



# **Insulin, Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) and Combination Therapies of Insulin and GLP-1 RA**

## **Self-Management/Self-Administration Policy for Adult Inpatients**

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**Approved by:** Medicines Management Operational Board/Nursing Midwifery Board  
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## 1. Introduction

- People with diabetes mellitus manage their condition on a day-to-day basis when out of hospital and should be offered the opportunity to continue to self-manage or self-administer during a hospital admission, unless there is a specific reason why they cannot.
- Self-management is the process of a patient deciding on and administering a dose of insulin or combination therapy of glucagon-like peptide-1 receptor agonist (GLP-1 RA) and basal insulin\* in response to measured glucose readings (1). Self-administration is the taking of medication as prescribed by a prescriber (1), such as with fixed dosing regimens of insulin, fixed dosing regimens of combination therapies of insulin and GLP-1 RA as well as fixed dosing of GLP-1 RA\*\*.
- The choice to continue to self-manage or self-administer during admission, if well enough to do so, should be that of the patient.
- All appropriate wards should offer this to all suitable patients with diabetes mellitus on insulin, GLP-1 RA or on a combination therapy of both insulin and GLP-1 RA once this policy has been implemented, read and understood.

\* Examples of combination preparations of insulin and GLP-1 RA include Xultophy (insulin degludec and liraglutide) and Suliqua (insulin glargine and lixisenatide).

\*\* Examples of GLP-1 RAs include liraglutide (Victoza), lixisenatide (Lyxumia), immediate-release exenatide (Byetta), dulaglutide (Trulicity), modified-release exenatide (Bydureon), semaglutide (Ozempic).

## 2. Scope

- This policy covers the self-management and the self-administration of subcutaneous insulin and combination therapies of insulin and GLP-1 RA, depending on the patient's requirements. This policy also covers the self-administration of GLP-1 RA.
- This policy does not cover oral anti-hyperglycaemic agents or inpatient self-management/self-administration of continuous subcutaneous insulin infusion (CSII) pumps, see:

[CID1432 Use of Continuous Subcutaneous Insulin Infusion \(CSII\) Pumps in Hospitalised Patients – Procedure and Policy](#)

## 3. Aims

- To support health care professionals to enable patients with type 1 or type 2 diabetes mellitus to self-manage or self-administer their own insulin.



- To support health care professionals to enable patients with type 2 diabetes mellitus to self-administer their GLP-1 RA therapy or self-manage/self-administer their GLP-1 RA and insulin combination therapy.
- To support patients with type 1 or type 2 diabetes mellitus, who are insulin-dependent or insulin-requiring and manage their own insulin, to self-manage/self-administer their insulin in hospital, where appropriate. This helps patients maintain independence and achieve optimum diabetes management.
- To support patients with type 2 diabetes mellitus, who usually manage their GLP-1 RA or combination therapy of insulin and GLP-1 RA, to self-administer/self-manage in hospital, where appropriate. This helps patients maintain independence and achieve optimum diabetes control.

#### 4. Objectives

- Allow patients who are able and willing to continue to self-manage/self-administer their insulin, GLP-1 RA or combination therapies of insulin and GLP-1 RA whilst in hospital.
- Improve patient safety and reduce errors with injectable diabetes medications for in-patients with diabetes mellitus.
- Optimise timing of insulin, GLP-1 RA and combination therapies of insulin and GLP-1 RA administration.
- Reduce the length of stay and re-admission rates by avoiding or reducing treatment errors.
- Identify and rectify gaps in patient knowledge, thereby increasing independence and decision making in preparation for discharge.

#### 5. Levels of Administration

- Level 0 – Nurse administration
  - The nurse measures the patient's blood glucose\*, interprets the results, selects the correct insulin, GLP-1 RA or combination therapy of insulin and GLP-1 RA preparation and directly administers the prescribed dose as per Health Board medicines policy.
- Level 1 – Supervised administration
  - The nurse measures the patient's blood glucose\*, interprets the results, selects the correct insulin, GLP-1 RA or combination therapy of insulin and GLP-1 RA preparation, dials the prescribed dose and directly observes the patient administering.



- Level 2 – Independent self-management/self-administration
  - Insulin and combination therapies of insulin and GLP-1 RA: The patient/nurse measures the patient's glucose and the patient interprets the result to make a decision on their dosage (if not on a fixed dosing regimen) and administers their own insulin/ combination therapy of insulin and GLP-1 RA.
  - GLP-1 RA: The patient/nurse measures the patient's glucose\* and the patient interprets the results (if appropriate). The patient administers their own GLP-1 RA.
  - The patient stores their injectable medicine securely in the allocated plastic container out of sight and reach of others and disposes of their used sharps.
  - This is done without the need for direct nurse observation.

