

Insulin <u>start</u> checklist

Name	MRN No		Date		
You have been given an explanation on why you need insulin.					
Your insulin(s) is/are call	ed:				
Insulin is either clear or o	cloudy. Yours is: clear / cloudy	r* *delete as ap	pplicable		
	artridges should be stored in the ang should be kept out of sunlight in		ot in the fridge.		
Your starting dose is	administered		_		
Your pen(s) is/are called	:				
Your needles are called:					
Your diabetes tablets, w	nich you will continue taking, are	:			
Your diabetes tablets, which you will stop taking, are:					
You can inject your insul rotate within site.	in into your arms, abdomen, butto	ocks or thighs, but re	emember to		
Wherever you inject, you	must go straight in, not at an angl	e. Count to 10, then r	emove needle.		
Change your needle with each injection and dispose of it in the sharps bin provided.					
You have been given a c	demonstration on how to use your	· pen.			
You self-injected? Ye	es / No*	*delete as ap	pplicable		
Your meter is called:					
with patient and nurse).	sugar readings in the diary	•	(agreed		
Dietary advice:					
Alcohol advice:					
A 'Hypo' is when your blood sugar readings are below 4 mmols.					
mls). Retest after 10- Follow with slow action	or a sugary drink, e.g. lucozade, or 15 minutes to ensure blood glucong carbohydrate, e.g. biscuit, fruit	ose levels are 4 and a s, sandwich or next m	above.		
• .	information leaflet you are given.				
	th Illness' explained to you and yo				
	es staff how your diabetes could a				
You must inform your motor insurance company and the DVLA, of your diabetes.					
You must carry the alert card and read the alert information leaflet you are given.					
If you are diagnosed with Type1 Diabetes diagnosed in the last 6 months, are you happy to receive information on diabetes research?					
Prescription advice note given to patient for GP.					
You have agreed to telephone in your blood sugar readings in days time to enable us to adjust your insulin doses if necessary. Our telephone number is: 0118 322 7478.					



Insulin <u>change</u> checklist

Name	MRN No	Date
You have been given an explar	nation on why you need insulin.	
Your insulin(s) is/are called:		
Insulin is either clear or cloudy.	Yours is: clear / cloudy*	*delete as applicable
The pen that you are using sho Your starting dose is	ges should be stored in the fridge uld be kept out of sunlight in a safe administered	e place, but not in the fridge.
	administered	
Your pen(s) is/are called:		
Your needles are called:		
Your diabetes tablets, which yo	ou will continue taking, are:	
Your diabetes tablets, which yo	ou will stop taking, are:	
You can inject your insulin into rotate within site.	your arms, abdomen, buttocks or	thighs, but remember to
Wherever you inject, you must g	o straight in, not at an angle . Cou	nt to 10, then remove needle.
Change your needle with each	injection and dispose of it in the s	sharps bin provided.
You have been given a demons	stration on how to use your pen.	
You self-injected? Yes / No	*	*delete as applicable
Your meter is called:		
with patient and nurse).	readings in the diary time	s daily at (agreed
Dietary advice:		
Alcohol advice:		
A 'Hypo' is when your blood su	gar readings are below 4 mmols.	
mls). Retest after 10-15 mir	ugary drink, e.g. lucozade, coke, le nutes to ensure blood glucose lev bohydrate, e.g. biscuit, fruit, sand	els are 4 and above.
You will have 'Coping with Illne	ss' explained to you and you will	be given written information.
Discuss with the Diabetes staff	how your diabetes could affect yo	our work and / or driving.
You must inform your motor in	surance company and the DVLA,	of your diabetes.
You must carry the alert card a	nd read the alert information leafle	et you are given.
receive information on diabetes		6 months, are you happy to
Prescription advice note given	•	days time to enable to
	in your blood sugar readings in _ essary. Our telephone numbe	