

*Patients on subcutaneous insulin pumps are managed in accordance with the Guidelines for Continuous Subcutaneous Insulin Infusion Pump Policy*

*Rehabilitation patients at Sacred Heart are managed in accordance with the Self Medication Protocol Level 3 Rehabilitation.*

### **Principles of Action:**

*The procedure outlined below describes administration of insulin, the same general principles apply to GLP-1 analogs. Any specific differences for these medications are outlined in paragraph 7: GLP-1 Analogs.*

- Identify a patient who may benefit from supervised self administration of insulin.
- The primary medical team, or endocrine team, must document that a patient, in his/her current medical situation, is suitable for supervised self administration of insulin.
- Assessment of ability to self administer insulin is conducted by Diabetes Educator where necessary.
- Preparation and administration of the insulin dose is checked and witnessed by a Registered Nurse (RN).
- Documentation of the dose administered is recorded on the insulin chart by the RN.
- Insulin is locked in the bedside locker until required.
- Patient suitability to self administer insulin is reassessed with condition changes.

### Definitions:

<b>Blood Glucose Level (BGL)</b>	Measure of glucose in the blood (mmol/L)
<b>Insulin delivery device</b>	An insulin syringe or a 'pen' type device loaded with insulin
<b>Subcutaneous injection</b>	Method of medication delivery under the skin.

### Roles and Responsibilities:

#### 1. The medical officer is responsible for:

- Documenting in the patient healthcare record that the patient is medically suitable for self administration of insulin under RN supervision.
- Annotating 'self administration under RN supervision' and prescribing insulin on the *Blood Glucose Monitoring and Subcutaneous Insulin Administration Chart – SMR130035*.
- Ensuring a paper insulin chart (*SMR130035*) reminder alert is prescribed at the correct times in MedChart and adding in the comments field 'self administration under RN supervision'.
- Ongoing clinical review to ensure patient's suitability to self administer is not compromised

#### 2. The diabetes educator is responsible for:

- Assessing the patient's ability to self administer insulin, providing any necessary education and documenting this in the healthcare record.
- Ongoing clinical review to ensure patient's ability to self administer is maintained.
- Providing the patient with the hospital information brochure 'Supervised Self Administration of Insulin Injections' ([Appendix 1](#))

#### 3. The Registered Nurse (RN) is responsible for:

- Ensuring all insulin currently in use is stored in the patient's locked bedside drawer, including patient's own supply.

- Supervising the patient preparing and administering the prescribed insulin dose at the appropriate time.
- Recording the administration of the dose on the *Blood Glucose Monitoring & Subcutaneous Insulin Administration Chart – SMR130035*
- Supervising the correct disposal of sharps by the patient. **NOTE:** Nurses should NEVER attempt to remove a needle from an insulin pen delivery device.
- Ongoing clinical review to ensure patient's ability to self administer is not compromised. The medical team and diabetes educator should be contacted with any concerns.

4. **The Nurse Unit Manager is responsible for:**

- Ensuring nursing staff are aware of the hospital policies and procedures that relate to the management of medication and patients with diabetes.

5. **The patient is responsible for:**

- Providing necessary equipment for insulin self administration e.g. pen needles.
- Patient health responsibilities, as well as rights, as outlined in the St Vincent's Hospital Patient Charter

6. **The pharmacist is responsible for:**

- Reviewing the insulin prescription and ensuring adequate insulin medication supplies are provided during admission and on discharge.
- If patient's own medication supplies are in use the pharmacist will ensure they are correctly labelled and appropriate for use.
- Providing medication counselling.

**Process:**

1. **Equipment:**

- Insulin prescription on the *Blood Glucose monitoring & Subcutaneous Insulin Administration Chart - SMR130035*.
- *Insulin pen delivery device with needles or insulin syringe*

2. **Procedure Steps:**

- Confirms that there is documentation in the healthcare record indicating patient suitability for self administration of insulin under RN supervision.
- Ensure that, if necessary, a diabetes educator has assessed ability to self administer insulin and documented this in the medical record
- Check patient identity and insulin prescription.
- Confirm with the patient the correct insulin has been selected, the planned dose and time of administration.
- Perform hand hygiene and supervise the patient performing hand

hygiene.

- Supervise the patient preparing the insulin delivery device.
- Supervise the patient preparing the intended dose per prescription.
- Check with the prescription that the prepared intended dose is correct.
- Supervise the patient administering the insulin.
- Supervise the patient removing and disposing of the needle in a hospital sharps container.
- Document on the insulin chart administration of the delivered dose.

