
Pre-Loaded Insulin Syringe Policy

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Purpose of Agreement	To ensure insulin syringes are pre-loaded appropriately by registered Community Nurses to allow patients to self-administer their insulin at home appropriately.
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SUMMARY OF POLICY

Any Community Nurses who are in a situation where they may be required to pre-load insulin syringes for patients must be aware of the contents of this policy.

The policy details:

- The assessments that must be undertaken when a patient may require insulin to be pre-loaded (Section 3 - Process).
- The practicalities around pre-loading, labelling and storing pre-loaded insulin (Section 3 – Process).
- The roles & responsibilities of staff pre-loading insulin (Section 4)

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1. INTRODUCTION & PURPOSE

INTRODUCTION

- 1.1** This policy is supported by a risk assessment and Standard Operating Procedure (SOP; Appendices B & C) for the pre-loading of insulin for patients to self-administer later. It stresses the necessary principles of practice including patient assessment and review, ensures other methods of insulin administration have been considered, together with contra-indications, and details appropriate insulin storage requirements and record keeping.
- 1.2** Some patients with diabetes are unable or unwilling to use insulin pens and are only able to self-inject using a syringe. If they are unable to draw up insulin from a vial using the syringe, the patient's independence can be maintained by a Community Nurse pre-loading the syringes. The preparation of insulin injections by Community Nurses for patients to administer in their own homes at a later time has been the practice for many years.
- 1.3** The pre-loading of insulin into syringes is an unlicensed activity that falls outside of the Medicines Act, and adherence to this policy protects the patient, and provides legal protection for the Registered Nurse and this organisation under vicarious liability. The Royal College of Nursing (2015) advises that this activity must be seen as the final option, and only considered when all other options have been exhausted.

PURPOSE

- 1.4** The purpose of this policy is:
- To promote patient safety.
 - To ensure that Registered Nurses (RNs) employed by Solent NHS Trust are aware of the potential risks of pre-loading insulin syringes for later use by a patient.
 - To provide a clear and consistent framework across Solent NHS Trust for the appropriate assessment and management of a person with diabetes who cannot safely prepare their own insulin dose.
 - To support RNs to provide insulin therapy as detailed in this policy which is classified as secondary dispensing (and thus not covered in the Medicines Act 1968) however, takes note of RCN guidance Advance preparation of insulin syringes for adult patients to administer at home (RCN, 2015).

2. SCOPE & DEFINITIONS

SCOPE

- 2.1** This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equal Opportunities Document. This document is also recommended to Independent Contractors as good practice.

- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

DEFINITIONS

- 2.3 Within the context of this policy the definition of pre-loading an insulin syringe refers to insulin that has been withdrawn from a 10ml vial, using an insulin syringe that is marked in one or two unit graduations for self-administration by a patient at a later date.

3. PROCESS/REQUIREMENTS

- 3.1 Pre-loading of insulin must only be recommended when alternative methods of delivery are not possible and after appropriate risk assessment, as outlined in Appendix C.
- 3.2 RNs must be aware of the alternative injection devices available and discuss the patient's needs and preferred options with a Diabetes Specialist Nurse. The patient's General Practitioner must also be made aware; understand the unlicensed nature of pre-loaded insulin syringes and be in agreement with the need for the patient to have pre-loaded insulin syringes. After the GP has verbally agreed this, the letter template in Appendix G must be completed and sent to the GP with a copy of the completed Risk Assessment form (Appendix C). Pre-loading of insulin for injection must only begin following a full written risk assessment, involving a Diabetes Specialist Nurse, and the ruling out of alternative methods of administration. A thorough assessment of the patient's understanding of the insulin regimen, their ability to manage it and the support available between Community Nurse visits, must be undertaken using Appendix B (Standard Operating Procedure; SOP) for the assessment of a patient to have insulin prepared in advance of administration. This should be followed by completion of Appendix C (Risk Assessment Form – Advanced Preparation of Insulin into Syringes for a Patient to Administer at a Later Date).
- 3.3 The Risk assessment form in Appendix C must be undertaken for new patients every three months, or sooner if the patient's condition changes. A copy must be sent to the patient's GP. After patients are stable, it may be appropriate to reduce this frequency to a 6-monthly review of their risk assessment.
- 3.4 The patient must always be consulted about their insulin administration and informed consent obtained regarding the care provided.
- 3.5 On completion of the risk assessment the RN must decide on the appropriate number of days that the insulin syringes can be prepared for and left with the patient. It is important that the RN considers all aspects of social and health care for their patient in this decision. This number and the reason for the decision must be recorded in Appendix C. The maximum period of time that insulin syringes can be left pre-loaded for is seven days. Each time a nurse pre-loads a syringe, Appendix D (Documentation Form for the Advanced Preparation of Insulin in Syringes) must be completed.

