

Document Details		
Title	Administration of Insulin by Non Registered Practitioners to Adults & Children with Diabetes Policy	
Trust Ref No		
Local Ref (optional)		
Main points the document covers	To provide a policy that effectively manages the risks associated with the administration of subcutaneous insulin by non-registered practitioners for patients with diabetes living in their own home or residential care settings and who are unable to self- administer their own insulin therapy.	
Who is the document aimed at?	All Staff	
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Approval Date		
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1	4.2012	General updating and change of equipment used from insulin U100 syringe use to safety pen needle in line with EU 2010 Directive
2	10.2013	Revision & Formatting - Additional documents added for delegation purposes as follows: Mentor Agreement, Clients care plan, Self-Assessment of Diabetes Competency, Learning outcomes for diabetes courses, Annual Summative assessment form, summative assessment for blood glucose monitoring, Declaration of consent by non-registered practitioner form, Declaration of accountability by employing manager, NMC Record Keeping Guidance, SPIC registration form, Capillary blood glucose monitoring record sheet
3		
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1 Introduction

Insulin therapy is used in the management of type 1 and type 2 diabetes and is administered via subcutaneous injection.

The majority of individuals are able to self-administer their insulin but some patients require their insulin to be administered by a registered nurse or non-registered practitioner such as a health care assistant and carers. The role of the non-registered practitioner is vital in supporting individual patient management and enabling the interdisciplinary teams to manage increasing numbers of patient requiring support with insulin administration

As recommended by the Nursing and Midwifery Council (NMC 2008) safe evidenced based practice will be underpinned with local training.

2 Purpose

This policy describes the roles and responsibilities and processes for ensuring that patients on insulin who require support from a non- registered practitioner are managed safely by registered nurses employed by Shropshire Community Health NHS Trust

3 Definition & Abbreviations

Registered Nurse: is defined as the professionally accountable for the delegation of the task

Non registered practitioner: is defined as a health care assistant (HCA) or a health care support worker.

Insulin Administration: An injection of insulin given subcutaneously via an insulin pen device

Interdisciplinary Teams: Interdisciplinary teams comprise community nurses, occupational therapists and physiotherapists who work together to deliver community health services to patients in their own homes.

SPIC: Shropshire Partners in Care is a company whose purpose is to support the development of a high quality social care sector in the areas of Shropshire and Telford & Wrekin.

Abbreviations:

HCA: Health Care Assistant

IDT: Interdisciplinary Team

NMC: Nursing and Midwifery Council

RCN: Royal College of Nursing

SPIC: Shropshire Partners in Care

4 Duties

4.1 Director of Operations / Director of Nursing, Deputy Directors and Divisional Managers

Directors, Deputy Directors and Divisional Managers of Services are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this best practice guidance and therefore must ensure that all staff have access to this document.

4.2 Clinical Service Managers and Team Leads

Managers will ensure that a system is in place within the services they are responsible for, for the implementation of this guidance and for monitoring its effectiveness.

Individual line managers are responsible for informing staff of this guidance and any raising awareness of associated policies, guidelines and documents. They must also ensure that the appropriate education, supervision, and mechanisms are in place to ensure safe practice. Any training requirements must be raised and addressed via appraisal or supervision and a record of competencies kept for audit purposes.

4.3 Diabetes Specialist Nursing Staff

The Diabetes Specialist Nursing Service supports the Community Interdisciplinary teams (IDTs) whose role is and is responsible for giving specific specialist advice, guidance and support to staff as required. They are also responsible for monitoring their areas of expertise and advising staff of any changes to national guidelines and best practice to ensure the documentation being used is kept up to date.

4.4 Registered Nursing Staff

It is the responsibility of registered nurses within the community IDT teams to determine which non-registered practitioners are put forward for the insulin administration programme. This decision needs to be made in the light of potential benefits for patients and local NHS needs.

The Registered Nurse remains accountable for appropriateness of delegation ensuring adequate support and supervision is available (NMC 2010, RCN 2011).

They must ensure they work within this guidance and associated Trust Policies and guidelines

4.5 Non- Registered Practitioners

The non-registered practitioner is responsible for their actions and to work within their scope of practice

5 Procedure for the safe Administration of Insulin by a Non-Registered Practitioner

5.1 Assessment

The following actions must be completed by the registered nurse when considering the training of non-registered practitioners to administer insulin:

- The registered nurse must complete the self-assessment competency tool for managing patients on insulin (appendix 1) and a copy kept in their KSF portfolio
- The registered nurse must have ensured that all steps have been taken to maximise and support the patient's independence including the involvement to the family or informal carers in the administration of insulin.
- A risk assessment must be undertaken by the registered nurse who will be taking responsibility for the delegation of the task before a decision is made to allow the administration of insulin by a non-registered practitioner.
- The assessment must be completed for each individual patient, non-registered practitioner and the tasks required (appendix 2) and the mentor agreement signed (appendix 3)
- The registered nurse must complete a comprehensive nursing assessment and care plan and the patient's condition is identified as being stable/medically predictable(appendix 4) and client consent obtained (appendix 5)
- Before delegation can occur the registered nurse must ensure that the non-registered practitioner has completed Shropshire Community Health NHS Trust

Diabetes Education Modules 1-3 (appendix 6) and successfully passed the knowledge test at the end of Module 2 and be willing to undertake the training in full and undertake the assessments pertaining to this policy.

