

Self-Administration of Insulin in Adult Inpatients

Key Points

- Ward nurses should formally assess patients for patient's ability to self-administer their insulin.
- The assessment should be recorded on Epic, using the self-administration assessment form, indicating the level of self-administration appropriate for that patient.
- For patients at Level 2 (i.e., those who can monitor their own blood glucose and administer their own insulin), an 'insulin self-admin pack' should be requested from dispensary (pharmacy). This contains a sharps bin, needles, and the appropriate insulin storage box.
- In-use insulin pens must be stored in the insulin storage box referred to in this guideline. Those not in use should be kept in the fridge or POD locker. Boxes are for single patient use only and should not be re-used for a different patient.
- Both the insulin storage container and sharps bin should be kept out of view of surrounding patients as stipulated in this guideline.

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**This is a controlled document. If you are using a printed copy, check it against the guidelines site to ensure you are using the latest edition.
Print copies must be destroyed after use.**

Abbreviations

EPR	Electronic Patient Record
POD	Patients Own Drug

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Summary



Introduction

This guideline has been written to enable patients to safely self-administer their insulin whilst in hospital and to provide guidance for staff to assess a patient's ability to do so.

In allowing patients to self-administer their insulin, patient satisfaction will improve and delayed doses are likely to reduce.

All patients who are prescribed insulin prior to admission or those started on insulin during their admission should be assessed by the **ward nursing staff** to determine if they are suitable to self-administer their insulin in hospital **before self-administration commences**.

Levels of self-administration

LEVEL 0 – Patients who are unable to administer their own insulin, possibly due to cognitive issues (e.g., dementia or confusion) or if patients usually have a carer administer their insulin at home.

LEVEL 1 – Patients who are able to administer their insulin under direct supervision (e.g. eye-sight issues, dexterity issues or those who require support with their insulin regimen).

LEVEL 2 – Patients who can safely monitor their own glucose and administer their own insulin.

- The assessment should be completed using the self-administration assessment flowsheet.
- Patients assessed as Level 2 (independent) should be given the patient information leaflet (Appendix 2) on self-administration. This is at the bottom of their consent form. A QR code and printable option are also available. They should also be given the glucose and insulin administration charts (Appendix 3). They should sign a consent form using the e-consent tool.

Responsibility of the patient

If you are assessed as Level 0

- Nurses will administer the insulin and monitor glucose levels.

If you are assessed as Level 1

- Nurses will monitor your glucose levels and tell you the insulin doses you need to administer. They can also help to dial up or down your insulin dose, if required.
- You may self-administer your insulin under the nurse's direct supervision.

If you are assessed as Level 2

- Read and understand the patient information leaflet about self-administration of insulin whilst in hospital.
- Sign the consent form that tells us you are happy to proceed with self-administration.
- Understand that the nurses will be assessing your ability to self-administer independently once during your admission and if you become unwell or circumstances change. The level of self-administration you are currently deemed at may change.

- Keep **all insulin** in the container and **all sharps** in the sharps bin provided to you. Both should both be stored in the bedside drawer/locker when not in use, out of sight of other patients.
- Do not leave needles attached to the insulin pen.
- Monitor your own glucose levels and document them on the chart provided to you.
- Document the insulin doses you are administering on the chart provided to you.
- Inform the nurse if you would like the nurses to monitor your glucose levels.
- Inform the nurse if you are running low on insulin needles and insulin pens so more can be ordered in a timely manner.
- Inform the nurse if you have an episode of hypoglycaemia (blood glucose < 4mmol/l) or hyperglycaemia (blood glucose > 15mmol/l).
- Allow the nurses to check your blood glucose using a hospital glucometer, at least twice per day, and to confirm cases of hypoglycaemia.

Role of the staff nurse or the assessor

Complete the assessment using the self-administration of insulin assessment flowsheet. Assessment should be completed **on admission or once insulin commenced and if patient's clinical condition changes**.

Level 0: For patients assessed as Level 0, nurses should

- Administer the insulin using the **Microdot Safety Pen** needles (*ordered from NHS supplies using code: FSW1151*)
- Monitor the glucose levels as directed by the medical or the diabetes team.