- 3.6 Pre-loaded insulin syringes must be labelled individually and stored in a wipeable, labelled, sealable container (see Appendix B). If the patient is having a different type of insulin or dose at another time of the day another storage container must be used. To prevent any confusion the containers will ideally be either different colours and/or shapes. The size of the lid should be different to reduce the risk of the wrong lid with the wrong label being put on the incorrect container.
- 3.7 The patient's fridge should be visibly clean and free of debris; if there are concerns about the cleanliness of the fridge storage, the patient may not be appropriate for pre-loading insulin (see Appendix C). The insulin must be stored in the fridge door or top shelf to prevent cross-contamination from other food items.
- 3.8 It is recommended that insulin stored between a temperature of between 2 and 8 degrees Celsius. Never allow insulin to freeze; containers should not be stored next to the freezer section or at the back of the fridge to reduce the risk of this happening.
- 3.9 Unopened insulin can be kept in these conditions until the expiry date printed on the packaging. Once opened, a vial of insulin kept in these conditions must be discarded after 28 days. The date that the vial was opened must be written on the vial and in Appendix D.
- 3.10 Patients in residential care must have their pre-loaded insulin syringes stored as outlined in 3.6-3.9, but in a locked fridge.
- 3.11 Arrangements must be made to ensure that the monitoring of diabetes control is undertaken. Capillary blood glucose monitoring may be undertaken by the patient themselves, a family member or friend using their own glucometer. A full written assessment must be undertaken to check that they are confident and competent to undertake this procedure. The meter must also be checked weekly with the relevant quality control solution that is provided by the relevant meter company to ensure that it is accurate. Accuracy can also be checked by comparing a capillary blood glucose result with a venous glucose sample. An HbA1C every three to six months is also required to evaluate the level of diabetes control.
- 3.12 Liaise with a Diabetes Specialist Nurse as required for advice if circumstances change.
- 3.13 The Community Matron or Service Manager may wish to undertake an audit for the patients under their care in order to provide an element of Quality Assurance. A suggested method for such an audit is to review the Risk Assessments (Appendix C) that have been carried out for a selection of patients, check that the Registered Nurse has completed them correctly and that any actions resulting from the Risk Assessment were followed up appropriately. The number of records to review and the frequency of audit may be determined by the Service, since the Community Nursing Teams in Solent NHS Trust have varying numbers of patients who have insulin prepared in this manner.
- 3.14 It is recommended that needles of 8mm or less be used when using with an insulin syringe.

3.15 An overview of the processes involved in points 3.1-3.14 is outlined in Appendix A.

Contra-Indications to Pre-Loading Insulin:

3.16 The use of a non-insulin syringe to pre-load insulin. No other type of syringe, other than an insulin syringe must ever be used for insulin administration/preloading.

3.17 Insulin glargine (e.g. Lantus®, or an insulin glargine biosimilar) must not be preloaded into insulin syringes.

3.18 Very variable capillary blood glucose recordings.

3.19 Lack of satisfactory storage conditions in the patient's home, for example, lack of a fridge, or lack of adequate space in the fridge.

3.20 Pre-filled insulin cartridges and commercially available pre-loaded pens must not be used to withdraw insulin from in order to comply with this policy. Only 10ml vials are permissible to be used.

3.21 If any of the points 3.16-3.20 are found, then this is to be reported to the patient's GP and the advanced preparation of insulin in syringes will be discontinued. Alternative arrangements must be made for the insulin to be administered. A clinical incident form must be completed.

4. ROLES & RESPONSIBILITIES

4.1 This policy covers all RNs (as defined in Section 2.1) employed by Solent NHS Trust who are required to treat patients with diabetes mellitus within their own home.

4.2 It relates specifically to patients who are able to safely administer the correct dose of insulin at the correct time, but are unable to draw up insulin or utilise standard commercially available insulin preparations.

4.3 It is the responsibility of every Trust-employed RN who is required to treat patients with diabetes mellitus to be familiar with this policy and procedure.

4.4 RN to positively identify the patient (obtaining confirmation of name and DOB) and establish allergy status.

4.5 RNs involved in the administration of insulin, as in all other areas of their practice, will be responsible for maintaining and updating their knowledge and practice.

4.6 RNs are responsible for the initial and continued assessment of patients who are self-administering and have continued responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others. The Nursing and Midwifery Council (NMC) and Mental Capacity Act 2005 state that for a patient to be able to self-administer, the patient must be assessed as being at Level 3 which is defined: "the patient accepts full responsibility for the storage and administration of the medicinal products". The level must be documented in the patient's records.

