



BLOOD SUGAR CHECKS / INSULIN ADMINISTRATION

BLOOD GLUCOSE CHECKS

Checking blood sugar is one of the most important tasks of managing diabetes. Blood sugar levels guide decisions about treatment, such as when and how much insulin to give, and when a resident needs a snack.

Steps to checking blood sugar:

1. Check resident MAR and ensure the resident is in a private area (REMEMBER HIPPA)
2. Wash hands
3. Gather needed equipment: glucose meter, designated strips for that meter, alcohol pads, lancet, gloves.
4. Inform the resident the task at hand, while most residents know they get their BS checks daily, some may forget (Memory Care)
5. Ask which finger the resident would like to use for the BS check
6. Apply gloves
7. Wipe the finger pad with an alcohol wipe, let air dry, then puncture with lancet.
8. Wipe the first drop of blood away with a gauze pad, use the second drop for testing.
9. Place testing strip up to blood and allow the meter to calculate the BS
10. Inform the resident of their BS
11. Throw the lancet in the sharp's container, clean the glucometer with antibacterial wipes.
12. Remove gloves and wash hands with antibacterial soap

TYPES OF INSULIN

Insulin is administered in UNITS and is injected into subcutaneous tissue (fat tissue). There is short-acting (FAST) insulin and long-acting (SLOW) insulin. The residents BS is checked and there will be an order from the Doctor instructing how much insulin should be given according to the residents BS. For example: For a BS of 150-200 give 5 units, 200-250 give 6 units etc. If a sliding scale is ordered, the fast acting insulin may only be administered by a nurse or outside provider such as home health or a family member. Long-acting insulin (Ex.Lantus) is usually given once a day and usually in the evening. It is slow acting, so it slowly releases into the body to help keep the BS within a normal range.

DIABETIC DIET

The diabetic diet consists of a low carbohydrate, low fat and no concentrated sweets diet. Carbohydrates turn sugar in the blood and therefore should only be in small amounts for diabetics. Examples of concentrated sweets include cake, cookies, candy, fruits and juices just to mention a few. Examples of carbohydrates are potatoes, rice, bread and pasta. Diabetics should eat a diet high in protein. Examples of proteins are meat, cheese, eggs, nuts, peanut butter and beans. Diabetics should eat 5-6 small meals a

day, which should consist of 2-3 regular meals and 2-3 snacks. One of the snacks should be eaten before bed (this keeps their sugar from becoming too low) Their snack should be a protein snack. For more information regarding Type 1 and 2 diabetes and the actions of the insulin in the body please refer to the ADA (American Diabetic Association)

ASSISTANCE WITH INSULIN INJECTION TRAINING

HYPERglycemia (HIGH) -Blood sugar is too high

HYPOglycemia (LOW)-Blood sugar is too low

Signs / symptoms of HYPERglycemia:

- Headache
- Blurred vision
- Increased thirst
- Tired/ weak
- Increased Urine output
- High pulse
- Might behave like a drunk person

If a resident is experiencing the symptoms of HYPERglycemia (HIGH BS) you should check his/her BS and report to the nurse if the BS is over 300 ASAP.

Signs / symptoms of HYPOglycemia

- Confusion
- Pale / Clammy skin
- Sweating
- Dizzy
- Unclear Speech
- Weakness / shakiness
- Increased hunger

If a resident is experiencing the symptoms of HYPOglycemia (LOW BS) you should check his/her BS and report to the nurse if the BS is under 70 ASAP. If the resident can swallow offer them some juice, candy, or high protein food. If they have an order for Glucose tablets or gel, call the nurse and ask if it can be given. If the resident is unable to swallow or is semi-conscious call 911 and the nurse.

IMPORTANT TO KNOW:

- When assisting with giving insulin, you **MUST** verify the type of insulin, the correct dose, the correct resident and that the Insulin pen is dialed correctly.
- Also, ensure that when checking BS and or administering insulin, the resident is in a private area. Doing these tasks in a public setting is considered an invasion of privacy and a HIPPA violation.
- Assisting with insulin should be taken very seriously. Giving the incorrect type, or dose can be life threatening.
- The purpose of checking a BS prior to insulin administration is to ensure the residents BS isn't already LOW, and to ensure you are administering the correct amount of insulin.

- Insulin is administered in UNITS into the subcutaneous skin (FAT TISSUE) usually the abdomen, back or upper arm or both. The sites for injection should be rotated to not cause scarring or bruising of the tissue, NEVER give an injection on a bruise if it can be helped.
- The nurse should set up a chart for rotating sites that can be initialed each time insulin is administered.

PROCEDURE FOR GIVING INSULIN

- Ensure you gather your equipment: gloves, alcohol wipes, insulin needle, correct insulin pen
- Wash hands, put on gloves
- Verify correct insulin pen with resident MAR (remember there are LONG (SLOW) and SHORT (FAST) acting insulins)
- Remove cap from insulin pen and cleanse the tip of the pen (without needle) cleanse the tip of the pen with alcohol pad prior to inserting needle
- Insert insulin needle remove any caps from needle prior to priming)
- Dial the insulin pen to 2 UNITS, hold pen upright, and push dial button until dial reaches 0, ensuring any air bubbles are released and that the needle is working properly.
- Then dial to the correct amount of UNIT that are to be given to the resident.

HOW TO ADMINISTER INSULIN

- Gather equipment: Gloves, alcohol wipes, site rotation chart, correct insulin pen, MAR
- Wash hands, put on gloves
- Verify correct type of insulin pen, dose, resident with MAR
- Prime the pen with 2 UNITS if not already done (SEE ABOVE INSTRUCTIONS)
- Dial the pen and verify it is correct
- Cleanse correct site for injection (according to the rotating site chart) with alcohol wipe in a circular motion from the inside area to the outside area and be sure the area is dry before performing the stick.
- Place pen flat on skin (can use hand over hand technique with resident) and press button to inject, after dial reaches 0, hold for 6 seconds to ensure all insulin is administered.
- Observe for a few minutes for side effects.
- Document – sign off on MAR and document how many UNITS are to be given

ABBREVIATION KEY:

BS- Blood sugar

BG- Blood glucose

MAR- Medication Administration Record