Level 1: For patients assessed as Level 1, nurses should

- Monitor the blood glucose levels as directed by the medical or the diabetes team.
- Check the insulin dose (if dialled up by the patient) corresponds to the prescribed dose.
- Support patients to inject their insulin into the correct site using their usual insulin pens.
- Ensure patients' use the BD microfine Ultra 4mm needle for self-administration (*ordered from NHS supplies using code: FTR813*)

Level 2: For patients assessed as Level 2, nurses should

- Provide the patient with the patient information leaflet on self-administration of insulin (accessed via the QR code on the e-consent form or Appendix 2 of this guideline).
- **Provide the patient with the Glucose and Insulin administration chart (Accessed via the QR code on the e-consent form or Appendix 3 of this guideline).**
- Explain the consent form and gain patient's consent via the e-consent tool. This only needs to be completed once or if the patients' clinical condition changes.
- Document administration on the MAR, indicating the patient is self-administering.
- Request the insulin self-admin pack on Epic. This can be done by searching "insulin self-admin pack" and selecting this from the 'Consumables for supply' list. Provide this to the patient once it arrives. This contains a storage box, to store all in-use insulin pens.
- Check patients' blood glucose using a hospital glucometer, at least twice per day and in any cases of hypoglycaemia.

Please note that because the insulin will not be locked away, it is imperative that surrounding patients are considered. If a patient is in a bay of patients who may pose a risk, self-administration should be deemed unsuitable. Re-assessment should be done when appropriate.

Self-Administration of Insulin Assessment Flowsheet

- The assessment tool can be accessed through flowsheets and should be completed by registered nurses once on admission and if the patients clinical condition changes.
- All patients prescribed insulin should have this appear in the top row for easy selection. If, however, it is not there, it can be found by searching “Insulin self-administration” in the search bar on the right-hand side.

- Make sure you pay attention to the row information which appears in the sidebar on the right-hand side of the page. This contains vital information about each of the questions.
- The first question asks how the patient delivers their insulin. This will determine what level of administrations are available for them. If they are a pump patient, they must satisfy ALL of the relevant criteria in *both* parts of the assessment to be able to self-administer (Level 2). This includes having their pump consumables. If the answer to any of the questions is no, they are unsuitable for self-administration (Level 0).

- Patients who administer their insulin using pens are eligible for either Level 1 or Level 2 self-administration. Patients who answer yes to ALL the “initial questions”, but do not meet all of the criteria in the “assessment questions” will be deemed as Level 1 self-administration.
- Patients who are assessed as Level 2 should be referred to the patient information leaflet and asked to sign the consent form.

Insulin pumps

If patients usually administer their insulin using insulin pumps, they can be assessed at Level 0 or Level 2. The same principles apply. However, if the consumables for their insulin pump are not available, they are unable to proceed with self-administration and so are deemed Level 0. Pharmacy or the Diabetes Specialist Teams do NOT have access to these consumables. Patients should get these supplies from home.

If the patient is unable to self-manage their insulin pump (due to illness, reduced consciousness etc), please see Technologies guideline (Using technology to support diabetes care in hospital: including Continuous Subcutaneous Insulin Infusion (CSII)/ Insulin pumps plus Hybrid Closed Loop (HCL) and Continuous Glucose Monitoring (CGM)).

Consent Form and Patient Information Leaflet

- The consent form is available within the Consents section on Epic.
- The consent form contains the patient information leaflet, which the patient can read prior to signing.
- If the patient would like a copy of this, this can be printed along with the consent form, from this guideline (Appendices 1 and 2) or from Epic. Alternatively, they can scan the QR code using their smart phone or device.

Consents

The screenshot shows the Epic Consents interface. At the top, there is a search bar with the text 'insulin' and a '+ Add' button. Below the search bar, there is a table with two columns: 'Title' and 'Number'. The table contains one row with the title 'Insulin Self Administration Consent' and the number '310009'.

Title	Number
Insulin Self Administration Consent	310009

Insulin self-admin pack

The insulin self-admin pack consists of:

- 0.6l sharps container (FSL317)
- Unifine Pentips 4mm needle (FTR1870)
- Insulin storage box (C500MAQ)



The insulin self-admin pack can be ordered (prescribed) on Epic. This can be done by searching "insulin self-admin pack" and selecting this from the 'Consumables for supply' list.

