

Getting Medicines Right

News issue 7

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*Welcome to the latest newsletter from the Trust Medicines Governance Group.
Our purpose is to ensure that safe systems are in place across the Trust for the safe and secure
use of medicines and to reduce medication errors across the Trust.*

Getting Medicines Right : Insulin Top Tips

1. Right patient, right insulin

- ⇒ Check that the correct insulin preparation has been prescribed. Some insulins have very similar names (e.g. Humulin I and Humulin M3) and can be confused with each other. If you cannot clearly read the prescription, ask the prescriber to check and re-write the prescription.
- ⇒ All insulins must be prescribed by brand
- ⇒ Make sure that you have read the prescription correctly and that you have the correct insulin ready to administer to the right patient

2. Right device

- ⇒ The correct device must be used with the correct insulin
- ⇒ The insulin device (usually a cartridge or pre-loaded pen) must be prescribed
- ⇒ Patients may self-administer* using their own device (cartridge or pre-loaded pen)
- ⇒ If the patient is unable to self-administer* their insulin, 100units/ml vials should be prescribed; an insulin syringe, graded with 'units' must always be used to draw up insulin from a vial
- ⇒ An insulin syringe must always be used to measure and prepare insulin for an intravenous infusion

3. Right strength

- ⇒ A number of higher strength insulins have recently been introduced (e.g. 200 units/mL; 300 units/mL; 500 units/mL), in addition to the 100 units/mL strength.
- ⇒ Make sure that the insulin strength is specified on the prescription (e.g. "100 units/mL" or "200 units/mL") and that you have selected the correct strength to administer
- ⇒ Insulin syringes must never be used to draw up insulins from cartridges or pre-filled pen devices (as this would lead to inaccurate insulin dosing)

4. Right dose

- ⇒ Insulin doses must be expressed as 'units' on the prescription – which must be written out in full. Abbreviations such as "iu" or "u" must never be used as this may lead to dosing confusion, which could result in a ten-fold insulin overdose

5. Right time

- ⇒ Insulin should not be omitted in patients with Type 1 diabetes; fast / short acting insulin could be omitted (e.g. if Nil by Mouth) but other insulins must always be administered. Check with the prescriber or specialist diabetes nursing team if unsure.
- ⇒ Insulin must always be given at the prescribed time

Further information, training and support:

- ✓ STAR training: "Safe use of insulin" module (available on STAR)
- ✓ Diabetes study day for registered nurses – home or hospital environment (book the appropriate course on STAR)
- ✓ Preparing Injectable Medicines Standard Operating Procedure
- ✓ Administering Injectable Medicines Standard Operating Procedure
- ✓ Injectable Medicines Policy (Prescribing, Preparing and Administering Injectable Medicines Policy)
- ✓ *Self-administration of Medication Standard Operating Procedure
- ✓ Omitted and Delayed Medicines Standard Operating Procedure

