

# INSULIN ADMINISTRATION

## Insulin Considerations:

- Rotating injection from one body area to another is not recommended due to variation in insulin absorption and action.
- A body area should be used consistently with rotation within that area.
- The injection should be 1 inch from the previous injection site.
- Absorption is most predictable in the abdomen.
- Wait 30 seconds after slowly injecting insulin before withdrawing needle to prevent leakage.
- Aspiration before injecting insulin is not necessary.
- Massaging after injection may cause erratic absorption.
- Unopened bottles of insulin can be stored in the refrigerator.
- Opened bottles of insulin should be stored at room temperature.
- Opened non-refrigerated insulin will maintain potency for one month.
- Temperature extremes can cause deterioration of the insulin.

*Note: In the home setting, clients may choose to reuse their needles until they become dull. If this is done, needles should be recapped after use. Clients should consult with physician before initiating this practice*

## APPLIES TO

- Registered Nurses
- Licensed Practical/Vocational Nurses
- Therapists
- Other (Identify): \_\_\_\_\_

## EQUIPMENT/SUPPLIES

- Insulin prescribed insulin syringes (30, 50, or 100 unit/cc).
- 27 gauge needles.
- Alcohol wipes.

**PROCEDURE**

1. Gather equipment.
2. Wash hands. Refer to the Hand Washing procedure.
3. Rotate intermediate or long-acting (cloudy) insulin between hands.
4. Regular insulin is clear and requires no rotation.
5. Wipe top of insulin bottle.
6. Remove needle guard pull plunger of syringe down to desired amount of medication.
7. Inject amount of air into air space and not solution to avoid bubbles in solution.
8. Withdraw amount of insulin prescribed into syringe.
9. Administer as any sub q medication.

**Administering Two Insulins:**

1. Check orders.
2. Gather equipment.
3. Wash hands. Refer to the Hand Washing procedure.
4. Wipe top of insulin bottles.
5. Insert needle into Bottle A - inject prescribe amount of air into intermediate acting bottle.
6. Withdraw dosage into syringe.
7. Insert needle into Bottle B - inject prescribed amount of air into regular insulin and withdraw dosage into syringe.
8. Administer two injections.
9. Mixing insulin dosages:
  - a. Draw up regular insulin first and then draw up long acting insulin (*this prevents contamination of regular insulin*).
  - b. Be careful to not inject regular insulin into second bottle.
  - c. Administer per SubQ injection protocol.

**RELATED PROCEDURES**

None.