- 4.7 Patients must be allowed to decide whether they will agree to treatment in this way and their consent must be documented in the patient case notes. Please refer to the "Consent to Examination and Treatment Policy" for further information about informed consent, including what action to take if the patient is unable to consent.
- 4.8 RNs are accountable to ensure that the patient is competent to carry out the task of injecting the insulin.
- 4.9 RNs are responsible for implementing this policy. Pre-loading insulin syringes must not be delegated to non-registered staff.
- 4.10 Pre-loaded syringes may not be prepared by one Registered Nurse for another health professional or skilled professional that is not registered to administer them.
- 4.11 Under no circumstances may RNs mix and pre-load different insulins in the same syringe for administration at a later time (there is no longer a need to mix insulins due to the availability of suitable manufacturer's preparations).
- 4.12 Registered Nurses are responsible for recognising any limitations in their knowledge and competence and declining any duties they do not feel able to perform in a skilled and safe manner.
- 4.13 It is the responsibility of the Community Nursing Locality Leads to maintain a register of patients having insulin pre-loaded syringes in their areas. This must be made available on request to the Specialist Diabetes Nurses, the Medicines Committee, the Risk Team or Medicines Management Team upon request.
- 4.14 It is the responsibility of individual Community Nurses to ensure that they inform their Locality Lead Nurse of patients that they are pre-loading insulin for so that a register of patients can be maintained.

5. TRAINING

Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.'

- 5.1 All staff involved with the care of these patients will be required to access an online training session written by the Medicines Management Team. This session will cover a detailed presentation of the policy, the responsibilities of the RN, completing the risk assessment and practical aspects of dispensing insulin into syringes. Support and advice may also be sought from the Specialist Diabetes Nurses.
- 5.2 Nurses undertaking pre-loading of insulin syringes are required to view the online training session annually; this will be monitored at RNs annual appraisals.
- 5.3 All Community Nurses must be made aware of this policy at induction (new staff) by their Clinical Nurse Manager or Locality Manager and specific medicines management training where appropriate.

- 5.4 Any observations from audits which Services have carried out (as discussed in 3.13) and any incidents associated with this practice will be fed back to the Medicines Committee and Clinical Governance Groups so learning can be shared across the Trust.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 An Equality Impact Assessment has been completed for this policy and no significant adverse effects have been noted. (See Appendix H)

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Incident Reports will be reviewed/monitored and this policy will be updated accordingly if any changes are necessary; any relevant incident reports or learning outcomes will be discussed at the Medicines Committee meeting.
- 7.2 Implementation of this policy will be reviewed within 1 year by the Medicines Management Team the results will be presented at the Medicines Committee.
- 7.3 Non-compliance with this policy must be reported via the Trust incident reporting system.
- 7.4 All patients receiving insulin by this methodology will be recorded and held on a register. This must be available to the Medicines Committee, the Risk Team or Medicines Management Team upon request.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Nursing and Midwifery Council (NMC) (2010a) *Standards for medicines management*; www.nmc-uk.org/publications

Nursing and Midwifery Council (2015) *The Code. Professional standards of conduct, performance and ethics for nurses and midwives*. www.nmc-uk.org

National Patient Safety Agency (2010) *Rapid response Report. Safer Administration of Insulin*. NPSA/2010/RRR013.

Parliament (1968) *Medicines Act 1968*, London: Stationery Office.

Parliament (2005) *Mental Capacity Act 2005*, London: Stationery Office.

Rosindale, S (2014) Pre-loading of insulin syringes for people with diabetes to administer at home: new solution to an old practice, *Diabetes and Primary Care*, 16 (3), pp.137-142.

Royal College of Nursing (2015) *Advance preparation of insulin syringes for patients to administer at home*; www.rcn.org.uk/publications