5.1.2 Exclusions

- Patient consent declined
- Client assessed as not suitable for capillary blood glucose monitoring by community nurse as per capillary blood glucose monitoring policy 2013.
- non-registered practitioner has not completed the Insulin administration training programme modules 1-3
- If the patient's condition deteriorates reassessment of the suitability for the delegation of insulin administration must be reassessed by the registered nurse

5.2 Consent

- The registered nurse must obtain consent from the patient for the delegation of insulin administration by non-registered practitioners as per Shropshire Community Health NHS Trust Consent Policy and in accordance with the mental capacity act (2005) and mental capacity act guidance (2007). This consent must be documented and kept in the patient's notes (appendix 4).
- The registered nurse must ask the non-registered practitioner for confirmation that they are willing to perform the task on a NAMED PATIENT ONLY following successful completion of the approved training programme (appendix 6) and receive on-going assessment and supervision in order to complete the competency frameworks supporting this programme (appendices 7-10)
- The duty to obtain on-going consent for insulin administration is the responsibility of the non-registered practitioner every time insulin is to be administered and this should be documented in the patient's records. Failure to do so could amount to assault

5.3 Equipment

The registered nurse must ensure that the patient has their own insulin, insulin pen device and automatic re-sheathable needles, blood glucose meter and test strips and that arrangements are in place for the resupply of this equipment and medication. Suitable storage facilities for the insulin must also have been assessed

5.4 Education

The registered nurse is accountable for the delegation of any aspects of the administration of insulin and must ensure the non-registered practitioner is competent to carry out the task using the competency assessments (NMC 2010). This includes an on-going assessment and supervision of practice with annual reassessment.

5.4.1 Competency Assessment

The registered nurse must assess the non-registered practitioner's competencies using the trust competency assessment documents (appendices 8-10)

The registered nurse must send a copy of these completed competency assessments documentation for both insulin administration & blood glucose monitoring (appendices 8-10) along with the registration document to Shropshire Partners in Care (SPIC) offices (appendix 12) and include the recall date for reassessment.

The registered nurse must complete with the non-registered practitioner a signed declaration agreeing to follow the standard operating procedure for the administration of insulin & received training on the use of sharps and safe disposable and avoidance of

needle-stick injury (appendix 11) and obtain a declaration of accountability from the non-registered practitioners employer (appendix 12)

Following competency assessment the registered nurse will complete the registration documentation for those non-registered practitioners that they have delegated insulin administration to. This registration form should then be sent to SPIC offices (Appendix 13)

Any non-registered practitioner who has not administered insulin to a patient for a period greater than 3 months must be reassessed as competent to do so before re-administering insulin.

5.5 Documentation

Patients must have an individualised diabetes care plan which states blood glucose parameters and who to contact when levels are outside of these parameters (appendix 3)

The Diabetes care plan must be reviewed monthly by the delegating registered nurse

Blood glucose monitoring and insulin administration records must be completed by the non-registered practitioner and kept in the patient notes (appendix 14)

Patient notes should be completed following the NMC record keeping guidance (appendix 15)

6 Consultation

This Guideline has been developed by the Diabetes Specialist Nursing Service in consultation with:

- Rita O'Brien Chief Pharmacist, (SCHAT)
- Rachael Allen (SCHAT) Infection Prevention and Control Team
- Georgina English Clinical Lead for Community Nursing and Practice Teacher (SCHAT)
- Shropshire Community Diabetes Specialist Nurses: Rebecca Lennon, Fiona Smith & Noreen Barker (SCHAT)
- Karen George Lead Nurse care Home Support (SCHAT)
- Alan Ferguson Record Manager & Quality Facilitator, (SCHAT)
- Lynda Randle Community Service Manager (SCHAT)
- Gilly Scott Clinical Lead for Minor Injuries Units/DAART and interim lead for Community Hospitals
- Cate Davies Community Staff Nurse /Specialist Practitioner Student District Nursing

7 Dissemination and Implementation

7.1 Dissemination

These guidelines will be disseminated by the following methods:

- Managers Informed via DATIX system who then confirm they have disseminated to staff as appropriate
- Staff Via Team Brief
- Diabetes Think Glucose Champions Meetings
- Published to the staff zone of the trust website

7.2 Implementation

Implementation will be via a rolling programme of diabetes training , modules 1-3 delivered by the Diabetes Specialist Nursing Service in association with SPIC and individual non-registered practitioner training and supervision by registered nurses acting as a diabetes mentor.

7.2.1 Non Registered Practitioner Training

The non-registered practitioner must have attended the approved diabetes training programme Modules 1, 2 & 3 before being able to undertake the administration of insulin the non –registered practitioner (appendix 6)

The non-registered practitioner must be trained to administer insulin following standard procedure (Appendix 7)

The non-registered practitioner will receive support and supervision in their work place until both they and the registered nurse are satisfied that the non-registered practitioner has the necessary training, confidence and skills to undertake the procedure unsupervised.