3. **Disposal of Waste/Equipment:**

- Dispose of equipment in accordance with SVH Waste Management Policy.

4. **Post Procedure Patient Management:**

- The insulin will be returned to the locked medication drawer.

5. **Documentation:**

- Patient suitability for self administration of insulin will be documented in each place listed below :
  - in the patient healthcare record
  - annotated on the *Blood Glucose monitoring & Subcutaneous Insulin Administration Chart - SMR130035*
  - a comment added to the MedChart® entry that states that an insulin chart is in use for this patient.
- If a patient's clinical condition changes such that self administration is no longer suitable this will be documented in the same manner.
- The insulin dose administered will be documented on the *Blood Glucose Monitoring & Subcutaneous Insulin Administration Chart - SMR130035* by the RN and it will be annotated with the self administering code (S)

## **GLP-1 Analogs**

- This group of medication currently includes:

Exenatide (Byetta®)

Liraglutide (Victoza®)

- The prescription of these medications is recorded on MedChart® or the National Inpatient Medication Chart (MR70).

## **Compliance:**

Compliance with the procedure will be monitored and actioned by the Drug and Therapeutics Committee and the SVH Medication Incident Committee using insulin medication incident data through RiskMan,

An annual care bundle audit for subcutaneous insulin will be reported to Patient Safety and Quality Committee.

**Risk Rating: Medium**

## **Appendices:**

- [Appendix 1 - Supervised Self Administration of Insulin Injections](#)

## **Standard:**

### **National Safety and Quality Health Service Standards:**

- Standard 4 - Medication Safety

## **References:**

### **Supporting Evidence:**

NSW Health Policy Directive, PD 2013\_043, Medication Handling in NSW Public Health facilities. Available from [www.health.nsw.gov.au/policies/PD/2013/PD2013\\_043.html](http://www.health.nsw.gov.au/policies/PD/2013/PD2013_043.html)

NSW Health Policy Directive, PD2012\_003, High-Risk Medicines Management. Available from [www.health.nsw.gov.au/policies/PD/2012\\_003.html](http://www.health.nsw.gov.au/policies/PD/2012_003.html)

NSW Health Policy Directive, PD2011\_022, Your Health Rights and Responsibilities. Available from [www.health.nsw.gov.au/policies/pd/2011/PD2011\\_022.html](http://www.health.nsw.gov.au/policies/pd/2011/PD2011_022.html)

American Diabetes Association (2013) Standards of Medical Care in Diabetes -2013. Diabetes Care 36(Supplement 1):S11-66 Available at [http://care.diabetesjournals.org/content/36/Supplement\\_1/S11.full.pdf](http://care.diabetesjournals.org/content/36/Supplement_1/S11.full.pdf)

Joint British Diabetes Societies Inpatient Care Group (2012) *Self-Management of diabetes in hospital*. London, NHS Diabetes. Available from [www.diabetes.nhs.uk/document.php?o=3377](http://www.diabetes.nhs.uk/document.php?o=3377)

The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Rehabilitation and Aged Care (2002) *SHPA Guidelines for Self-Administration of Medication in Hospitals and Residential Care Facilities*. J Pharm Pract Res 32(4): 324-5

### **National Safety and Quality Health Service Standards:**

- Standard 4 - Medication Safety

### **Related SVH and SV&MHS Policies**

- [Inpatient Diabetes Management Policy](#)
- Administration of Medicines Policy
- SVH Waste Management Policy

- SVH Your Rights and Responsibilities Policy

**Related SVH and SV&MHS Procedures:**

- [Blood Glucose Monitoring Procedure](#)
- Ordering, Supply and Storage of Medicines
- Self Medication Protocol Level 3 Rehabilitation
- [Patient Documentation Procedure](#)

**Risk Rating:**

Not set

**Focus Area(s):**

- Medicines & Other Therapeutics

**Departments:**

- Clinical Organisation Wide

**Revision History:**

Date Issued:	3/7/2014
Date of Last Review:	16/6/2016
Date of Next Review:	16/7/2017
Committee(s):	<a href="#">SVH Drug &amp; Therapeutics Committee</a> <a href="#">SVHN Patient Safety &amp; Quality Committee</a>
Approved By:	Chief Executive
Identifier:	7797

[Suggest change](#) (0 changes already suggested)

---

[Policies & Protocols homepage](#) - [Hospital homepage](#) - [Policies & Protocols User Guide](#) - [Disclaimer](#)

---

---

[Login](#) - [Feedback](#)