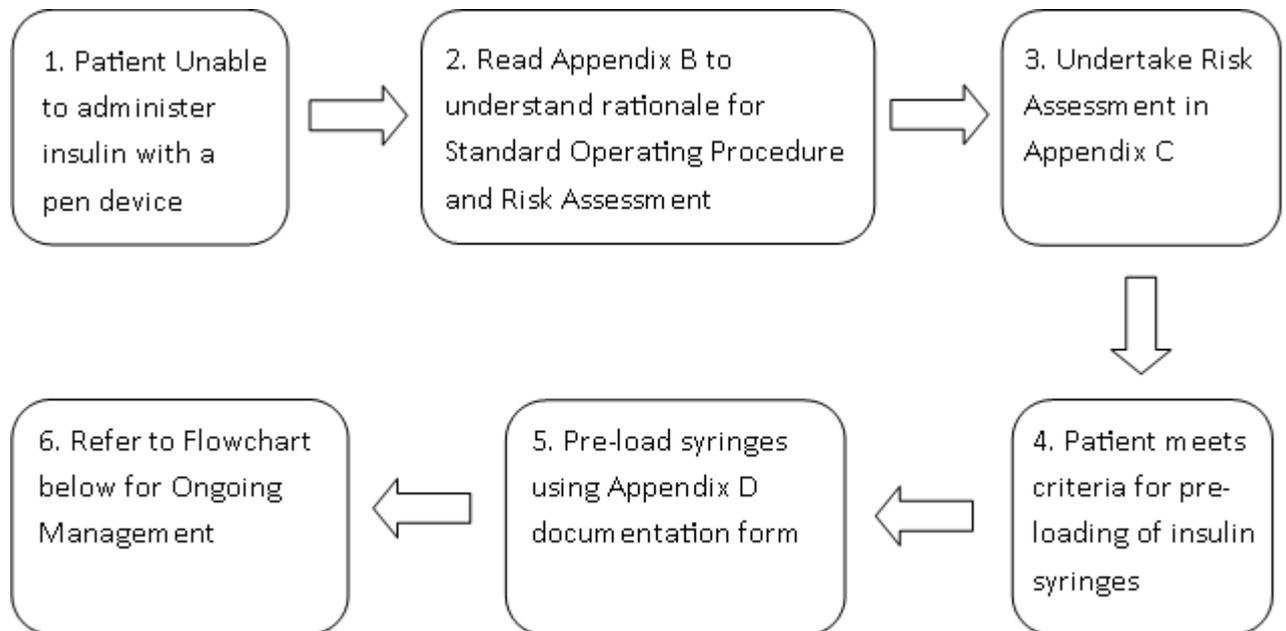
Solent NHS Trust Medicines Policy

Solent NHS Trust Consent to Examination and Treatment Policy

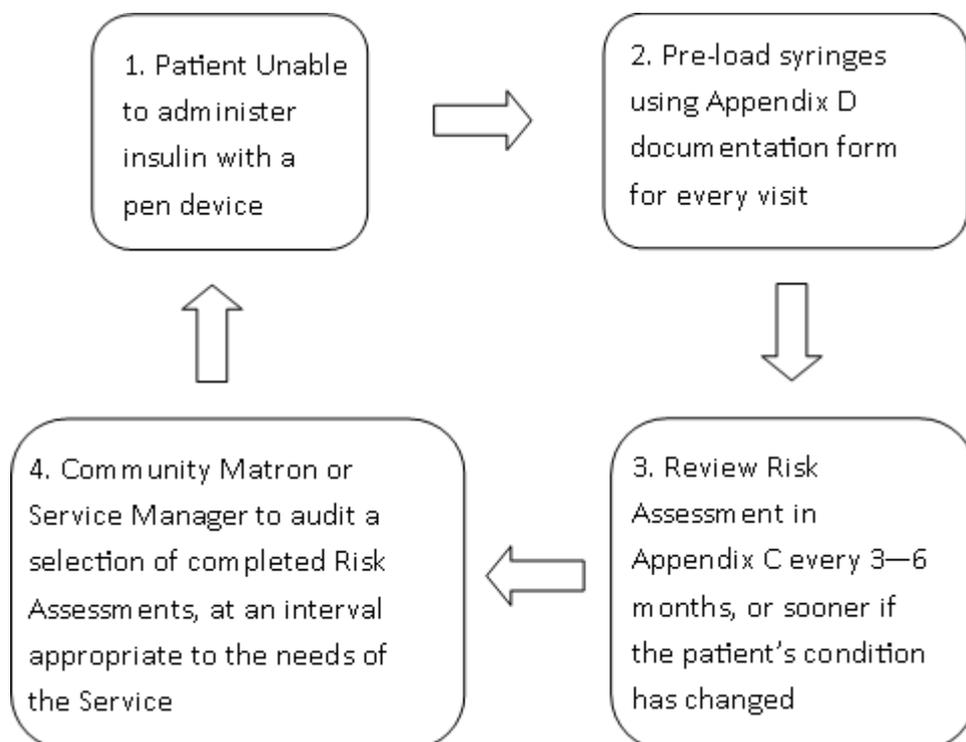
Solent NHS Trust Deprivation of Liberty Safeguards and Mental Capacity Act Policy

Appendix A: Process for Applying this Policy to Patients

1. Process of syringes being pre-loaded for the patient on the first occasion:



2. Ongoing process of syringes being pre-loaded for the patient



Appendix B: Standard Operating Procedure (SOP) for the assessment of a patient to have insulin prepared in advance of administration