7.2.2 Registered Nurse Training

Must have attended the Diabetes Mentor Training Course

Registered Nurses acting as diabetes mentors must ensure that have up to date knowledge and skills relating to blood glucose monitoring and insulin administration (NMC 2008,by completing the Diabetes mentor programme and attending the ‘Think Glucose Champions’ annual update

Outside of the annual update training for blood glucose monitoring can be accessed via Abbot Diabetes Care who manufacturer the Xceed meter or via the interdisciplinary teams ‘Think Glucose Champions’

8 Monitoring Compliance

Compliance of this Guideline will be carried out by:

- Monitoring of related Datix incident reports carried out by service managers
- Following incident reporting follow up actions will be coordinated by service managers and the Community Trust Safety Manager.
- Mentor Register and non-registered practitioner training records/databases

9 References

- Becton Dickinson & Company (2012) BD Autosheild Safety Pen Needle- Clinicians [Online] Available at <http://www.bd.com/uk/diabetes> (Accessed 12.4.2012)
- Hampshire Community Health Care (2010) Insulin administration by non-registered practitioners to adults.
- NMC (2008) The Code: Standards for conduct, performance and ethics for Nurses & Midwives. NMC: London
- NMC (2010) Standards for Medicines Management NMC: London
- NMC (2009) Record Keeping: Standards for Nurses & Midwives. NMC: London
- NMC Regulation in Practice Topics: Delegation (2012) Available from <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation> (Accessed 25th March 2013)
- NMC (2012) Delegation: London: NMC. Available online from:<http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation> (Accessed 3st July 2013)

- RCN (2011) The principles of accountability & delegation for nurses, students, health care assistants and assistant practitioners. RCN: London Available from <http://www.rcn.org.uk> (accessed 25th March 2013)
- RCN (2011) Accountability & Delegation Checklist Available from http://www.rcn.org.uk/support/rcn_direct_online_advice/a-z/health_care_assistants_hcas_and_assistant_practitioners_aps/accountability_and_delegation (accessed 25th March 2013)
- RCN (2011) Delegation Information Sheet. Available from http://www.rcn.org.uk/development/health_care_support_workers/professional_issues/accountability_and_delegation (Accessed 25th Match 2013)
- RCN (2012) Health Care Assistants (HCA's) and assistant practitioners (AP's) health records & record keeping . Available online at http://www.rcn.org.uk/_data/assets/pdf_file/0005/486662/004337.pdf (accessed 31st July 2013)
- Skills for Health (2012) Diabetes National Workforce Competence Framework Guide [online] Available from <http://www.skillsforhealth.org.uk> (accessed 30th July 2013)

10 Associated Documents

This Policy and Guidelines should be used in conjunction with the following Documents:

- Hypoglycaemia Management Guideline
- Prevention and Management of Needlestick Injuries: including Inoculation Incidents and Exposures to Blood Borne Viruses
- Consent to Examination or treatment Policy
- Hand Hygiene Policy
- Incident Reporting Policy
- Standard Precautions Policy

11 Additional Resource

BD Autosheild Duo Safety Pen Needle Clinicians Downloads Available online from Becton Dickinson & Company at: <http://www.bd.com/us/diabetes/hcp/main>

12 List of Appendices

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Appendix 11: Declaration of consent by non-registered practitioner

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Appendix 13: SPIC Registration Form

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Appendix 16: Standard Procedure for Subcutaneous Insulin Administration

Appendix 17: Quick Reference Guide to Insulin Administration by Non Registered Practitioners

Appendix 1: Self-Assessment of Diabetes Competency

For Completion by Delegating Nurse

Diabetes Management Self-Assessment Competency Framework

Maintenance of Patients on Insulin Therapy

Name	Signature
Designation	Date

The following document is designed to:

- Allow you to assess your competence in managing your patients on insulin therapy in line with the KSF and Skills for health Competency Framework
- To identify your own educational needs
- To ensure your own competency before delegation of insulin administration to non-registered practitioners

Please tick the boxes that best describes your current practice in each competency assessment statement

A competency defines the knowledge understanding and skill required to perform a specific task (Skills for Health 2005)

Are you competent in the following?	Yes	No	More Support Required
Involving the patient in goal planning and promoting their empowerment (HA11) (HWB6 4)			
Assessing physical and psychological barriers to insulin treatment (HA11)			
interpreting blood glucose results and identifying blood glucose targets (HA11)			
Teaching blood glucose monitoring to your patients (HA11)			
Teaching blood glucose results interpretation to your patients (HA12) (HWB6 4)			
Teaching choice of injection site & injection technique (HA12)			
Supporting your patient in selecting the appropriate insulin device (HA12)			
Advising your patient on how to obtain their insulin prescription in routine and non-routine situations (HA12)			

Are you competent in the following?	Yes	No	More Support required
Advising your patient on the basics of hypoglycaemia recognition & treatment (HA12) (HWB6 4)			
Advising your patient which authorities they need to inform about their diabetes medication (HA12)			
Identifying the patients on going support needs from all health care professional and carers and agree how to meet them (HD3) (HWB6 4)			
Advising your patient who to contact for routine advice and for emergency out of hours support (HD3)			
Supporting your patient with injection problems, insulin storage and safe sharps disposal (HD3)			
Setting individual targets for home blood glucose monitoring and HbA1c (HD3)			
Setting individual wellbeing targets (HD3)			
Advising your patient on general diet principles and considerations with insulin treatment (HD3)			
Advising your patient of the general exercise principles and consideration with insulin treatment (HD3)			
Advising your patient of the effect of illness on insulin requirements and sick day rules (HD3)			
Assessing the need for a change in insulin regimen (HD3)			
Teaching & reviewing your patient's understanding of hypoglycaemia recognition, treatment and prevention (HD3)			
Identifying potential fears & anxieties and how to support your patient (HD3)			
Recording care to communicate to other care providers and facilitate continuity of care (HD3)			
Advising your patient on the safe storage of insulin and disposal of insulin & hypodermic equipment (HA12)			
Advising and completing the patient's insulin passport (HA12)			

Appendix 2: Risk assessment for administration of insulin by a non-registered practitioner

