

REGIONAL LOCAL HEALTH NETWORKS

Procedure

Title: Subcutaneous Insulin Administration in Hospital and Aged Care

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Summary	This procedure outlines responsibilities and actions required by medical staff, nurses and midwives to ensure the safety and quality of care by appropriate assessment and care of people with diabetes prescribed subcutaneous insulin therapy.
Policy reference	This procedure supports the medications safety and medication management by nurse's procedures and medication standards.
Keywords	Clinical, procedure, RSS, nursing, midwifery, syringe, insulin, blood glucose, standards.
Document history	Is this a new LHN procedure? N Does this procedure <i>amend or update</i> an existing procedure? Y <i>Subcutaneous Insulin Administration in Hospital and Aged Care</i> <i>Objective No. 2017-08949</i> Does this procedure <i>replace</i> an existing document? N
Applies to	This procedure applies to all nursing and midwifery staff.
Objective file number	2017-08949

Version control and change history

Version	Date	Amendment	Amended by:
1.0	01/04/2015	Original version	Jane Giles, Advanced Nurse Consultant
2.0	05/10/2018		Jane Giles, Advanced Nurse Consultant
3.0	09/03/2022	New template, includes 6mm insulin syringe option	Jane Giles, Advanced Nurse Consultant

Table of contents

	page
1. Overview/procedure description	3
2. Areas of responsibility	3
3. Procedure details	3
3.1 Instructions	3
3.2 Equipment	5
3.3 Preparation	6
3.4 Administration	9
3.5 Documentation	10
3.6 Reference resources	11
> Know your insulins	
> Guide to needle length	
3.7 Definitions	13
4. Evaluation criteria	13
5. References and attached documents	13
6. Accreditation Standards	14
7. Consultation	15

1. Overview/procedure description

This procedure describes the correct supervision and/or administration and documentation of subcutaneous insulin for diabetes management in the hospital and aged care setting. Where appropriate, it is advisable to promote independence towards self or assisted administration of insulin by the person with diabetes or their carer.

This procedure includes in its scope, nursing and midwifery staff, medical staff, person with diabetes or their carer (unpaid parent, family member or guardian). This procedure does not address the role of a employed direct care worker.

The administration of non-insulin injectables such as glucagon-like peptide 1 (GLP-1) agonists, insulin administered via continuous subcutaneous insulin infusion (insulin pump) or intravenous insulin infusion are not addressed in the body of this procedure.

2. Areas of responsibility

2.1 LHN Executives are responsible for ensuring that:

- > this procedure is implemented across the regional LHN
- > compliance with this procedure is monitored; and
- > staff have access to appropriate education and training.

2.2 Regional LHN Executive Directors of Medical Services and Directors of Nursing are responsible for ensuring that:

- > this procedure is made available to all staff affected by its contents
- > staff are supported to undertake relevant education; and
- > this procedure is implemented within their health service and complied with.

2.3 Nursing, midwifery and medical staff must ensure that:

- > they have received the relevant training, and
- > consult with their line manager and refer to the appropriate mandatory and other training program(s).

2.4 Rural Support Service Diabetes Service team are responsible for ensuring that:

- > updating this procedure in line with best practice, and
- > supporting implementation of this procedure as appropriate.

3. Procedure details

3.1 Instructions

3.1.1 A written medication order is required from an appropriate prescriber (medical practitioner or nurse practitioner).

3.1.2 All staff who prescribe, prepare and administer subcutaneous insulin must seek additional clarification and information if unfamiliar with the specific drug. Insulin administration requires two (2) nursing, midwifery or aged care staff to independently double check. One of those staff members must be a registered nurse or registered midwife but both staff members are equally responsible for ensuring the correct work process is followed.