1. Mental capacity and physical capability		
Activity	Rationale	Responsibility
Assess the mental capacity and physical capability of the patient to self-administer insulin. The patient must be at Level 3 which is defined: “the patient accepts full responsibility for the storage and administration of the medicinal products”. The level must be documented in the patient’s records. Registered Nurses must be aware that the Mental Capacity Act 2005 requires all those working with potentially incapacitated people to assess the individual’s capacity at a particular moment about particular decision. Any change in the patient’s condition would necessitate a review of their self-administration status; for example, risk of self-harm.	Reduce risk of medication error. NMC Standards for Medicines Management (2010). Care plan must be updated as a minimum every three months to meet needs of patient. Reduce risk of medication error.	Clinical Lead/Registered Nurse
2. Consent		
Activity	Rationale	Responsibility
Discuss risks and benefits of self-administration with the patient. Support available between Community Nurse visits. Where patients consent to self-administration of their medicines the following must be considered: Patients share the responsibility for their actions, relating to self-administration of their medicines. If children have access to the fridge that the patient ensures that the syringes are kept out of their reach and/or a childproof fridge lock is in situ. Patients can withdraw consent at any time.	To gain informed consent and document in patient’s record. Patients are empowered to make informed choices. Safeguarding of children. Patients retain right to withdraw consent.	Clinical Lead/Registered Nurse
3. Ensure most appropriate product has been prescribed		
Activity	Rationale	Responsibility
Discuss and assess potential alternative insulin preparation with diabetes nurse or prescriber.	Unable to pre-load/use pen devices due to manual dexterity/poor vision/ peripheral neuropathy/physical weakness to deliver insulin dose in insulin pen device/patient preference/ reluctance to change	Clinical Lead/Registered Nurse
4. Contra-indications		
Activity	Rationale	Responsibility
Are there any contra indications for the pre-loading of insulin syringes?	Risk of deterioration of insulin.	Clinical Lead/Registered

<p>4.1 Insulin glargine (including biosimilar insulin glargine) must not be pre-loaded for later administration.</p> <p>4.2 Only use 10ml vials to withdraw insulin into syringes. Do not withdraw from pre-loaded pens or 3ml cartridges.</p> <p>4.3 Is the fridge in working order?</p> <p>4.4 Is the fridge visibly clean?</p> <p>4.5 Is the fridge free from debris?</p> <p>4.6 Patient suffers from an unpredictable mental state or declining cognitive ability.</p> <p>4.7 Very variable capillary blood glucose readings.</p> <p>4.8 If any risks or contra-indications are identified from the list above, then this needs to be reported to the GP or Out Of Hours Doctors; the advanced preparation of insulin in syringes will be discontinued and arrangements made for the Community Nursing Team to visit at the required intervals. Complete incident form.</p>	<p>To ensure appropriate storage conditions. Risk to patient safety.</p>	<p>Nurse</p>
5. Education of patient		
Activity	Rationale	Responsibility
<p>Information/education given and supervision should be tailored to meet individual patient need, to enable the patient to administer the right dose, at the right time using the correct technique.</p>	<p>To ensure safe administration of insulin.</p>	<p>Clinical Lead/ Registered Nurse</p>
<p>The information below must be provided to the patient before commencing self-administration.</p> <p>5.1 The name of the medicine.</p> <p>5.2 Why they are taking it; dose and frequency.</p> <p>5.3 Re-suspending each pre-loaded syringe: holding between the hands to warm the insulin, rocking back and forth (do not shake) at least 20 times prior to injection if using a cloudy insulin.</p> <p>5.4 Inject at a 90° angle into sub-cutaneous tissue using a 'pinch-up' technique into abdomen, outer thigh or buttocks as decided in care plan.</p> <p>5.5 Rotation within an injection site or between different injection sites.</p> <p>5.6 Common side effects and what to do if they occur e.g. hypoglycaemia.</p> <p>5.7 Any special instructions.</p> <p>5.8 How to obtain further supplies.</p> <p>5.9 How to store the medication.</p> <p>5.10 Frequency of visits and contact number for between visits.</p> <p>5.11 Recognition of error and procedure to</p>	<p>To comply with NMC Standards for Medicines Management (2010). Injecting cold insulin can be painful and it is not absorbed so effectively.</p>	<p>Clinical Lead/ Registered Nurse</p>