A risk assessment must be undertaken by the registered nurse who will take responsibility for the delegation of the task, before a decision is made to allow administration of insulin by a non-registered practitioner. The assessment must be completed for each individual patient, non-registered practitioner and task required

1.	Patient	Yes/No
	A nursing assessment and individualised care plan has been completed by the registered nurse which specifies the accepted blood glucose levels for the patient and what to do if blood glucose levels are outside	
	The patient requires insulin	
	The patient is unable to self-administer insulin	
	The patient has no family or informal carers able to administer insulin	
	The patient is medically predictable and their diabetes is stable	
	The patient consent to the delegation of insulin to a non-registered practitioner or where the patient lacks capacity to give consent the principles of the mental capacity act (2005) should be followed	
	The patient has their own insulin , insulin administration pen device , insulin pen safety needles and suitable storage facilities	
	There are no safeguarding adult concerns	
2.	Non-registered Practitioner	
	The non-registered practitioners job description and scope of practice allows for the delegation of insulin administration	
	The non-registered practitioner accepts responsibility to perform the task of insulin administration by subcutaneous injection to the required standard following training, including blood glucose monitoring and documentation of care	
	The non-registered practitioner agrees to assessment of competence by direct supervision on the named patient following training and on-going supervision and monitoring	
	Non registered practitioner signs to confirm that :	
	Training was received , understood and that they will comply with the insulin administration protocol/standard operating procedure	

	Training was received and understood regarding the use of sharps, safe disposal and avoidance of needlestick injuries	
	They have received a copy of the record keeping advice sheet (NMC 2009) and confirm they have understood the necessity of good record keeping	
3	Task	Yes/No
	Written Medical authorisation is required which includes date, patients name, date of birth, NHS Number, insulin, insulin dose written out in full using the word UNITS (NPSA 2010), route of administration, frequency of administration, and duration of treatment.	
	The registered nurse delegating the task must ensure that arrangements can be made for the supply of insulin	
	Administration of insulin by non-registered practitioner is able to a named patient only	

If the answer is NO to any of these questions an alternative strategy for the administration of insulin is required

Nurse Signature: _____

Name in Capitals: _____

Designation: _____

Date: _____

Mentor Agreement**TO BE SIGNED PRIOR TO TRAINING**

Name of Registered Nurse (please print)	
Work address	
Telephone number	
Email address	

“I confirm that I wish to delegate, supervise, support and assess the administration of insulin and blood glucose monitoring”

Name (print)	
Signature	
Date	

Name of non-registered practitioner	
Work address	
Telephone number	
Email address	

Note: This document needs to be produced by the non-registered practitioner at the time of booking for Module 3 .

Appendix 4: Clients Care Plan

**Clients Care Plan for Insulin Administration by Delegation
(To be completed for each client and non-registered practitioner)**

Residents Name		Date of Birth	NHS Number
Name & address of care home			
GP Details			Care Plan Review date
Details of lead contact – Community nursing team			
Name of Staff Member to administer insulin			
Blood glucose targets (mmols/l)		Before a meal _____ mmols/l Before bed _____ mmols/l	
When to contact GP/Registered Nurse when blood glucose targets are breached		If blood glucose targets are above the patients individual target range for more than 5 days and the patient is not unwell If the patient is unwell contact the GP if blood glucose levels are above target range for 2 days	
Times for blood glucose monitoring		Name of Insulin	
Insulin Dose (dose must be written in 'units' no abbreviations		Time of Injection	
Site for insulin injection		Size of insulin pen needle	
Angle of insulin injection	'lift up' of injection site	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note: Date and time of insulin administration should be documented immediately in patient's records.

In case of illness or any untoward events please contact _____ for advice and support

Appendix 5: Client Consent

Client Consent for Insulin Administration by Delegation

“A person’s capacity or lack of capacity refers specifically to their capacity to make a particular decision at the time it needs to be made. Carers/Health care professionals must start with a presumption of capacity”

Do you have any concerns about the person’s capacity to make an informed decision regarding insulin delegation? **Y** / **N**

Please complete relevant consent section of Consent Procedure Part B

Either

I, _____ (patient name) agree that _____
(staff member’s name) may administer my insulin injection(s) as per this care plan.

Signature _____ Date _____

Or

I, _____ in my capacity as _____ to the above patient give approval for
_____ (patient’s name) to receive insulin according to their care plan via
the insulin delegation scheme described to me by _____ (name of health care
professional), as I am acting in the best interests of the patients as per Mental Capacity Act 2005

As the health care professional responsible, I confirm that I have provided all the essential information to enable _____ to make an informed decision to accept the insulin delegation plan

Signature & Designation _____ Date _____

As the manager for the _____ Care Home, I acknowledge the decision by _____ (patient name/GP) to accept the insulin delegation plan.

Signature & Designation _____ Date _____

Appendix 6: Learning Outcomes for Diabetes Courses

Learning Outcomes for Diabetes Courses to support the administration of insulin for non-registered practitioners

Module 1

By the end of this Module activity the non-registered practitioners should be able to:

- Define the term Diabetes
- Identify the main types of diabetes
- List the signs & symptoms of diabetes
- State diagnostic blood glucose levels & targets
- Understand the Nutritional & Lifestyle Management of Diabetes
- An appreciation of the medication used to manage diabetes
- An appreciation of aims of treatment
- Identify screening opportunities for diagnosis of diabetes
- Briefly discuss the potential short & long term complications of diabetes

Which Skills for Health /KSF Dimension will it cover?