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- 3.1.3 Blood glucose (BG) monitoring must be performed before administration of insulin. People with diabetes using continuous glucose monitoring (CGM) can be supported to continue its use in the inpatient setting under certain criteria. See the *Continuous glucose monitoring (CGM) and flash glucose monitoring (FGM) in the inpatient setting protocol*. CGM and FGM results are not to be used for clinical decision-making. Staff must continue to use blood glucose measurements to determine clinical management including insulin dose/s.
- 3.1.4 The management of BG levels that fall outside of target (i.e. hyperglycaemia and hypoglycaemia) must be actioned in accordance with inpatient protocols. In the aged care setting, management will be in accordance with the person's individualised actions plans, oral 'hypo kit' and a sick day management plan.
- 3.1.5 Each insulin 3mL cartridge or delivery device is for individual use **ONLY** and must be
- labelled with the person's identification details and
 - labelled with the date opened and date to be discarded.
- 3.1.6 'In-use' insulin is stored at room temperature (not in the fridge), preferably in a cool, dry and secure place (in use the locked section of the person's bedside locker, away from children or people who are unauthorised to handle. 'In-use' insulin is to be discarded 28 days after opening. Store 'not in use' insulin on its side in the secure medication refrigerator (2-8 degrees celsius) away from the freezer or freezing coils. Discard any insulin if sediment is present in clear insulin or the cloudy insulin does not re-suspend (e.g. mix) after the cartridge is rotated.
- 3.1.7 Insulin administration by nurses and/or midwives in a hospital or aged care setting is **ONLY** with an insulin syringe (and 3mL insulin cartridge). Insulin syringes vary in size (e.g. 100unit, 50unit or 30unit) and are identifiable by an orange cap and needle insitu. **Using any other syringe will result in an INCORRECT insulin dose.**



- 3.1.8 **HIGH CONCENTRATION** insulin is **ONLY** available in a prefilled insulin pen. **HIGH CONCENTRATION INSULIN MUST NEVER** be decanted to an insulin syringe. **Drawing up from these insulin pens with an insulin syringe will result in an insulin overdose.**

Be aware of HIGH CONCENTRATION insulin that are available in the community, these include;

- > Toujeo® SoloStar® (insulin glargine) 300units/mL
- > Humalog® KwikPen® (insulin lispro) 200units/mL
- > Humulin R® KwikPen® (insulin neutral) 500units/mL



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3.1.9 **Disposable insulin pens are commonly used by the person with diabetes or their carer, to administer their insulin (see 3.6 Reference Resource).**

3.1.10 The use of insulin delivery devices (e.g. disposable pens) to administer insulin by nurses or midwives in hospital and aged care setting is **not approved** by SA Health.

Alternative insulin will be required if the insulin prescribed is only available in a insulin delivery device (e.g. Toujeo®). Advice must be sought from an appropriate prescriber (medical practitioner or nurse practitioner). Examples of such circumstances include:

- > insulin glargine Toujeo® 300units/mL to be changed to insulin glargine Optisulin® 100units/mL and administered via syringe by nurse or midwife
- > glucagon-like peptide 1 (GLP-1) agonists non-insulin injectables (e.g. dulaglutide – Trulicity®, exenatide – Byetta®, liraglutide – Victoza® and Saxenda®, semaglutide - Ozempic®) to be held and other diabetes medications up-titrated were possible. If required, basal insulin administered via syringe by nurse or midwife.

3.1.11 Administration by the person with diabetes or carer can be encouraged if they are independent – i.e. the person or carer is able to manage the insulin delivery device preparation, administration and immediately dispose of the insulin syringe or insulin pen needle into a sharps container without assistance from nursing, midwifery staff or aged care staff.

It is recommended that safety pen needles are used by the person with diabetes self-injecting with an insulin device to protect staff from accidental needle stick injury.



BD AutoShield™ Duo



Safety Pen™ Needle 5mm

3.1.12 Insulin administration by the person with diabetes or carer, must be checked and supervised by nursing or aged care staff, double signed and documented in the medication chart.

3.1.13 The person with diabetes or carer's ability to demonstrate/s safe administration of the insulin delivery device must be re-assessed on an ongoing basis.

