



INSULIN INJECTION KNOW-HOW

Injection Assessment Checklist

Use the checklist below to evaluate injection practices and determine areas of educational need.

Demonstrates Competency	Education Indicated	
<input type="checkbox"/>	<input type="checkbox"/>	<p>SITE MANAGEMENT</p> <p>Injection site(s):</p> <hr/> <p>Evidence of:</p> <p><input type="checkbox"/> Lipohypertrophy <input type="checkbox"/> Lipotrophy <input type="checkbox"/> Bruising <input type="checkbox"/> Infection</p> <p>Describe injection rotation pattern:</p> <hr/> <p>Skin Preparation Technique:</p> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	<p>INJECTION PROCEDURE</p> <ul style="list-style-type: none"><input type="checkbox"/> Sterile technique<input type="checkbox"/> Rolling to uniformity (if necessary)<input type="checkbox"/> Pre-injection priming (pen only)<input type="checkbox"/> Air into vial (syringe only)<input type="checkbox"/> Correct order for mixing in same syringe (if necessary)<input type="checkbox"/> Dosing accuracy<input type="checkbox"/> Needle insertion<input type="checkbox"/> Complete injection<input type="checkbox"/> Needle withdrawal (with waiting time)

insulin injection know-how

insulin assessment checklist

Demonstrates Competency	Education Indicated	
<input type="checkbox"/>	<input type="checkbox"/>	<p>DISPOSAL PROCEDURE</p> <p>Local regulations:</p> <hr/> <p>Aware of local regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has sharps container or needle clip? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Uses sharps container or needle clip? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>NEEDLE REUSE</p> <p>Re-using pen or syringe needles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Wiping needle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recapping? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Aware of potential for air in pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Using same needle for >1 insulin type? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>INJECTION DEVICE SELECTION</p> <p><input type="checkbox"/> Appropriate needle size</p> <p><input type="checkbox"/> Sufficient volume</p> <p><input type="checkbox"/> Appropriate dosing increments</p> <p><input type="checkbox"/> Suited to physical limitations</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>INJECTION ADHERENCE</p> <p>How often do you miss taking an injection?</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Almost Never</p>