- HA1 Assess the health care needs of individuals with diabetes and agree care plans (KSF HWB6)
- HA2 Work in Partnership with individuals to sustain care plans to manage their diabetes (KSF HWB7)
- HA5 Help an individual understand the effects of food, drink, and exercise on their diabetes (HWB4)
- HA6 Help individuals with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
(KSF HWB4 level 3)
- HA7 Develop agree and review a dietary plan for an individual with diabetes (HWB6)
- HA9 Help an individual with diabetes to improve blood glucose control (HWB6)

Additional Information

This competency document links with the following dimension within the NHS Knowledge and Skills Framework (2004)

Dimensions

- HWB6 Assessment and treatment planning
- HWB4 Enablement to address health & wellbeing

Diabetes Management Course (Module 2)

By the end of this Module activity the non-registered practitioners should be able to:

- Define the term Diabetes and name the different types
- State normal blood glucose levels & targets for diabetes management
- Understand how the role of carbohydrates in the Nutritional & Lifestyle Management of Diabetes
- Understand how oral blood glucose lowering agents used to manage diabetes
- Understand the role of insulin and insulin regimens in the management of type 1 and type 2 diabetes
- An awareness of the insulin pens devices used
- Understand the role of blood glucose monitoring and how to perform this task
- Understand how to prevent and treat hypoglycaemia
- Understand how to prevent and treat hyperglycaemia
- Awareness of illness management for those patients with type 1 diabetes

Which Skills for Health /KSF Dimension will it cover?

- HA1 Assess the health care needs of individuals with diabetes and agree care plans (KSF HWB6)
- HA2 Work in Partnership with individuals to sustain care plans to manage their diabetes (KSF HWB7)
- HA5 Help an individual understand the effects of food, drink, and exercise on their diabetes (HWB4)
- HA6 Help individuals with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life (KSF HWB4)
- HD3 Help[individuals with type 2 Diabetes continue Insulin Therapy (KSF HWB4)
- HA7 Develop agree and review a dietary plan for an individual with diabetes (HWB6)

Diabetes Management Course (Module 3)

It is the **third Module** in a series of 3 modules which have been developed to increase an individual's knowledge and skills in Diabetes Management according to their job role.

Applicants must have attended modules 1 and 2 of the programme. In addition they must have passed the course assessment from module 2 and have a registered nurse who is diabetes mentor willing to undertake the summative assessment associated with the module.

By the end of this module the non-registered practitioners should be able to:

- Explain the role of insulin therapy in the management of Type 1 and Type 2 diabetes
- Be familiar with the equipment used to administer insulin
- Receive training on the safe administration of insulin (to include practical)
- Be able to define hypoglycaemia and its treatment
- Understand the role of blood glucose monitoring and how to perform this task in relation to insulin administration
- Understand how to prevent and treat hypoglycaemia
- To be aware of the CQC requirement and legal responsibilities associated with the administration of insulin by unregistered staff
- Be aware of your roles and responsibilities pertaining to insulin administration
- Be familiar with the Diabetes competency Frameworks used in the summative assessments of blood glucose monitoring and insulin administration
- To be aware of the patient consent documentation and care plans

Appendix 7: Procedure for the Administration of Insulin

The registered nurse will identify non-registered practitioner who have successfully completed and passed the Modules 1 and 2 of the diabetes training programme and deem them suitable to enter the insulin administration training programme.

The registered nurse will assess the suitability of stable patients for administration of insulin by a non-registered practitioner. A patient's care plan, delegation documents and agreements will be completed.

The non-registered practitioner will contact the registered nurse when there any deviations from the patients individualised care plan or in the event of a drug error . The registered nurse will review the patients care plan monthly.

Subcutaneous insulin administration will be on a named patient basis only

The training programme will focus on insulin administration using an insulin pen with EU directive 2010/32 compliant safety insulin pen needles. The non-registered practitioner is responsible for their actions whilst the Registered Nurse remains accountable for the delegation of care (NMC 2010).

The non-registered practitioner must meet the initial educational requirements and must be willing to undertake the training and undertake the assessments pertaining to procedure.

Equipment

- Clean tray or receiver in which to place equipment
- Patients Insulin Pen and BD Autosield Duo Safety Pen needle
- Cotton wool/tissues
- Care Plan
- Client's drug sheet
- Personal Protective Equipment (PPE) e.g. disposable vinyl gloves, disposable apron
- Hand hygiene products including alcohol hand rub
- Blood Glucose Meter & Test Strips
- Single use lancet device
- Sharps Container
- Documentation/Diary

Procedure

- Perform capillary blood glucose test prior to procedure (as per Capillary Blood Glucose Policy/Guidelines)
- Ensure clients blood glucose level is within individual parameters as specified on care plan
- Read and check care plan and the prescription directive (client name, insulin dose written in units, date and time of administration, route and method of administration)
- Correct identification of client (client unique identifier e.g. photo, date of birth)
- Explain procedure to client

- If the person withholds consent and has the capacity to do so seek advice immediately from registered nurse/mentor or General Practitioner.
- If the person is unable to give consent then a decision about treatment must be made in their best interests with a registered nurse/mentor or General Practitioner
- Decontaminate hands, apply gloves
- Prepare patient and select site for injection
- Check expiry of date of insulin and ensure not been opened at room temperature for more than 4 weeks
- Prepare insulin pen following correct procedure below (Figures 1 & 2)
- Attach BD Autosshield Duo 5mm/31G or BD Autosshield (or other prescribed safety needle device) disposable safety pen needle to the insulin pen device
- Document Insulin dose administration

See Appendix 16 for the standard operating procedure for Injection Technique

Appendix 8: Summative Assessment Form

Summative Assessment Form for Subcutaneous Insulin Administration by non-registered practitioner

Name of non-registered practitioner

Name of Assessor.....