3.2 Equipment

3.2.1 Prescribed insulin/s (see 3.6 Reference resources – Know your insulins).

3.2.2 Sharps container.

3.2.3 Gloves.

3.2.4 Alcohol swab.

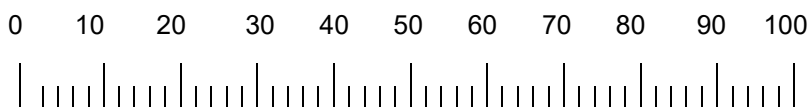
3.2.5 BD AutoShield™ Duo Safety Pen Needle 5mm for the person with diabetes or carer who can **independently self-administer** the insulin using an insulin delivery device.

OR

3.2.6 Insulin syringe with **6mm needle** (preferred option) or **8mm needle**:

- a. **100unit insulin syringe** should be used for doses 50 – 100units.

Syringe markings are in increments of 2units.



OR

- b. **50unit insulin syringe** should be used for doses less than 50units.

Syringe markings are in increments of 1unit.



OR

- c. **30unit insulin syringe** should be used for doses less than 30units

Syringe markings are in increments of 1unit.



See 3.6 Reference resources – Guide to needle length.

3.3 Preparation

3.3.1 Attend to hand hygiene.

3.3.2 Medication is only given with a valid written or phone order.

3.3.3 Prepare space to conduct the procedure.

3.3.4 **At the bedside;**

- > a nurse or midwife should explain the procedure to the person with diabetes and gain consent
- > provide for person's privacy
- > check for allergies and check BG result is within target parameters. If BG is outside the target range, follow escalation protocol on the *regional LHN Blood Glucose and Blood Ketone Monitoring Chart (MR59H)* or the *regional Hyperglycaemia Protocol and Basal Bolus Insulin Chart (MR62A)*, or the person's individualised actions plans for hypoglycaemia, hyperglycaemia and/or sick day management)
- > nurse or midwife should check dose and type of insulin that is ordered as per the *Medication management and administration – Roles and responsibilities of nurses, midwives and student nurses /midwives in regional LHN sites procedure*
- > both staff (registered practitioners) should remain throughout the insulin syringe drawing up procedure (or supervision of self-administration). Both staff to check verbally the person's identification to ensure correct person with diabetes receives correct insulin dose at correct time.

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3.3.5 The two nurses or midwives or age care staff, should read the Medication Chart order(s) and check the:

- > right person
- > right medication
- > right dose
- > right route
- > right time, date and frequency.

3.3.6 Drawing up insulin

- > perform hand hygiene
- > apply appropriate personal protective equipment.

For a 3mL cartridge with an insulin syringe

- > Prepare immediately before use.
- > Cloudy insulin is mixed by rolling then rotating the 3mL cartridge gently in the palms to re-suspend the insulin. Ensure it is evenly mixed.
- > Clean the rubber top of the insulin 3mL cartridge with an alcohol swab and allow it to dry.
- > Insert the needle through the rubber seal.
- > Turn the 3mL cartridge upside down making certain that the point of the needle inside the 3mL cartridge is well beneath the level of insulin. Pull back the syringe plunger until a little more than the correct dose of insulin has been drawn up.
- > Withdraw the needle. Tap the side of the syringe to push air bubbles to the top. Ensure air bubbles have been removed by pushing plunger to the level of the ordered dose, ensuring the excess insulin is expelled.
- > Do not squirt any excess insulin back into the 3mL cartridge.

Note: An 'in-use' 3mL cartridge **MUST NOT** be used in an insulin pen. Continue to use the 'in-use' 3mL cartridge with a syringe or discard.

If mixing 2 insulins in the one syringe;

- > Prepare immediately before use.
- > Clear insulin is drawn before cloudy to prevent contamination of clear insulin.

If more than the required dose of cloudy insulin is drawn up in the syringe, the insulin combination is to be discarded and start again.

Note: Mixing insulin glargine (Optisulin®) or insulin detemir (Levermir®) with other insulin/s is not recommended.

