Good Practice Guidance

Safe Insulin Prescribing in Care Homes

For prescribers, Diabetic Specialist Nurses (DSN), District Nurses (DN) and GP practice staff

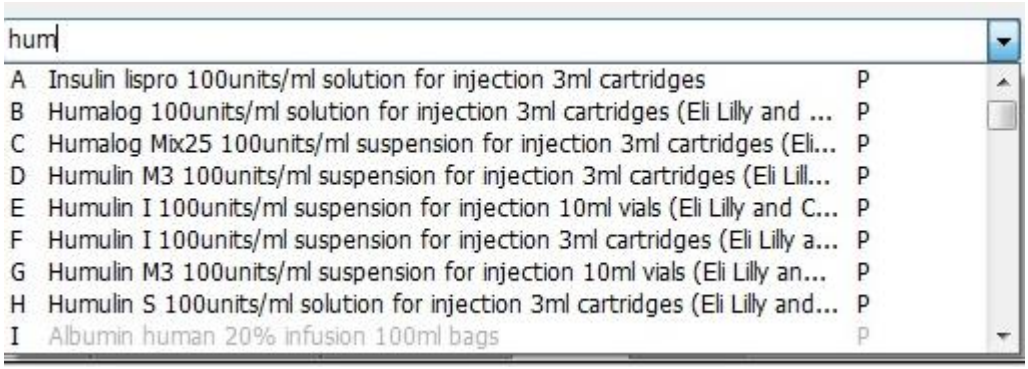
1. When insulin is initiated or changed by a DSN, the first prescription should be provided by the DSN. A minimum quantity of fourteen days should be supplied.

2. Any change in **product or dose** will be recorded by the DSN on the resident's Prescription Record for Insulin (blue form). The DSN will inform the resident of any changes.
   For a change in **dose**, the blue form will be given to the care home clinical lead to fax to the GP practice and a copy kept with the resident's current Medication Administration Record (MAR). A note will be sent with the blue form to inform the practice to update their records.
   For a change in **product**, the DSN will advise by letter. This will be sent to the GP practice and the care home manager or clinical lead and will include details of any products stopped.

3. The GP practice should ensure, only suitably trained staff add a new product to the medical record.

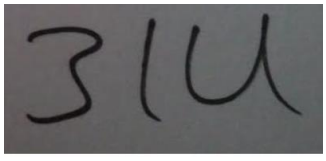
4. The GP practice should ensure there is a system in place to transfer products that are not part of the current treatment regime to the past medication record to avoid the wrong insulin being selected in error.

5. When prescribing insulin the name should be typed in full to reduce the risk of a 'pick list' error. Below is an example of an error where Humalog was prescribed instead of Humulin I.



6. When prescribing insulin, the term '**UNITS**' should be used in all contexts. Abbreviations such as 'U' or 'IU' should never be used. This is a National Patient Safety Agency recommendation. Below is an example of a potential error.

3 international units or 31 units?



7. Vials and insulin syringes should be prescribed for residents who cannot self-administer and have their insulin administered by a DN.
   Where a care home resident continues to self-administer their insulin and there is a risk of a needle stick injury to the healthcare worker during administration, prefilled pens with Autoshield needles can be prescribed.

8. A maximum of a month's supply (or as close to) of insulin should be prescribed at any one time. This will reduce waste if the product or device is changed.

9. The GP practice should ensure any blood glucose monitoring strips prescribed correspond to the meter used. Click here for formulary choices.

10. The GP practice should establish procedures that are known to all, with their care homes, DSN and DN to ensure safe insulin prescribing. This should include:

    - How changes are processed at practice level when received from the DSN
    - A named person to contact at care home and GP practice level
    - A process for insulin to be carried forward on the MAR if extra vials or cartridges are available in the care home and the insulin has not changed

11. GP practices, DSN and DN can provide the following resources from Training, Research and Education for Nurses in Diabetes (TREND) to care homes to help detect and manage hypos:

    http://www.trend-uk.org/resources.php

    and then choose:

    a. Recognition treatment and prevention of hypoglycaemia in the community

    b. Diabetes: Why do I sometimes feel shaky, dizzy and sweaty?

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