

Flow Sheet for Teaching Insulin Use

- Hands.** Wash hands with warm, soapy water using plenty of friction. Ask the patient to sing Happy Birthday while they wash their hands to ensure adequate hand washing.
- Clean the site.** Make sure the injection site is cleansed with soap and water or an alcohol pad. The area should be dry before injecting.
- Numbing the area.** This is usually not necessary but sometimes helps children feel better about a forthcoming shot. You can numb the area with ice; a bag of frozen vegetables (never put cold objects directly on the skin, wrap them in a hand towel or wash cloth). Numbing creams that contain lidocaine are expensive and have some side effects and are not recommended for multiple daily injections. Cold insulin right from the refrigerator can cause stinging when injected. It is fine to let your pen, or syringe warm up for 5 minutes, or, even the bottle of insulin for 5-10 minutes.
- Pinch up a fold of skin** surrounding the site you've selected.** Hold it firmly with one hand. You can inject insulin into muscle, but it is more painful. Inject into fat when possible.
- Inserting the needle.** Faster is better, inserting slowly will cause more pain. Try inserting the needle almost like you would toss a dart.
- Needle angle.** For adults or those with good fatty tissue, insert at a 90° angle. Thin adults and children may need to inject at a 45° angle. Try to get the needle all the way into fatty tissue below the skin, but not so deep that it hits the muscle below.
- Injecting the insulin.** Push the syringe plunger all the way in with a slow steady motion or firmly press the insulin pen injection button. Wait ten seconds before removing the needle. Let go of the skin.
- Remove the needle by pulling straight out.** Twisting or shifting the needle's position will cause pain. You may gently press on the injection site with your finger for a couple seconds. Do not rub or massage the skin where the insulin is injected; it can affect how fast the insulin is absorbed and acts within the body.
- Dispose of the syringe** in a hard plastic container.

Source: <https://www.camdenhealth.org/wp-content/uploads/2011/07/Safe-Efficient-Insulin-Use-LH21.pdf>

Rotating Injection Sites

Injecting in the same place much of the time can cause hard lumps or extra fat deposits to develop. These lumps are not only unsightly; they can also change the way insulin is absorbed, making it more difficult to keep your blood glucose on target.

Follow these two rules for proper site rotation:

- Same general location at the same time each day.
- Rotate within each injection site.

Rotate Within an Injection Site

To avoid developing hard lumps and fat deposits, it is important to inject in different spots within a general part of the body.

- Change sides within an area. Example Alternate Right & Left Thigh
- Useful to picture the face of a clock on your abdomen. That helps you to keep each of your injections at least one finger's width from the last injection.

Same Time, Same General Location

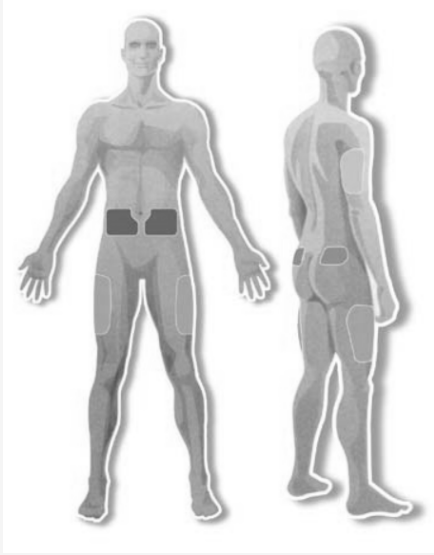
Insulin is absorbed at different speeds depending on where you inject, so it's best to consistently use the same part of the body. Most insulin enters the blood:

- Fastest from the abdomen (stomach)
- A little slower from the arms
- Even slower from the legs
- Slowest from the buttocks

Inject your mealtime bolus doses into the abdomen. Insulin is absorbed fastest when injected into this area. Fast absorption is needed at mealtimes to cover the carbohydrates you are about to eat.

Long-acting insulin could be injected into the thigh or buttocks. If you mix two types of insulin in one shot, you can inject into the abdomen, arm, thigh, or buttocks

Injection Sites



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