

U-500 Insulin Patient Safety Contract

Print Pt Name: _____

Education was done on the following U-500 precautions.

1. Your U-500 CONCENTRATED Humulin R insulin dose is:
Using a (circle one) U-500 KWIKPEN or U-500 SYRINGE:
 unit marks 30 minutes before breakfast
 unit marks 30 minutes before lunch
 unit marks 30 minutes before dinner
 USE WITH U-500 KWIKPEN OR SYRINGE ONLY!
 REMEMBER THAT THE DEVICE IS DELIVERING LESS VOLUME.
 U-500 is 5 times stronger than Regular U-100 insulin.
 Keep this insulin separate and DO NOT SHARE.
2. Once you start the U-500 insulin, you should stop taking all your other insulin. Be sure to take the insulin at the same time every day. Never skip meals. If not eating, do not take insulin.
3. Low blood sugar, or blood sugar <70, can last for several hours with U-500 insulin. If you experience low blood sugar while taking U-500 insulin:
 - Take 4 glucose tablets and check your blood sugar with your meter.
 - If your blood sugar is <70 eat a small snack such as 1/2 cup of juice, a 1/2 can of soda (not diet), 1 cup of milk, or a piece of fruit.
 - Recheck your blood sugar in 15 minutes. If it is still <70, eat another snack.
 - Check your blood sugar again in another hour, to make sure it is >100.
4. As U-500 is a special order product, be sure to contact the pharmacy a minimum of 7 business days prior to needing your next refill.
5. Call with any blood sugar less than 70.
6. Send your blood sugars to your diabetes specialist as instructed 1 week after starting the U-500 insulin.
7. It is strongly recommended that you wear medical alert ID and keep a medical ID in your wallet.
8. You must be very clear with other health care providers that you are on the concentrated insulin and dosing should never be adjusted by more than 5-10 unit marks on the pen.
9. Always test your blood sugar before driving. If less than 100 eat a snack and do not drive until blood sugar is 120 or above. Always keep glucose tablets handy and with you in the car.

Please call with any questions or concerns at _____.

The patient expressed verbal understanding of all the above instructions and agrees to the need for regular, patient-initiated follow up weekly until stable.

Signed copy on file

Name and Medical Record Number

Date