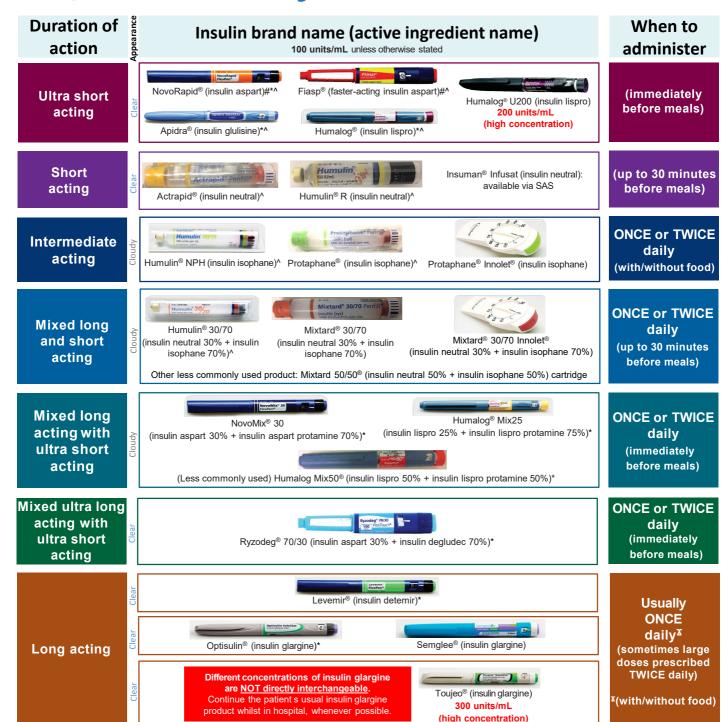


Know your insulins



*Cartridges or ^vials may be available for various subcutaneous/intravenous routes of administration to inpatients, e.g. infusions, non-disposable pens or insulin pumps. Refer to local policy.

Key practice points when prescribing or administering insulin (A HIGH RISK MEDICINE) in hospital

- Prescribe as 'units', not 'U'.
- Prescribe insulin by brand name, with the addition of the active ingredient(s) whenever possible, to reduce risk of errors.
- Continue patients on their usual insulin brand. See local policy/endocrinology team for exemptions & monitoring needs.
- If a patient is fasting, ask the doctor to review the prescription prior to insulin administration.
- Visually inspect pens for manufacturing defects. Report any faulty pens to your Pharmacy Department.
- Prior to each injection, prime each pen (with needle) using 2 units of insulin to avoid injection of air and ensure proper dosing.
- In-use insulin pens & cartridges may be kept at room temperature for 21-28 days as per the product information.

- NEVER withdraw insulin from a pen- this increases the risk of overdose and may cause pen malfunction & potential insulin contamination.
- High concentration insulin is widely available ALWAYS CHECK appropriate product selection. Products include:
 - 200 units/mL: Humalog® U200 KwikPen® (insulin lispro)
 - 300 units/mL: Toujeo® Solostar® (insulin glargine)
 - Others may become available in the future.
- Do not store insulin pens with needles attached.
- > Pens, cartridges and Innolets® are for single patient use only. Label with patient's details.
- Check discharge medicines to ensure insulin product supplied for home use is appropriate and correct.

Contact your pharmacist or diabetes educator for more information.

ACI clinical decision support app Thinksulin:

^{*}The ultra short acting insulin aspart products, Fiasp® and NovoRapid®, are NOT directly interchangeable; see local policy/endocrinology team if brand change required.