follow. 5.12 Correct disposal of sharps at the point of use.		
Plan of care documented and agreed with patient and nurse to ensure adequate support, monitoring of diabetes control and wellbeing.	To demonstrate partnership working.	Clinical Lead/Registered Nurse
6. Preparation of insulin		
Activity	Rationale	Responsibility
Nurses must not mix different insulins in the same syringe for administration at a later time. (There is no longer a need to mix insulins due to the availability of suitable manufacturer's preparations).	To reduce risk of administration errors and mixing of incompatible formulations.	All Registered Nurses
Pre-loaded insulin must be left up to a maximum of seven days.	RCN (2015) and Rosindale (2014).	All Registered Nurses
Document the advanced preparation of insulin on the Nursing Record Sheets, ensuring full details are recorded. This should include batch number, type of insulin and expiry date, and required equipment. 6.1 Plan of care. 6.2 Sharps box (obtained from council). 6.3 Insulin syringes 30, 50 or 100 unit syringes (depending on which is most appropriate for the dose), needle length must be no more than 8mm. 6.4 Relevant insulin vial. 6.5 Wipeable, sealable, labelled container/s for storage of pre-filled syringes. 6.6 Alcohol swab. 6.7 Syringe labels. 6.8 Read and check plan of care. Check all previous pre-loaded syringes have been administered and safely disposed of. An adverse event form must be completed to investigate why the syringes had not been used. 6.9 Explain procedure to patient, ensuring consent obtained. 6.10 Prepare clean working surface and wipe with a Clinell wipe. 6.11 Collect equipment required; check insulin for expiry date and against instructions of care plan. 6.12 Wash hands. 6.13 Prepare equipment and re-suspend (by rocking back and forth between the hands) insulin at least 20 times if using a cloudy insulin. Do not shake as you will damage the insulin suspension. If using a clear insulin there is no need to re-suspend.	To comply with Trust documentation record keeping standards. To ensure adequate preparation of procedure. To reduce risk of administration errors. To reduce risk of cross-infection. To ensure safe administration of insulin. To comply with NMC Standards for Medicines Management (2010).	All Registered Nurses

<p>6.14 Swab insulin vial with an alcohol wipe and allow to dry.</p> <p>6.15 Draw up insulin in presence of patient as follows for each syringe using a clean procedure to prevent contamination.</p> <p>6.16 Remove needle cover and pull back plunger to measure an amount of air equivalent to the amount of insulin prescribed.</p> <p>6.17 With insulin vial standing upright, insert the needle through the centre of the rubber cap and push down plunger.</p> <p>6.18 Invert the insulin vial.</p>		
<p>6.19 Pull back plunger until slightly more than correct dose is drawn up.</p> <p>6.20 Expel any air bubbles back into vial.</p> <p>6.21 Re-check correct prescribed dose has been drawn up and remove needle from vial.</p> <p>6.22 Carefully re-sheath needle (there is no risk of contaminated needle stick injury as needle is sterile – in event of a needle stick injury the syringe must be safely discarded).</p> <p>6.23 Label each syringe with patient name, insulin name, date of preparation, initials of RN.</p> <p>6.24 Label each container with patient name, insulin name, insulin dose, time of administration, number of syringes, date, name and signature of Registered Nurse.</p> <p>6.25 Dispose of clinical waste and wash hands.</p> <p>6.26 Complete nursing notes ensuring date, time, insulin type/dose, batch number and number of syringes pre-filled are recorded.</p> <p>6.27 If any pre-loaded syringes have not been used within the designated period, they must be disposed of. A check must be made to ensure that no doses have been omitted. If any have been omitted the risk assessment must be repeated.</p>	<p>To ensure best practice in the preparation of insulin prior to injection.</p>	<p>All Registered Nurses</p>
7. Safe storage of pre-drawn insulin		
Activity	Rationale	Responsibility
<p>7.1 The syringe should be stored with the needle pointing up at an angle to prevent blockage by suspended substances in the insulin</p> <p>7.2 Separate containers must be used for insulin to be delivered at different times of day, particularly if the syringe contains a different dosage or type of insulin (RCN, 2015).</p> <p>7.3 When each new insulin vial is opened, the date and time must be recorded on the</p>	<p>Needle blockage by suspended insulin.</p> <p>To promote safe storage of pre-loaded insulin.</p> <p>To ensure best practice in the administration of medicines.</p> <p>To reduce risk of medication errors.</p> <p>To reduce medication</p>	<p>All Registered Nurses Patient/Carer</p>

<p>vial and in the patient's notes.</p> <p>7.4 Any insulin remaining in the vial after 28 days must be discarded.</p> <p>7.5 Patients should have a vial in use and a backup vial at all times to ensure that vials are used methodically.</p> <p>7.6 The patient must be advised of the correct storage (as above) and advised to notify the district nurse team ASAP if their fridge stops working or the fridge freezes.</p>	<p>error</p> <p>To meet patients individual needs.</p> <p>To promote standardisation of labels used.</p> <p>To promote safe storage of insulin.</p>	
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Appendix C: Risk Assessment Form – Advanced Preparation of Insulin into Syringes for a Patient to Administer at a Later Date

