



Diabetes Education Program

**Insulin Start Education Checklist**

\*Insulin Titration Permission/Order on chart: YES [ ] NO [ ]

	<b>Educational item Client will be able to:</b>	<b>Info. Given: Date &amp; Initials</b>	<b>Needs Reinforcement Date &amp; Initials</b>	<b>Appropriate Demonstration Date &amp; Initials</b>
1.	Understands use of OHA when Insulin is initiated. Continue _____ Discontinue _____			
2.	<u>Identify the following:</u> <ul style="list-style-type: none"> <li>• Type of insulin: _____</li> <li>• Action: _____</li> <li>• Dose: _____</li> <li>• Expiry date: _____</li> <li>• Time: _____</li> <li>• Frequency: _____</li> <li>• Storage: _____</li> </ul>			
3.	Understand how to obtain Prescription for insulin & Supplies.			
4.	<u>Identify pen(s) currently used for Insulin injection(s):</u> Disposable _____ Reusable _____ Backup(s) provided			
5.	Identify Pen tip length ____mm			
6.	Discuss proper disposal of needles/disposable pens.			

7.	<u>Injection technique including:</u>			
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	<ul style="list-style-type: none"> <li>• Site selection/rotation</li> <li>• Able to do cartridge change (if applicable)</li> <li>• Attach pen tip</li> <li>• Prime pen tip by dialling 2 units</li> <li>• Dial correct dosage</li> <li>• Uses 90 degree angle for injection</li> <li>• Inject insulin to zero</li> <li>• Counts to 10 before removing needle</li> <li>• Removes pen tip and discards appropriately</li> </ul>			
8.	Demonstrates understanding of Titration Guidelines.			
9.	Identify problems, concerns, barriers with injection.			
10.	Identify purpose of insulin injections.			
11.	Understands need for SMBG. Times:			
12.	Understands need for proper recording of SMBG's and insulin doses on Diabetes Diary.			
13.	State clearly the prevention, recognition & proper treatment of Hypoglycaemia.			
14.	Understands need to carry Identification & glucose.			
15.	If the client drives, they can identify The Driving & Diabetes Guidelines.			
16.	Understands the use of and has Glucagon available, For Type 1 diabetes.			
17.	Demonstrates proper hand washing.			
18.	Explains the importance of meal timing/snacks.			
19.	<u>Additional Notes:</u>			

**Educator's Name (Printed):** \_\_\_\_\_

**Educator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_