# Injection Assessment Checklist

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

<table>
<thead>
<tr>
<th>Demonstrates Competency</th>
<th>Education Indicated</th>
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## SITE MANAGEMENT

**Injection site(s):**

Evidence of:

- [ ] Lipohypertrophy  
- [ ] Lipotrophy  
- [ ] Bruising  
- [ ] Infection

Describe injection rotation pattern:

**Skin Preparation Technique:**

## INJECTION PROCEDURE

- [ ] Sterile technique  
- [ ] Rolling to uniformity (if necessary)  
- [ ] Pre-injection priming (pen only)  
- [ ] Air into vial (syringe only)  
- [ ] Correct order for mixing in same syringe (if necessary)  
- [ ] Dosing accuracy  
- [ ] Needle insertion  
- [ ] Complete injection  
- [ ] Needle withdrawal (with waiting time)
### DISPOSAL PROCEDURE

Local regulations:

- Are you aware of local regulations? [ ] Yes [ ] No
- Do you have a sharps container or needle clip? [ ] Yes [ ] No
- Do you use a sharps container or needle clip? [ ] Yes [ ] No

### NEEDLE REUSE

- Do you re-use pen or syringe needles? [ ] Yes [ ] No
- Do you wipe the needle? [ ] Yes [ ] No
- Do you recap the needle? [ ] Yes [ ] No
- Are you aware of the potential for air in the pen? [ ] Yes [ ] No
- Do you use the same needle for more than one insulin type? [ ] Yes [ ] No [ ] N/A

### INJECTION DEVICE SELECTION

- Appropriate needle size [ ]
- Sufficient volume [ ]
- Appropriate dosing increments [ ]
- Suited to physical limitations [ ]

### INJECTION ADHERENCE

How often do you miss taking an injection?
- Daily [ ]
- Weekly [ ]
- Monthly [ ]
- Almost Never [ ]