- To be completed every three months for new patients, or for continuing patients if risk assessment dictates that frequent review is required
- For stable patients, may be reduced to 6-monthly review thereafter

Name of patient	
NHS number	
Date of Birth	
GP	
Community Nursing Team	
Type of diabetes	
How long has the patient been insulin treated?	
Range of blood glucose readings	
Last HbA1C result and date	
Date Risk Assessment completed	
Date of review for Risk Assessment	
Full name of nurse completing Risk Assessment form	
Signature	

1. Assessment of patient's suitability for self-administration of insulin	Yes	No	Potential risk	Not known	Seek advice
a) Have you assessed the mental and physical capability of the patient/carer to self-administer insulin?					
b) Is the patient at Level 1 ? = The Registered Nurse is responsible for the safe storage of the insulin and the supervision of the administration process ensuring that the patient understands the insulin product being administered.					
c) Is the patient at Level 2 ? = The Registered Nurse is responsible for the storage of the insulin. At administration time the patient will ask the nurse to open the cabinet/locker. The patient will then self-administer the insulin under the supervision of the nurse.					

d) Is the patient at Level 3 ? = The patient accepts full responsibility for the storage and administration of the medicinal products. Note: the patient must be at Level 3 for this assessment to continue further.					
e) Is the level documented in the patient's records?					
f) Risk associated with disability – sensory and/or physical?					
g) Risk of self-harm?					
2. Consent	Yes	No	Potential risk	Not known	Seek advice
a) Have you discussed the risks and benefits of self-administration with the patient?					
b) Do children have access the fridge?					
c) If yes, have you advised the patient to ensure that the syringes are kept out of the reach of children?					
d) Is a fridge lock in situ?					
e) Have you provided information about support available between Community Nurse visits?					
f) Is the patient happy to receive this service?					
3. Ensure most appropriate product has been prescribed	Yes	No	Potential risk	Not known	Seek advice
Note: this discussion must have taken place before the assessment can continue further.					
4. Contra-indications	Yes	No	Potential risk	Not known	Seek advice
a) Is the patient on insulin glargine (e.g. Lantus®) or an insulin glargine biosimilar?					
b) Is the fridge in working order?					
c) Is the fridge visibly clean?					
d) Is the fridge free from debris?					
e) Does the patient suffer from an unpredictable mental state or declining cognitive ability?					
f) Do blood glucose levels show wide variations?					
g) Is their current insulin in a pre-filled cartridge/pen?					
If any problems or potential risks are found from points a-g above, then this needs to be reported to the patient's GP or the Out Of Hours doctors (outside normal working hours) and the advanced preparation of insulin in syringes must cease and					

arrangements made for the Community Nursing Team to visit at the required intervals.					
5. Education of patient	Yes	No	Potential risk	Not known	Seek advice
Has the patient received the following information before commencing self-administration:					
a) The name of the insulin?					
b) Why they are taking it?					
c) Dose and frequency?					
d) How to re-suspend each pre-loaded syringe, holding between their hands to warm the insulin, rocking syringe back and forth at least 20 times prior to injection if using a cloudy insulin?					
e) How to inject at a 90° angle into subcutaneous tissue using a 'pinch-up' technique into abdomen, outer thigh or buttocks as documented in the care plan?					
f) How to rotate within an injection site or between different injection sites?					
g) How to manage hypoglycaemia and what to do if it occurs?					
h) How to obtain further supplies?					
i) How to store the insulin?					
j) Frequency of visits and contact number for between visits?					
k) Recognition of error and procedure to follow?					
l) Correct disposal of sharps at the point of use?					
m) Is the plan of care documented and agreed with patient?					
n) Nurse to ensure adequate support, monitoring of diabetes and wellbeing.					
6. Summary of risks identified	Yes	No	Potential risk	Not known	Seek advice
Summarise risks identified, including intuition and patient's awareness and experience of risk factors.					
7. Would pre-loading of insulin promote independence and meet patient need?	Yes	No	Potential risk	Not known	Seek advice
8. Is there a need for any further assessments?	Yes	No	Potential risk	Not known	Seek advice

Appendix D: Documentation Form for the Advanced Preparation of Insulin in Syringes

