

DIABETES SKILLS CHECKLIST- Insulin Pen

Name of Staff Member (UAP): _____ 1

◆INSULIN PEN DELIVERY SYSTEM:	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Date/ RN + UAP Initials	Date/ RN + UAP Initials
A. States name, purpose of task and location of medical orders					
B. Preparation					
1. Acquires blood glucose reading					
2. Determines insulin dose with health care provider's orders					
C. Identifies supplies					
1. Insulin pen, cartridge, pen needles					
2. Alcohol swabs, cotton balls					
3. Sharps container					
D. Procedure					
1. Gather supplies (insulin pen or cartridge, pen needles, alcohol wipe, sharps container)					
2. Wash hands wear gloves.					
3. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.					
4. Screw on the needle to the end of the insulin pen.					
5. Prime the needle by dialing the pen to 2 units.					
6. Push the plunger until you see a small drop or stream of insulin.					
7. Turn the dose knob to the desired dose as ordered child					
8. Assist the student in choosing the injection site.					
a. Pinch skin and insert insulin pen and needle..					
b. Push injection button down completely to deliver insulin and count to five with skin pinched and needle in place					
c. Let go of pinched skin but keep needle in place in skin and count to five.					
d. Remove insulin pen from skin. Dab with cotton ball if needed.					
9. The student should leave the needle in the skin and slowly count to five after injecting the insulin					
10. Remove the needle from the pen in accordance with regulatory guidelines and dispose of properly in a sharps container					

Staff Member (UAP) Signature _____

Initials _____

Nurse Consultant Signature _____

Initials _____