The insulin self-admin pack should be requested from the pharmacy dispensary.

Please contact Diabetes team on 134701 (FPH) or 07776225313 (WPH) if further ward training is required.

Blood Glucose and Insulin Doses Record Chart

- Patients assessed as Level 2 must record their blood glucose readings and insulin doses as stipulated in Section 4 of this guideline.
- The chart should be printed and given to the patient.

References

- Joint British Diabetes Societies [JBDS] (2023) *Self-management of diabetes in hospital*. Available at: https://abcd.care/sites/default/files/site_uploads/JBDS_Guidelines_Current/JBDS_04_Self_Management_Guideline_with_QR_code_February_2023.pdf (Accessed: 14 January 2025).
- Joint British Diabetes Societies [JBDS] (2024) *Using technology to support diabetes care in hospital*. Available at: https://abcd.care/sites/default/files/resources/JBDS_20_Using_Technology_to_Support_Diabetes_Care_in_Hospital_1.pdf (Accessed: 14 January 2025).
- Johnston, P. and Newland-Jones, P. (2017) 'Insulin self-administration: development of an assessment tool to empower hospital inpatients with diabetes', *Journal of Diabetes Nursing*, 21(5), pp. 174-178. Available at: <https://diabetesonthenet.com/wp-content/uploads/pdf/dotn13f03ec7cc590f7c2b17ec361fe309f8.pdf> (Accessed: 14 January 2025).
- University Hospital Southampton NHS Foundation Trust (2023) *Self-administration of insulin in hospital*. Available at: <https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Diabetes/Self-administration-of-insulin-in-hospital-patient-information.pdf> (Accessed: 14 January 2025).

Appendix 1: Consent Form (for Level 2 self-administration)

For information only.

This should not be routinely printed and instead accessed via the “Consents” section on Epic.

Consent Form

- The self-administration of insulin has been explained to me.
- I have read and understood the patient information leaflet about self-administration of insulin whilst in hospital.
- I am willing to self-administer my insulin whilst on the ward.
- I understand that I may withdraw from self-administering my insulin at any time by informing the nursing staff.
- I understand that if I become unwell or circumstances change, I will need to be reassessed and depending on this assessment, may no longer be able to self-administer my insulin.
- I will place all sharps in the sharps bin provided to me, which I will store in the bedside locker, out of sight of other patients.
- I will not leave needles attached to my insulin pen.
- I will keep my insulin pens in the container provided, which I will store in the bedside locker when not in use, out of sight of other patients.
- I will document the dose of insulin given and any blood glucose levels I have taken, on the glucose and insulin chart provided to me.
- I will inform the nurses if my blood glucose levels are low (blood glucose < 4mmol/l) or high (blood glucose > 15mmol/l).
- I understand that my nurses will need to monitor my blood glucose using a hospital glucometer twice daily and if I have any episode of hypoglycaemia.
- I understand that only insulin pens currently in use should be stored in the insulin storage box. All other insulins will need to be stored in the fridge or bedside locker.
- I will keep an eye on the supplies of insulin needles and insulin pens and let my nurse know if these are running low to allow them to be replaced.

Patient's name and signature

Assessor's name and Signature

Date

Date

Appendix 2: Patient Information Leaflet

Patient Information Leaflet: Self-Administration of Insulin in Hospital



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You have been given this patient information leaflet to help you understand self-administration of insulin whilst you are an inpatient.

What is self-administration?

Usually, nurses administer medications to patients in hospital. With patients on insulin, this would involve your nurse injecting your insulin. We recognise, however, that you may prefer to give your insulin doses yourself, like you do at home.

Can I self-administer my insulin?

Your nurse will need to assess that it is safe for you to administer your own insulin whilst you are in hospital.

During the assessment, the nurse will need to ask you some questions to check your understanding of insulin, the doses you take and your injection technique.

If the nurse feels that it is safe for you to self-administer your insulin, you will be asked to sign the consent form which states that you agree to do so. Please read this carefully.

If you are very unwell or other changes have been made to your treatments that can affect your blood glucose levels, it may not be possible for you to self-administer your insulin at this time. In this case, a nurse will give your doses for you.