Date Assessed.....

Reassessment Date

VIVA

The HCA must be able to:	
• Describe the action insulin has on blood glucose levels.	Y <input type="checkbox"/> or N <input type="checkbox"/>
• State how to correctly store insulin (in use) and (not in use)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify 3 factors that may damage insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• State how prescribed insulin should appear prior to injection	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify the name and dose of the prescribed insulin preparation	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Name 2 potential side effects of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify how and who to contact in case of queries or untoward events	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify 2 potential problems with injection sites and their likely causes	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe procedure for obtaining insulin supplies	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe course of action in the event of needlestick injury	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Name 4 symptoms of hypoglycaemia & possible causes	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify appropriate treatment/action in the event of hypoglycaemia (including fast & slow acting carbohydrate)	Y <input type="checkbox"/> or N <input type="checkbox"/>

OBSERVATION	
The HCA must be able to:	
• Gain patient consent for administration of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Check expiry date on insulin vial/insulin pen (if expired or damaged-discard)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Check patient prescription for type & dose of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Prepare insulin syringe and vial/insulin pen as per Trust Guideline 1 (Insulin mixes rotated for 15 times)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly select insulin injection site & examine for lipohypertrophy/bruising/inflammation	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Perform insulin injection correctly as per Trust Guideline 1. Observed on at least 3 occasions	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Observe injection site following insulin administration for leakage and acts accordingly	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly record administration (dose & Site) together with any untoward events which should be reported	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly dispose of needle & syringe/insulin pen as per Trust Sharps policy	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe procedure for obtaining insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>

1. Signature of Diabetes Mentor.....Date.....
2. Signature of Diabetes Mentor.....Date.....
3. Signature of Diabetes Mentor.....Date.....

Additional Information

This competency document links with the following dimension within the NHS Knowledge and Skills Framework (2012)

Dimensions

- HWB6 Assessment and treatment planning
- HWB4 Enablement to address health & wellbeing

The National Occupational Standards developed by Skills for Health (2004)

- Diab HD4 Identifying hypoglycaemic emergencies & help others manage them
- Diab HD3 Help Individual with type 2 Diabetes continue insulin therapy

Appendix 9: Annual Assessment

**Annual Summative Assessment Form for Subcutaneous Insulin Administration by
non-registered practitioner**

Name of non-registered practitioner

Name of Diabetes Mentor.....

Date Reassessed.....

Reassessment Date

VIVA

The HCA must be able to:	
• Describe the action insulin has on blood glucose levels.	Y <input type="checkbox"/> or N <input type="checkbox"/>
• State how to correctly store insulin (in use) and (not in use)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify 3 factors that may damage insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• State how prescribed insulin should appear prior to injection	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify the name and dose of the prescribed insulin preparation	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Name 2 potential side effects of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify how and who to contact in case of queries or untoward events	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify 2 potential problems with injection sites and their likely causes	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe procedure for obtaining insulin supplies	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe course of action in the event of needlestick injury	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Name 4 symptoms of hypoglycaemia & possible causes	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Identify appropriate treatment/action in the event of hypoglycaemia (including fast & slow acting carbohydrate)	Y <input type="checkbox"/> or N <input type="checkbox"/>

OBSERVATION	
The HCA must be able to:	
• Gain patient consent for administration of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Check expiry date on insulin vial/insulin pen (if expired or damaged-discard)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Check patient prescription for type & dose of insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Prepare insulin syringe and vial/insulin pen as per Trust Guideline 1 (Insulin mixes rotated for 15 times)	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly select insulin injection site & examine for lipohypertrophy/bruising/inflammation	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Perform insulin injection correctly as per Trust Guideline 1. Observed on at least 3 occasions	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Observe injection site following insulin administration for leakage and acts accordingly	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly record administration (dose & Site) together with any untoward events which should be reported	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Correctly dispose of needle & syringe/insulin pen as per Trust Sharps policy	Y <input type="checkbox"/> or N <input type="checkbox"/>
• Describe procedure for obtaining insulin	Y <input type="checkbox"/> or N <input type="checkbox"/>

4. Signature of Diabetes Mentor.....Date.....

5. Signature of HCA.....Date.....

<p>Additional Information</p> <p>This competency document links with the following dimension within the NHS Knowledge and Skills Framework (2012)</p> <p>Dimensions</p> <ul style="list-style-type: none"> • HWB6 Assessment and treatment planning • HWB4 Enablement to address health & wellbeing <p>The National Occupational Standards developed by Skills for Health (2004)</p>

