

Insulin administration in children - injection sites and storage

Patient information leaflet

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If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Administration of insulin and technique

Notes

- Prior to injecting, it is important to check the correct insulin has been selected, the insulin is in date and has been stored correctly.
- Wash and dry your hands.
- Choose the injection site, the insulin pen is used to inject insulin into the fatty layer just under the skin (subcutaneous tissue). So you could choose your abdomen (stomach), your thighs, arm or your upper buttocks.
- Priming your pen – This gets rid of the air before you inject. Attach the needle to your pen. Take off both the caps and dial up to two units of insulin. Point your pen in the air and press the plunger until insulin comes out the top of the needle. If insulin does not appear repeat the process until a drop is seen.
- When you are ready, make sure the area is clean and dry, dial your dose and insert the needle at a 90° angle. Press the plunger until the dial goes back to zero.

A skin pinch is sometimes used to avoid the risk of injecting insulin into muscle. However, depending on the amount of subcutaneous tissue and the depth of the needle, a skin pinch may not be required. Guidance will be provided from the diabetes nurse.

Reference

- Birmingham Children's Hospital Guidelines.
- Royal Liverpool Hospital Guidelines.
- Diabetes UK.

This leaflet has been written to help manage diabetes at home.

Do not rely on this leaflet alone for information about your child's treatment.

If you require any further information, please telephone and ask for your paediatric diabetes specialist nurse.

The diabetes team are here to support you: if you have any questions contact the diabetes team on:

Ormskirk:

- Paediatric Diabetes Office:
01695 656 766 or 01695 656 867.
- Children's Ward, Ormskirk Hospital:
01695 656 912.

Whiston:

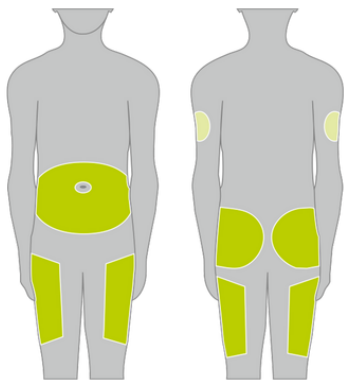
- Whiston Hospital:
0151 430 1404.

- Remember, if you dial up too much, you can not dial back down - if this happens, discard the wrong dose and start again.
- Count to 10 slowly to give the insulin time to get into your body and then take the needle out. If fluid is seen at the injection site count slowly to 15 or 20 seconds at the next injection.
- If a small amount of blood appears after the needle is removed, this is due to the number of small blood vessels located in that area and should be of no concern. If bruising occurs, check your injection technique and avoid using this area until bruising settles.
- All that is left to do now is get rid of your needle safely, using the larger cap provided with the needle. Please see sharps disposal for more information.

Injection sites

- Insulin needs to be injected into the fatty layer under the skin.
- Rotation of injections sites is recommended to ensure insulin is absorbed consistently.
- If the same site is used too often, it causes the area to become stiffer and lumpy which affects the distribution and will disturb the absorption of the insulin and affect blood glucose readings. Continued use of these lumpy sites will further damage the area and may cause permanent damage.
- Recommended sites for injection are abdomen (stomach), upper arms, thighs and buttocks.
- Note that some parts of the body may absorb insulin quicker than other parts and should be considered when undertaking exercise.

Your healthcare team will suggest how much insulin to have and store at home, but most people get enough for three months. It is a good idea to have two weeks' worth left when you put your repeat prescription in.



Insulin storage

The best place to keep the insulin you are not using is in the fridge. Insulin needs to be kept at temperatures lower than 2°C to 6°C (36°F to 43°F).

The insulin you have opened and are currently using can be stored at room temperature, but kept away from extreme heat or cold. Once the insulin is out of the fridge and is being used you will need to discard it after 28 days as the insulin may have broken down. You can discard in your sharps bin.

Further insulin storage information

- Do not store your insulin near extreme heat or cold, for example if the weather is hot during the summer or the heating is on in the winter.
- Never store insulin in the freezer, direct sunlight, or in the glove compartment of the car.
- Always check the expiry date before using and do not use any insulin beyond this date.
- Examine the insulin closely and only use if it looks the same as normal and check the insulin cartridge for any damage.
- Keep spare vials or cartridges of insulin in their boxes in the fridge.
- Consider using a cool bag for when you are on the move, please speak to the team for more information on keeping insulin cool if you are travelling.