\*Not all patients on GLP-1 RAs measure their own glucose levels. Patients on GLP-1 RA only require routine blood glucose monitoring by nursing staff/ measure their own glucose if they are prescribed GLP-1 RA in conjunction with insulin or sulphonylurea (e.g. gliclazide) due to the risk of hypoglycaemia.

## 6. Patient Assessment and Consent

- All patients with diabetes mellitus who wish to self-manage/self-administer their insulin, GLP-1 RA or combination therapy of insulin and GLP-1 RA must be assessed by an appropriate registered healthcare professional to ensure they are suitable and safe to do so. Assessments should be performed using the 'Insulin, GLP-1 RA and Combination Therapies of Insulin and GLP-1 RA Self-Management/ Self-Administration First Assessment Tool' (see appendix 1).
- If at the end of the assessment it is indicated that the patient can safely self-manage/self-administer their injectable therapy and the patient provides consent, the assessor and patient must sign the 'Injectable Diabetes Medication Self-Management/Self-Administration – Consent and Agreement' form (see appendix 4).
- Professional judgement should always be used when assessing if a patient is safe to initiate or continue self-management/self-administration of insulin, GLP-1 RA and combination therapies of insulin and GLP-1 RA. Any concerns should be discussed with the patient's consultant team or the diabetes specialist team.
- Patients should be re-assessed by an appropriate registered healthcare professional if they have met the inclusion criteria to self-manage/self-administer, to ensure that they still meet the inclusion criteria (see section 14 and appendix 2).



## 7. Patient Education and Provision of Information

Patients should be provided with the 'Managing/Administering your own Injectable Diabetes Medication whilst you are in Hospital - patient information leaflet' (see appendix 4), and explained the responsibilities of managing their diabetes.

- The diabetes team should be contacted if there is any doubt regarding the patient's ability to self-manage or self-administer their injectable therapies or gaps in patient education.
- Patients should be educated on how to record their glucose (if applicable) and should document administered doses on the 'Injectable Diabetes Medication – Self management/Self-Administration Diary' (see appendix 4).
- Patients must be educated on safe and secure storage of their injectable diabetes medication, devices, related equipment and sharps container.
- The self-management/self-administration decision should be communicated to the consultant team and appropriate staff.
- A record that the patient is self-managing/self-administering their injectable diabetes medication **must be maintained in the patient's medical notes.**

## 8. Medical Staff Responsibilities

- Be aware that the patient is managing their diabetes mellitus.
- Respect the patient's view when discussing diabetes management.
- Inform the nursing staff and the patient if they amend the injectable diabetes medication prescription.
- Document in the patient's medical notes if the patient is self-managing/self-administering their injectable diabetes medication.

## 9. Pharmacy Staff Responsibilities

- Supply each patient with their own injectable diabetes medication if needed (ensuring that the appropriate injection device is supplied).
- Respond promptly to medication supply requests to ensure patients do not miss doses.
- Ensure patient's own injectable diabetes medication is fit for purpose and labelled appropriately.
- Ensure continuous ongoing clinical checking injectable diabetes medication.



## 10. Inpatient Prescription of Insulin, GLP-1 RA and Combination Therapies of Insulin and GLP-1 RA

- All prescriptions for injectable diabetes medication must comply with the most up to date medicines policy (see [‘Swansea Bay University Health Board Medicines Policy’](#)).
- Insulin prescriptions should be prescribed on an insulin drug chart (if not using e-prescribing) and must be signed by the prescriber and state:
  - The brand of insulin
  - The strength (units/mL) (NB. High strength insulins are available e.g. 200 units/mL, 300 units/mL)
  - The device
  - The dose of insulin required (NB. Combination therapies of insulin and GLP-1 RA e.g. Xultophy and Suliqua, should be prescribed in ‘dose steps’)
- Combination therapies of insulin and GLP-1 RA should be prescribed on an insulin drug chart (if not using e-prescribing).
- GLP-1 RAs should be prescribed on the All Wales drug chart (if not using e-prescribing).
- Self-management/self-administration of injectable diabetes medications should be documented on the front of the insulin chart or All Wales drug chart. If using Wellsky electronic prescribing and medicines administration system, the prescriber should select ‘will self-administer this drug’ under the ‘medicines management’ tab when initially prescribing the drug. This can also be done at any point after prescribing, via the ‘order modify’ tab.
- For doses self-managed/ self-administered by the patient, the nurse should endorse ‘self’ on the insulin chart/ All Wales drug chart. If using Wellsky electronic prescribing and medicines administration system, the nurse should select ‘self-administered’ in the administration record, and record the dose injected.
- For doses omitted by the patient, endorse the appropriate non-administration code on the insulin chart/ All Wales drug chart/ Wellsky electronic prescribing and medicines administration system.