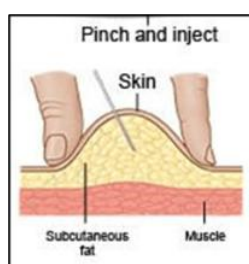
When supervising a person with diabetes or carer who can independently self-administer using their insulin delivery device

- > Person with diabetes or carer to prepare immediately before use.
- > If setting up a 3mL cartridge in a pen, the person with diabetes or carer use a new full 3mL cartridge. A partly used 3mL cartridge **must not** be inserted into a pen.
- > Cloudy insulin is mixed by rolling then rotating the insulin pen/delivery device gently in the palms to re-suspend the insulin. Ensure it is evenly mixed.
- > Person with diabetes or carer to clean the rubber seal of the insulin 3mL cartridge in the insulin pen/delivery device with an alcohol swab and allow it to dry.
- > Person with diabetes or carer to remove the cap from the pen needle (autosshield) then push and twist the pen needle hub onto the insulin pen/delivery device in a clockwise direction until it meets resistance.
- > Person with diabetes or carer to pull the cover off the autosshield (*the needle is hidden under the white plastic shield*). The person or carer are not to touch the white shield before injecting as any pressure on the shield may cause the safety mechanism to lock, making the pen needle unusable.
- > Person with diabetes or carer to prime the pen needle by dialling up 2 units, pointing the insulin pen/delivery device needle upwards and depress the injector button. If insulin is not visible at the needle tip, the person or carer is to repeat this priming process with another 2 units.
- > Person with diabetes or carer to dial up the prescribed dose of insulin.
- > Person with diabetes or carer to administer insulin immediately.

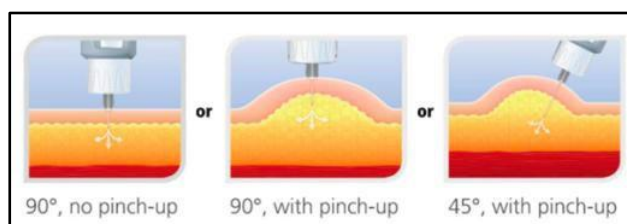
Note: NEVER withdraw insulin from an insulin pen or insulin auto injecting device using an insulin syringe. This contaminates the insulin and interferes with the accuracy of dosing of the insulin pen and insulin auto injecting device.

3.4 Administration

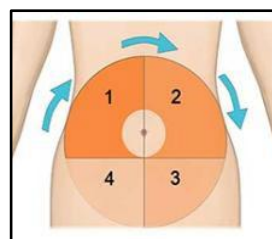
- 3.4.1 Attend to hand hygiene.
- 3.4.2 Maintain aseptic technique throughout the procedure.
- 3.4.3 Expose the abdomen and examine with the flat of the fingers. Take note of any signs of redness, bruising or lumpy areas (lipohypertrophy), and avoid these areas when choosing the injection site.
- 3.4.4 In the hospital setting, cleanse the skin with an alcohol swab and allow it to dry. In the aged care setting, cleansing the skin with an alcohol wipe is only needed if there is a risk of infection.
- 3.4.5 Ensure rotation of sites. Avoid an area of 5cm diameter at the umbilicus (*see diagram of recommended abdominal site and rotation*).
- 3.4.6 Ensure that insulin is being injected into the subcutaneous adipose tissue and not muscle tissue. Lift up a skin fold between thumb and forefinger (*see Skin Lift*) and insert the needle at a 90 degree angle. In a very thin individual or child/adolescent with diabetes (less than 18yrs) with minimal abdominal adipose tissue, inject at a 45 degree angle.



Skin lift



Recommended site and rotation of sites



- 3.4.7 Inject the insulin slowly. An insulin syringe can be withdrawn once plunger has been fully pressed. **FOR THE PERSON WITH DIABETES OR CARER** using an insulin pen, count 10 seconds before withdrawing the needle as it takes more time for a pen to dispense the full dose.
- 3.4.8 Withdraw needle at the same angle it was inserted to reduce risk of trauma.
- 3.4.9 **FOR THE PERSON WITH DIABETES OR CARER** using an insulin pen or delivery device, check the dial has returned to '0'. This confirms that the full dose has been injected. Most injecting devices prevent the dialling of a dose greater than the amount of remaining insulin. However, if a number remains, this equals the amount of insulin not injected. In this instance, a new insulin pen or delivery device is required to enable the person or carer to administer the dose outstanding.
- 3.4.10 Immediately discard syringe into a sharps container. Do not re-cap the syringe needle.
- 3.4.11 **FOR THE PERSON WITH DIABETE OR CARER INJECTING USING A SAFETY PEN NEEDLE** - a red indicator band will appear confirming the shield is locked in place and the needle has been used. The person or carer should be instructed to hold on to the white sleeve when removing and discard the safety pen needle immediately into a sharps container.
- 3.4.12 If soreness, bruising, welts, redness, swelling, rash or lumps occur at injection site, document and report to the medical practitioner.