Date of Preparation		
Name of Patient		
NHS Number		
Date of Birth		
GP		
Community Nursing Team		
Syringes prepared on this date	Name of insulin preparation and pre-loaded dose prepared	No. prepared (max 7 days)
Morning / Before breakfast		
Lunchtime / Before midday meal		
Evening / Before evening meal		
Night Time / e.g. at Bedtime		
All syringes labelled using pre-printed labels with the following details added:		
Patient name, insulin name, date of preparation, initials of Registered Nurse		Yes / No
All containers in fridge labelled using pre-printed labels with the following details added:		
Patient name, insulin name, insulin dose, time of administration, number of syringes, date and signature of Registered Nurse		Yes / No
Number of containers in patient's fridge: Separate containers should be used for syringes to be administered at different times of day, particularly if they contain a different dose or type of insulin		
Syringes stored so that needles are pointing up at a slight angle: Prevents needle blockage, especially if using isophane or cloudy insulins		Yes / No
Containers are stored in the fridge door, or otherwise kept away from the freezer section or the back of the fridge to prevent accidental freezing:		Yes / No
Records of insulin vials used on this date:		
Batch Number of insulin vial(s)		
Expiry Date of insulin vial(s)		
Date vial(s) opened (discard 28 days after opening)		
Do any insulins/supplies need re-ordering? Patients should have a vial in use and a backup vial at all times to ensure that vials are used methodically.		Yes / No
Other:		
Instructions for administration: for example, just before or 30 minutes before food at times agreed with the patient?		
Does the fridge appear to be in good working order?		Yes / No
Today's visit documented in the nursing notes?		Yes / No
Registered Nurse to Sign and Print		
Date and time		
Date of next planned visit		

Completed forms should be stored in the patient's notes

Appendix E: Labels for Insulin Syringes and Insulin Syringe Containers

Sample Insulin Syringe Label:

Name of insulin:		Solent  NHS Trust	
Date syringes pre-loaded:		Initials of nurse pre-loading syringe:	
Patient Name:			

Sample Insulin Container Label:

Name of insulin:			Solent  NHS Trust	
Preloaded dose: units	No. of syringes	Date syringes pre-loaded:	Route:	
Time and instructions of administration:			Initials of nurse pre-loading syringes:	
Patient Name:				

Pre-Prepared Sheets of Labels for Printing:

These are available embedded in the electronic version of this policy on the Trust Intranet



Sheet of Insulin Syringe Labels



Sheet of Labels for Fridge Containers

Appendix F: Letter to be completed and sent to GP after they have agreed to pre-loading of insulin syringes

Community Nursing Team & Base Address:

.....

.....

GP Surgery Address:

.../.....

.....

Date.....

.....

Dear Dr

As discussed on (date) following the completion of the accompanying Risk Assessment form, Solent NHS Trust Community Nurses will pre-load insulin syringes for your patient:

Name:.....

Date of Birth:.....NHS Number:.....

Address:.....

With the following type(s) of insulin:.....

We would like to re-iterate that this practice is unlicensed, and as such the prescriber carries responsibility for the use of the insulin in this way.

We would advise that this information be made available to your colleagues so they are aware of this if they are asked prescribe insulin for pre-loading, for this patient.

Insulin syringes are pre-loaded by our Community Nurses according to the Solent NHS Trust Pre-Loaded Insulin Syringe Policy, only when a Risk Assessment has been undertaken and this is the only option for the patient to self-administer their insulin independently. The policy is based on guidance issued from the Royal College of Nursing. A copy of the policy is available on request from the Solent NHS Trust Medicines Management Team.

If you or any of your colleagues have any questions about this please contact the relevant Community Nursing Team or the Solent NHS Trust Medicines Management Team.

Yours sincerely,

Community Nurse

Appendix G: Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	To ensure insulin syringes are pre-loaded appropriately by registered Community Nurses to allow patients to self-administer their insulin at home appropriately.
2. Who will be affected by it?	Patients who require pre-loaded insulin syringes to self-administer insulin at home; Adult Community Nurses.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	No adverse events concerning patients self-administering insulin using syringes pre-loaded by Solent Nurses. Existence of this policy means nurses can fulfil this function and take advantage of vicarious liability protection offered by the Trust.
4. What information do you already have on the equality impact of this document?	None
5. Are there demographic changes or trends locally to be considered?	None
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		X	
2. Can any group benefit or be excluded?	X		Patients who cannot administer the pre-loaded syringes due to disabilities
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?	X		
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	
6. Have you used a variety of different methods of consultation/involvement		X	
Mental Capacity Act implications			None
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	Low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	None
3. Are there likely to be different outcomes with any	N/A

modifications? Explain these?	
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Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	These will be reviewed when the policy is reviewed
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Medicines Management

Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	Trust intranet

****Retain a copy and also include as an appendix to the document****