Appendix 10: Summative Assessment of Capillary Blood Glucose Monitoring

Summative Assessment for Non-Registered Practitioner to Capillary Blood Glucose Monitoring Competencies	
Name of Non-Registered Practitioner:	
Name of Diabetes Mentor:	
Date Assessed:	
Reassessment Date Due:	
VIVA: The HCA must be able to:	
<ul style="list-style-type: none"> • Describe what diabetes is, and the action insulin has on blood glucose levels. State normal blood glucose levels. 	
<ul style="list-style-type: none"> • State how to maintain and store the blood glucose meter and test strips, and to perform quality assurance test according to manufacturer's guidelines 	
<ul style="list-style-type: none"> • Identify 3 factors that may give rise to inaccurate blood glucose readings. 	
<ul style="list-style-type: none"> • Identify correct action to take in the event of a low blood glucose reading 	
<ul style="list-style-type: none"> • Identify 4 factors that could result in low blood glucose readings 	
<ul style="list-style-type: none"> • Identify correct action to take in the event of 3 successive high blood glucose readings 	
<ul style="list-style-type: none"> • Identify 4 factors that could result in high readings 	
<ul style="list-style-type: none"> • Identify where to record blood glucose results & explain action in event of readings outside the client's individual targets 	
<ul style="list-style-type: none"> • Describe the procedure for obtaining supplies 	
OBSERVATION: The HCA must be able to :	
<ul style="list-style-type: none"> • Inform the patient of need for blood glucose test 	
<ul style="list-style-type: none"> • Gain patient consent 	
<ul style="list-style-type: none"> • Prepare area for blood glucose test 	
<ul style="list-style-type: none"> • Check expiry date on test strips 	
<ul style="list-style-type: none"> • Follow manufacturers procedure for use of meter 	
<ul style="list-style-type: none"> • Prepare single lancet for test 	
<ul style="list-style-type: none"> • Accurately Perform blood test 	
<ul style="list-style-type: none"> • Demonstrate safe disposal of sharps and blood stained equipment 	
<ul style="list-style-type: none"> • Accurately record blood glucose result in district nurse documentation 	

Signature of Diabetes Mentor	Date:
Signature of Diabetes Mentor	Date:
Signature of Diabetes Mentor	Date:

Appendix 11: Declaration of consent by non-registered practitioner

Declaration of consent by non-registered practitioner

I _____ (Print Name) conform that:

I have attended the diabetes education programme Modules 1-3 and received training in the administration of insulin. I understand and will comply with the guideline for the administration of insulin.

I have received training and understand the use of sharps, their safe disposal and how to avoid injury.

I will follow the standard operating procedure for the administration of insulin and understand all the terms and meanings in this document

I have received a copy of NMC record keeping standards (NMC 2009) and confirm that I understand the need for good record keeping

Signature _____

Name in Capitals _____ (Please Print)

Designation _____

Date _____

Appendix 12: Declaration of accountability by employing manager

Declaration of accountability by employing manager

I _____ (Name) Confirm that:

I agree to ensure that staff will not carry out the administration of insulin until they have been trained and individually assessed as competent by a registered nurse

The registered nurse must be employed by Shropshire Community Health NHS Trust and is following the policy & guideline for the administration of insulin by non-registered practitioners

I agree that staff can be trained and assessed in the administration of insulin to a named patient only and I understand that they must comply with the procedure & guideline for insulin administration

Signature _____

Name in Capitals _____ (Please Print)

Designation _____

Date _____

Appendix 13: SPIC Registration Form

**Shropshire Partners in Care (SPIC) Registration form of reassessments of
blood glucose monitoring and insulin administration competencies by
Non-Registered Practitioners**

Name of non-registered Practitioner	
Workplace Address	
Date of reassessment for blood glucose monitoring	
Date of reassessment for Insulin administration	
Reassessment Due Date	

Registered Nurse Signature _____

Name in Capitals _____

Designation _____

Date _____

Please fax or post to:
 Shropshire Partners In Care (SPIC)
 6 Farriers Business Centre
 Annscroft
 Shrewsbury
 SY5 8AN
 Tel: 01743 860011 FAX: 01743 861270

Appendix 15: NMC Record Keeping Guidance Link

Record Keeping: Guidance for Nurses & Midwives. NMC (2009): London.

Available Online from <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Record-Keeping-Guidance.pdf>

The image shows a screenshot of a document from the Nursing & Midwifery Council (NMC). The document title is "Record keeping" with the subtitle "Guidance for nurses and midwives". The NMC logo is visible in the top right corner. The main content is a list of 16 numbered principles of good record keeping.

NMC Nursing & Midwifery Council

Record keeping
Guidance for nurses and midwives

Principles of good record keeping

- 1 Handwriting should be legible.
- 2 All entries to records should be signed. In the case of written records, the person's name and job title should be printed alongside the first entry.
- 3 In line with local policy, you should put the date and time on all records. This should be in real time and chronological order, and be as close to the actual time as possible.
- 4 Your records should be accurate and recorded in such a way that the meaning is clear.
- 5 Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation.
- 6 You should use your professional judgement to decide what is relevant and what should be recorded.
- 7 You should record details of any assessments and reviews undertaken, and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment.
- 8 Records should identify any risks or problems that have arisen and show the action taken to deal with them.
- 9 You have a duty to communicate fully and effectively with your colleagues, ensuring that they have all the information they need about the people in your care.
- 10 You must not alter or destroy any records without being authorised to do so.
- 11 In the unlikely event that you need to alter your own or another healthcare professional's records, you must give your name and job title, and sign and date the original documentation. You should make sure that the alterations you make, and the original record, are clear and auditable.
- 12 Where appropriate, the person in your care, or their carer, should be involved in the record keeping process.
- 13 The language that you use should be easily understood by the people in your care.
- 14 Records should be readable when photocopied or scanned.
- 15 You should not use coded expressions of sarcasm or humorous abbreviations to describe the people in your care.
- 16 You should not falsify records.

Appendix 16: Standard Procedure for Subcutaneous Insulin Administration

Injection Technique Procedure

1. If the insulin is cloudy gently tip the pen backwards and forwards 10 times (figure 1) and then roll it between the palms of your hands 10 times (figure 2). If clear there is no need to mix.