3.4.13 Remove personal protective equipment.

3.4.14 Attend hand hygiene.

3.5 Documentation

3.5.1 Record and sign the dose of insulin administered on the appropriate chart (e.g. Electronic Health Record - Sunrise, National Inpatient Medication Chart or the Basal Bolus Insulin Chart – Adult MR62A).

3.5.2 When rotating sites, record the area in which the injection was given and skin condition in progress notes. If soreness, bruising, welts, redness, swelling, rash or lumps occur at injection site, document and report to the medical practitioner. Document any education provided and any unplanned effect (medication allergy and any Adverse Drug Reaction (ADR)).





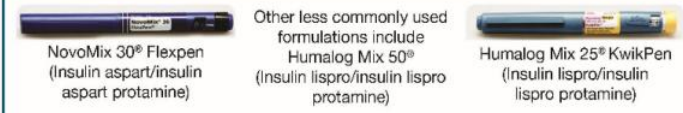


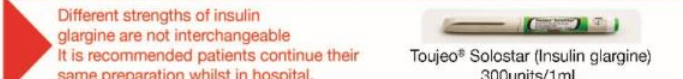
3.5.3 If the medication is not administered (e.g. missed dose, drug unavailable, the person with diabetes refuses), document reason in medical record and notify senior nurse/medical practitioner.

3.5.4 Report any hazards and incidents (no harm or with injury) that affect the person with diabetes, their carer and staff to Safety Learning System.

3.5.5 If the person with diabetes or carer demonstrates safe administration of insulin, document that the person or carer is competent to be discharged to the medical practitioner.

3.6 Reference resources

Know your insulins

Acting time	100 units/1mL unless otherwise stated	When to administer
Short acting	 <p>Actrapid® (Neutral) Humulin R® (Neutral)</p> <p>Insulin Infusate® (Neutral) is available via SAS</p>	Within 30 minutes before meals
Intermediate acting	 <p>Humulin NPH® (Isophane) Protaphane® (Isophane) Protaphane® Innolet (Isophane)</p>	ONCE or TWICE daily
Mixed long and short acting	 <p>Humulin 30/70® (Insulin neutral/isophane) Mixtard 30/70® (Insulin neutral/isophane) Mixtard 30/70® Innolet (Insulin neutral/isophane)</p> <p>Other less commonly used formulations include Mixtard 50/50® (Insulin neutral/isophane)</p>	ONCE or TWICE daily Within 30 minutes before meals
Ultra short acting	 <p>Fiasp® FlexTouch (Insulin aspart) NovoRapid® Flexpen (Insulin aspart) Humalog® KwikPen (Insulin lispro)</p> <p>Apidra® Solostar (Insulin glulisine) Humalog® U-200 KwikPen (Insulin lispro) 200 units/1mL</p>	IMMEDIATELY before meals
Mixed long acting with ultra short acting	 <p>NovoMix 30® Flexpen (Insulin aspart/insulin aspart protamine) Other less commonly used formulations include Humalog Mix 50® (Insulin lispro/insulin lispro protamine)</p> <p>Humalog Mix 25® KwikPen (Insulin lispro/insulin lispro protamine)</p>	ONCE or TWICE daily IMMEDIATELY before meals
Mixed ultra long acting with ultra short acting	 <p>Ryzodeg 70/30® FlexTouch (Insulin degludec/Insulin aspart)</p>	ONCE or TWICE daily IMMEDIATELY before meals
Long acting	 <p>Levemir® Flexpen (Insulin detemir)</p> <p>Optisulin® Solostar (Insulin glargine) Semglee® (Insulin glargine)</p>	ONCE or TWICE daily ONCE daily
Long acting high concentration	 <p>Different strengths of insulin glargine are not interchangeable. It is recommended patients continue their same preparation whilst in hospital.</p> <p>Toujeo® Solostar (Insulin glargine) 300units/1mL</p>	ONCE daily

