



# 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><b>SITE MANAGEMENT</b></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><b>INJECTION PROCEDURE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sterile technique</li> <li><input type="checkbox"/> Rolling to uniformity (if necessary)</li> <li><input type="checkbox"/> Pre-injection priming (pen only)</li> <li><input type="checkbox"/> Air into vial (syringe only)</li> <li><input type="checkbox"/> Correct order for mixing in same syringe (if necessary)</li> <li><input type="checkbox"/> Dosing accuracy</li> <li><input type="checkbox"/> Needle insertion</li> <li><input type="checkbox"/> Complete injection</li> <li><input type="checkbox"/> Needle withdrawal (with waiting time)</li> </ul>

# insulin injection know-how

## insulin assessment checklist

Demonstrates Competency	Education Indicated	
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>DISPOSAL PROCEDURE</b></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><b>NEEDLE REUSE</b></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 &gt;1 insulin type? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>INJECTION DEVICE SELECTION</b></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><b>INJECTION ADHERENCE</b></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>