

 FIRELANDSHEALTH Firelands Regional Medical Center STANDARD POLICY AND PROCEDURE FORM	Title: INSULIN PENS FOR INPATIENTS	ID #: PHAR.600.01 Effective: 01/08 Page: 1 of 2
	Approved By: VP Operations/CAO	
	Committee Approval:	

PURPOSE:

To effectively establish a method for the secure storage and safe and efficacious use and education of premixed (patient specific) insulin pen devices on the inpatient units in accordance with best practice guidelines. **Insulin pen devices should never be used on multiple patients. The pens are labeled per patient and are to be kept in the patient's locked medication drawer at all times.**

PROCEDURE:

- A. The pharmacy department will dispense the following patient specific insulin pens to patients on the inpatient units (4C, 4P, 4N, 3T, 3N, 1S, PEDS, 5T/REHAB)*:
 - a. Novolog Pen (28 day expiration at room temperature)
 - b. Humulin N Pen (14 day expiration at room temperature)
 - c. Novolog Mix 70/30 (14 day expiration at room temperature)
 - d. Novolin R vial (42 day expiration at room temperature)
 - e. Levemir (detemir) Pen (42 day expiration at room temperature)
 - f. U-500

** Nursing should pay special attention to the labeled expiration date of the insulin pen supplied and contact the pharmacy department for a refill when necessary)*

- B. In addition to the above patient-specific insulins, the pharmacy department will stock pyxis for all outpatient and procedural areas unit with an emergency supply (1 vial of each) of the regular (Novolin R) insulin. All insulins drawn up from multiple-dose vials are considered high-risk medications and must be double checked. Double checks are required prior to administration of insulin. Both nurses will co-sign in the eMAR to verify double check procedure.
 - a. These vials will be properly dated when opened in accordance with nursing policy and PHAR.700.06 and stored in the refrigerator on the nursing unit in separately labeled high risk medication bins to prevent medication errors. Examples of when these floor-stock insulins may be used include, but are not limited to:
 - i. Use of short-term insulin or single doses in the outpatient care areas
 - ii. Any other emergent situation
- C. If at any time the patient or unit requires a refill of insulin, please notify the pharmacy using the missing medication communication form on the intranet.
- D. All patients on an insulin pen and all patients new to insulin should be properly educated. (Referrals to diabetes education are strongly encouraged whenever feasible in these circumstances.)

ADMINISTERING INSULIN VIA A PEN FILLED DEVICE:

- A. Preparing the Insulin Pen
 - a. Remove the pen from the patient's medication drawer. For each injection, wash your hands, remove the pen cap and be sure to check pen labeling for type of insulin, expiration date and appearance. Use an alcohol swab to wipe the rubber seal on the end of the pen.
 - b. Insulin preparations that are suspensions should be visually inspected and re-suspended immediately before use. The re-suspended solution must appear uniformly white and cloudy. Before initial use, **(DO NOT SHAKE)** roll the disposable prefilled syringe pen between your palms 10 times. Thereafter, turn the disposable syringe upside down so that the glass ball or bubble moves from one end of the reservoir to the other. Do this at least 10 times. The rolling and turning procedure must be repeated until the suspension appears uniformly white and cloudy. Inject immediately.
 - c. Remove the protective paper tab and twist a pen-needle onto the insulin dosing pen until tight. Always place a new needle on the insulin pen for each injection.
- B. Priming the Insulin Pen
 - a. Remove the outer needle shield. **(Do not throw away)**. Remove the inner needle shield and throw away.
 - b. Turn the dose dial to 2 units and hold the pen so that the needle faces up in the air.
 - c. Gently tap the top of the syringe to move any air bubbles to the top of the pen.
 - d. Push down on the dosing button and see if a drop of insulin appears. If not, repeat this procedure (called an airshot) until a drop appears. If you do not see insulin expelled at the needle tip and the dose knob becomes hard

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to push, change the needle and prime the pen once again. If you ever need to make more than 6 airshots, do not use the syringe and contact the pharmacy for replacement. Pharmacy shall contact the manufacturers for any reports of syringe failure.

C. Injecting the Insulin Dose

- a. Before setting the dosage, make sure that there is enough insulin remaining in the reservoir to administer the correct dosage. You cannot set a dose greater than the number of units remaining in the reservoir.
- b. Turn the dosage dial to set the dose selector to the desired dosage (in units). If you turn the dial further than the dosage desired, simply turn the dial back to the correct dosage.
- c. Insert needle into skin using standard nursing procedure for insulin administration (Refer to 2012 Clinical Nursing Skills Book, pg. 613 – 618).
- d. Once the needle is inserted into the desired subcutaneous site, press the push button all the way in. The dosage scale will then reset to zero. With the push button fully depressed, keep the needle in the skin for at least 10 seconds to ensure the full dose has been delivered. Keep the push button fully depressed until the needle is withdrawn from the skin.
- e. After injection, remove the needle from the skin, carefully replace the outer needle shield and unscrew and discard the needle in the nearest sharps container. Return to the patient's medication drawer and chart administration.

Do not store the pen with the needle attached.

Reference:

1. Smith, S.; Duell, D.; & Martin, B. (2012). Clinical Nurse Skills: Basic to Advanced Skills. New Jersey: Pearson Education, Inc., pg.613-618.