Take care when prescribing or administering insulin

- Insulin should be ordered as 'units', not 'U'.
- Prescribe insulins by brand names, where possible, to reduce risk of selection error.
- If a patient is fasting, ask the doctor to review the prescription prior to administration of insulin.
- Cartridges or pen injectors are for Single Patient Use Only and labelled with patient details.
- Insulin currently in use for the patient can be kept at room temperature for 28 days or as per the product information.
- Please be aware of new high concentration insulins that are available in the community, these include;
 - » Toujeo® Solostar (insulin glargine)
 - » Humalog U200 KwikPen® (insulin lispro)
 - » Humulin R-500 KwikPen® (insulin neutral)

Contact your clinical pharmacist or diabetes clinical nurse specialist for more information

Acknowledgement to SCGH Pharmacy Department and Fremantle Medical Illustrations Department. Updated by WA MSC September 2020

Table 1: A guide to needle length

Children	Needle size	Angle of injection (degrees)	Use of skin fold
	4 mm	90	May, in 2-6 year olds
	5 mm	45 or 90	Yes, may
	6 mm	45 or 90	Yes
	8 mm	Use not recommended with pen needles but may be used with syringes. If used, inject at 45 degree angle with a lifted skin fold	
	12 mm	Use not recommended	
Very slim adults	Needle size	Angle of injection	Use of skin fold
	4 mm	90	May
	5 mm	45 or 90	Yes
	6 mm	45 or 90	Yes
	8 mm	45	Yes
	12 mm	Use not recommended	
Adults of Normal Weight	Needle size	Angle of injection	Use of skin fold
	4 mm	90	No
	5 mm	90	May
	6 mm	90	Yes
	8 mm	45	Yes
	12 mm	Use not recommended	
Adults who are overweight or obese	Needle size	Angle of injection	Use of skin fold
	4 mm	90	No
	5 mm	90	No
	6 mm	90	May
	8 mm	45 – 90	Yes
	12 mm	Use not recommended	

Acknowledgement; ADEA, 2019, Clinical guiding principles for subcutaneous injection technique; Technical Guidelines.

3.7 Definitions

Carer – a parent/family carer, a person’s representative, medical power of attorney or guardian. A carer freely and willingly assists a few hours a week or all day every day, depending on the level of support needed by a person with diabetes who is dependent on receiving treatment.

Care worker – an employed health care worker providing direct care in the health or disability care environment which may include; residential aged care and supported accommodation facilities, community care in the person’s homes. Some care workers may have completed vocational training. They are individually accountable for their actions and accountable to the health care professional (e.g. registered nurse or allied health professional) and their employer for delegated actions.

Person with diabetes – person receiving treatment.

Hyperglycaemia – a blood glucose level above target range in a person with pre-existing diabetes or that have yet to be diagnosed with diabetes. Hyperglycaemia is accompanied by symptoms of polyuria, polydipsia and polyphagia. Hyperglycaemia left untreated can progress to severe conditions such as diabetic ketoacidosis and hyperglycaemic hyperosmolar state.

Hypoglycaemia – a blood glucose level below target range in a person with pre-existing diabetes prescribed either sulfonylureas and/or insulin. Hypoglycaemia is accompanied by symptoms of shaking, sweating, headache, hunger. Hypoglycaemia is a medical emergency. If left untreated, it can progress to lack of concentration/behaviour change, confusion, slurred speech, fitting/seizures and loss of consciousness.

Insulin – is a hormone that is secreted by the beta cells of the pancreas and is the major fuel regulating hormone. Insulin is released in response to a rise in blood glucose, enables the transport of glucose across the cell membrane and facilitates the utilisation of glucose by the cells. Insulin is responsible for the storage of glucose and amino acids, increases protein and fat synthesis and inhibits the breakdown of fat.