Nurses may need to repeat the assessment process when they take over your care to ensure it is still safe for you to continue self-administering your insulin.

Benefits of self-administration

Patients with diabetes are usually very knowledgeable about their condition. Often, you know better than anybody how much insulin you require in different situations.

Letting patients administer their own insulin doses has been shown to improve the timing of doses which therefore leads to better blood glucose levels.

Risks of self-administration

Insulin can be dangerous if an incorrect dose is administered. This is why we need to ensure that you are well enough to give your doses whilst in hospital. If your condition changes in hospital, for example you require an operation, the nurse will reassess your ability to be able to self-administer during that time.

Sometimes in hospital, you are given medications, such as steroids, which may affect your blood glucose level. During this time, it may not be safe for you to administer your usual insulin doses as these may need adjusting and this will be explained by the team looking after you.

Where will my insulin be stored?

For safety of the other patients on the ward, your insulin must be stored in your bedside locker in the storage box provided to you by the nursing or pharmacy staff. In addition, any used needles must be disposed of immediately after use in a yellow sharp's container, which will be provided to you.

The insulin pen you are using can remain out of the fridge for a stated period, this is usually 4 weeks. Insulin pens that have left the fridge should not be returned to the fridge.

Do I have to self-administer my insulin?

This is completely your choice. If you would prefer, the nurse can continue to give you your insulin. If you choose to self-administer, this can be reassessed and if appropriate, you can begin administering your own insulin again during your hospital stay.

Can I monitor my own blood glucose level?

You can continue to monitor your glucose levels using your sensors or glucometers. However, the nurses will need to check your blood glucose levels using the hospital glucometer at least twice each day and in any cases of hypoglycaemia.

Please inform your nurse if your glucose reading is less than 4mmol/l or higher than 15mmol/l and they will confirm the result on the ward glucometer.

What do I need to do?

- If you have any questions regarding insulin self-administration, please speak with your nurse.
- You will be asked to sign the consent form if you are happy to self-administer your insulin.
- Please ensure that you have enough supplies of your insulin and needles. If you are running low, please inform your nurse so more can be ordered for you.
- Place all sharps in the yellow sharps container that has been provided. This should be kept in your bedside locker, out of sight of other patients.
- Do not leave needles attached to your pen.
- Insulin should be kept your bedside locker when you are not using it, out of sight of other patients.
- Please document your blood glucose levels and your dose of insulin that you gave on the charts provided to you.

What should I expect from my nurse?

Nurses will assess your ability to self-administer your insulin.

If you are assessed at Level 2, nurses will:

- Ask you to sign the consent form, using the e-consent tool, documented on our system.
- Provide you with the Patient Information Leaflet on the self-administration of insulin.
- Reassess your ability to self-administer on admission and if your clinical condition changes.
- Order the self-administration pack and provide them to you.
- Provide you with a glucose monitoring and insulin administration chart where you will document the glucose levels and insulin doses.
- Check your blood glucose at least twice each day with the hospital glucometer, or in any cases of hypoglycaemia.

Appendix 3: Glucose Monitoring Chart (for Level 2 self-administration)

Name:								
Date		BB		BL		BD		Comments
	Time							
	Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
Date		BB		BL		BD		Comments
	Time							
	Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
Date		BB		BL		BD		Comments
	Time							
	Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
Date		BB		BL		BD		Comments
	Time							
	Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
Date		BB		BL		BD		Comments
	Time							
	Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
Date		BB		BL		BD		Comments
	Time							
	Blood Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							
	Time							
	Blood Glucose							
	Quick (Rapid) Acting							
	Long acting (Background)							

Full Version Control Record

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Pharmaceutical dosing advice and formulary compliance checked by:	Sala Corcoran, Lead Pharmacist for Diabetes and Endocrinology (Cross-Site)
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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1	December 2018	C Henke, Lead Diabetes Specialist Nurse	Final	
2	January 2025	Aish Chalise - Diabetes Specialist Nurse Sala Corcoran - Lead Pharmacist for Diabetes & Endocrinology	Final	Full review.
2.1	April 2026	Sala Corcoran – Lead Pharmacist for Diabetes & Endocrinology	Final	Addendum to frequency of assessment as agreed by MSC Feb 26.

Related Documents

None