Figure 1

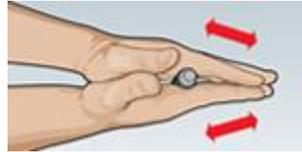


Figure 2

2. Take a BD Autosshield Duo (Figure 3) and check the tamper proof label to check it remains intact & expiry date. If seal is broken discard



Figure 3
BD Autosshield Duo Safety
Pen Needle
PIP CODE 360-5615

3. Take the insulin pen device and remove the protective lid so that rubber seal can be seen.

4. Take a BD Autosshield Duo safety pen needle hub and peel back foil lid to expose device

5. Push and then screw the Duo pen needle hub onto the end of the pen device in a clockwise direction until it meets resistance. DO NOT OVERTIGHTEN (Figure 4)



Figure 4

6. Remove the BD Autosshield safety pen needle hub cover. The needle is hidden under the clear plastic shield.

7. Prime the insulin pen by dialling 2 units of insulin and pointing the pen upright depress the plunger so that the insulin flows from the needle device. A drop of insulin should appear at the end of the device if it does not repeat the process again until drop of insulin is seen. (Figure 5)



Figure 5

8. Dial the prescribed dose of insulin on the pen device (Figure 6).

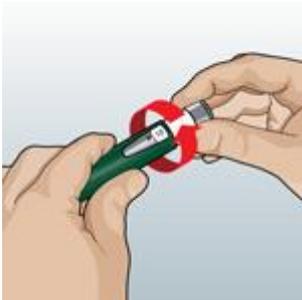


Figure 6

9. Select injection site ensuring it is a different area than previous injection

10. In one continuous motion insert the needle vertically (90 degree angle) into the skin. Your thumb should not be on the pen plunger at this stage. (Figure 7)



Figure 7

11. Once the needle has penetrated the skin when the clear plastic shield retracts maintain the pressure against the skin and deliver the insulin dose by pushing the pen plunger down with your thumb until the dose has been completely delivered.

12. Once the dose has been given, hold for 10 seconds and then lift the pen away from the skin. The front shield will automatically lock into place and a second shield and the back end of the needle device appears automatically to protect the back end of the needle.

13. Remove the pen needle from the pen by holding the hub and twisting the pen anti-clockwise. (Figure 8)



Figure 8

(Images courtesy of Becton Dickinson & Company)

14. Discard the needle in the sharps container

15. Remove PPE and decontaminate hands

16. Complete documentation ensuring the name of insulin administer, dose given written in units, expiry date and injection site used are recorded in patient notes

Appendix 17: Quick Reference Guide

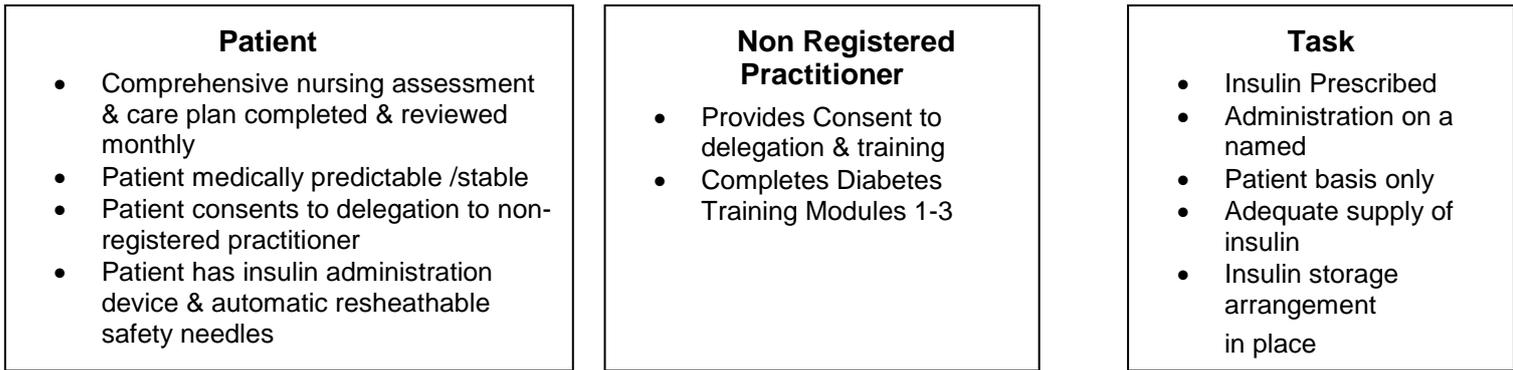
Quick Reference Guide to Insulin Administration by Non-registered practitioners

This policy & guidance should be used by a registered nurse who has completed the Diabetes Mentors course and is competent in insulin management (appendix 5) and who will be accountable for the delegation of insulin administration.

Identification of Need

- Patient requires insulin administration
- Patient unable to self-administer
- No family or informal carers available
- Non-registered practitioner identified who meets definition within policy

Risk Assessment Completed (Appendix 1)



Training and Assessment of non –registered practitioner



- Non Registered Practitioner attends diabetes programmes 1-3 and completes learning log/portfolio
- Assessment of non-registered practitioner's competence for blood glucose monitoring and insulin administration completed following a period of supervision. Competency Frameworks completed and annual reassessment date logged and SPIC Admin Team informed
- Appendix 9 completed by non-registered practitioner



- Non registered practitioner administers insulin to a named patient only
- Monthly monitoring of patient by registered nurse and review of care plan
- 12 monthly reassessment of non –registered practitioner or sooner if patient's condition changes