4. Evaluation criteria

Compliance with this procedure will be monitored via the following mechanisms:

- > by each regional LHN through SLS reports and relevant audits
- > by the Rural Support Service Diabetes Service through:
 - > three yearly reviews of this procedure
 - > review of SLS incidents related to this procedure.

5. References and attached documents

5.1 Linked attachments

Regional LHN Inpatient Blood Glucose Monitoring Chart (MR59H) (2020)
Regional LHN Inpatient Blood Glucose & Ketone Monitoring Clinical Support Guide Protocol (2020)
Know your insulins chart
NDSS Insulin factsheet

5.2 References

Regional Local Health Network, 2021 [Medication Management and Administration - Roles and Responsibilities of Nurses, Midwives and student nurses / midwives in regional Local Health Network sites](#). Rural Support Service, SA Health, Adelaide.

Australian Diabetes Educators Association, 2019, [Clinical guiding principles for subcutaneous injection technique: Technical Guidelines](#). Australian Diabetes Educators Association, Canberra.

Australian Commission on Safety and Quality in Health Care, 2021, [Standard 3 Preventing and controlling Health Associated Infection](#).

National Health & Medical Research Council, 2019, [Australian guidelines for the prevention and control of infection in healthcare](#). Commonwealth of Australia: Canberra.

American Diabetes Association, 2021 [Standards of Medical Care in Diabetes](#). *Diabetes Care*. 44 Sup 1.

Hicks, D, Burmiston, S, Basi, M, Kirkland, F, and Pledger, J, 2010, *The first UK injection technique recommendations*. Diabetes Care in the UK: London.

Frid, A, Hirsch, L, Gaspar, R, Kreugel, D, Liersch, J, Letondeur, C, Sauvanet, JP, Tupiana-Rufi, N, and Strauss, K, 2010, *New injection recommendations for patients with diabetes*. *Diabetes and Metabolism*, (36): p. 3-18.

Forum for Injection Technique UK, 2015, *The UK injection technique recommendations forum for injection technique UK*, United Kingdom.

Gibney, MA, Arce, CH, Byron, KJ, and Hirsch, LJ, 2010, *Skin and subcutaneous adipose layer thickness in adults with diabetes at sites used for insulin injections: implications for needle length recommendations*. *Current Medical Research and Opinion*. 26(6): p. 1519-1530.

6. Accreditation standards

National Safety and Quality Health Service Standards (2nd edition)

1	2	3	4	5	6	7	8
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Clinical Governance	Partnering with Consumers	Preventing & Controlling Infections	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration

Aged Care Quality Standards (includes home care clients)

1	2	3	4	5	6	7	8
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Dignity & Choice	Ongoing Assessment & Planning with Consumers	Personal Care & Clinical Care	Services & Supports for Daily Living	Organisation's Service Environment	Feedback & Complaints	Human Resources	Organisational Governance

National Disability Insurance Scheme (NDIS) Practice Standards

CORE MODULE				SUPPLEMENTARY MODULES	
1	2	3	4	1	2
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Rights and Responsibilities	Governance and Operational Management	Provision of Supports (to participants)	Provision of Supports (environment)	High Intensity Daily Personal Activities Module	Early Childhood Supports Module

7. Consultation

Version	Consultation
1.0	SA Health Metropolitan Diabetes Services, NP-Diabetes - Mt Gambier, CHSA Diabetes Specialist Nurse Network, Director of Endocrinology
2.0	SA Health Metropolitan Diabetes Services, Flinders University SA, NP-Diabetes - Mt Gambier, CHSA Diabetes Specialist Nurse Network, Clinical Pharmacists, CHSA Director of Endocrinology.
3.0	SA Health Metropolitan Diabetes Services, Regional Health Service Nursing & Midwifery, Regional Emergency Nurses, NP-Diabetes - Mt Gambier, CHSA Diabetes Specialist Nurse Network, Clinical Pharmacists, LCLHN Executive Director Medical Services