## 11. Supply of Insulin, GLP-1 RA and Combination Therapies of Insulin and GLP-1 RA and Related Equipment

- The patient taking part in the scheme must have access to their injectable diabetes medication and appropriate equipment.
- Injectable diabetes medication can be dispensed by the pharmacy or can be the patient’s own supply from home can be used if the following criteria is met:



- Patient has consented to use of their medication whilst in hospital.
  - Injectable diabetes medication has not expired.
  - Injectable diabetes medication has not been opened for more than 4 weeks or longer than specified in the relevant summary of product characteristics.
  - Injectable diabetes medication has a patient identification label attached.
- 
- Patients are permitted to use their usual needles or devices while self-managing/ self-administering or monitoring their glucose (see section 13 for more information on glucose monitoring).
  - Patients must have supply of their own needles and lancets. If patients do not have their needles and lancets, then supply can be provided by the hospital.
  - Patients must have access to their own supply of test strips and glucose meter if they request to self-monitor their glucose. Glucose meters and test strips cannot be supplied by the hospital.
  - Patient should have access to their own supply of sensors and flash glucose monitoring device if they request to self-monitor their interstitial glucose. These cannot be supplied by the hospital.
  - Patients should be supplied a sharps container for safe disposal of sharps and used devices.

## 12. Storage and Disposal

- Patients should be provided a clear plastic container with their addressograph affixed for storage of their injectable diabetes medication. This should be stored out of reach and sight of others, unlocked in a draw next to the patient's bedside. Containers are single patient use only. The patient must be made aware of the potential risks of leaving their injectable diabetes medication, needles, syringes, pen devices or glucose monitoring equipment within the reach and sight of others.
- There should be a regular risk assessment to ensure the patient does not remain in the same area as patients who are: at risk of deliberate self-harm, acutely confused, have a current history of drug or alcohol abuse or have a history of medication overdose.
- Patient used sharps containers must be disposed of as per [Health Board 'Safer Medical Sharps Policy' HB140](#)
- All medication must be disposed of safely in accordance with the Health Board waste disposal policy and the Hazardous Waste Regulations (2005).





### 13. Patient and Nurse Capillary Blood Glucose (CBG) and Interstitial Glucose Monitoring (Flash Glucose Monitoring).

- The patient's nurse must monitor CBG as per Health Board guidelines using Health Board approved equipment only (at least four times a day, before meals and bed-time) and document on the [Health Board's blood glucose monitoring chart](#) or insulin chart.
- Nursing, pharmacy and medical staff must not use patient's CBG or interstitial monitoring equipment or use results taken by the patient to make clinical decisions. Healthcare professional staff should only act upon results measured on Swansea Bay Health Board glucose meters.
- Patients are able to use their own CBG or interstitial glucose monitoring equipment whilst self-managing/self-administering in hospital. However, it is recommended that patients and nurses coordinate efforts to avoid unnecessary tests.
- If the patient is self-monitoring their glucose levels, they must record their readings in the 'Injectable Diabetes Medication – Self-Management/Self-Administration Diary' (see appendix 4) and/or on their glucose meter and alert a health care professional immediately if their glucose level is outside of an acceptable range.
- Differences in glucose results can be seen between glucose meters from different companies. This could be due to several reasons (e.g. how the meter is calibrated, different strip methodology, limitations and interference with the method). If there is a significant difference between results or cause for concern always repeat the capillary blood glucose test using the hospital meter. The hospital meter complies with ISO15197, is checked every 24hrs with liquid quality control material and enrolled in a monthly External Quality assessment scheme to monitor its performance. If required a venous sample should be sent to the laboratory for confirmation.
- If during admission it is suspected that the patient's equipment is not accurate, a replacement should be sought.

### 14. Monitoring of Insulin, GLP-1 RA and Combination Therapies of Insulin and GLP-1 RA Self-Management/Self-Administration

The patient must receive regular re-assessments by an appropriate registered healthcare professional to confirm that they are safe to continue self-managing/self-administering their injectable diabetes medication using the 'Insulin, GLP-1 RA and Combination Therapies of insulin and GLP-1 RA Self-Management/Self-Administration Re-Assessment Tool (Ongoing)' in appendix 2.

- Re-assessment should occur during each shift for injectable diabetes medication.
- Patients should also be re-assessed if:
  - Their condition deteriorates (e.g. they become confused, more unwell or increasingly dependent)



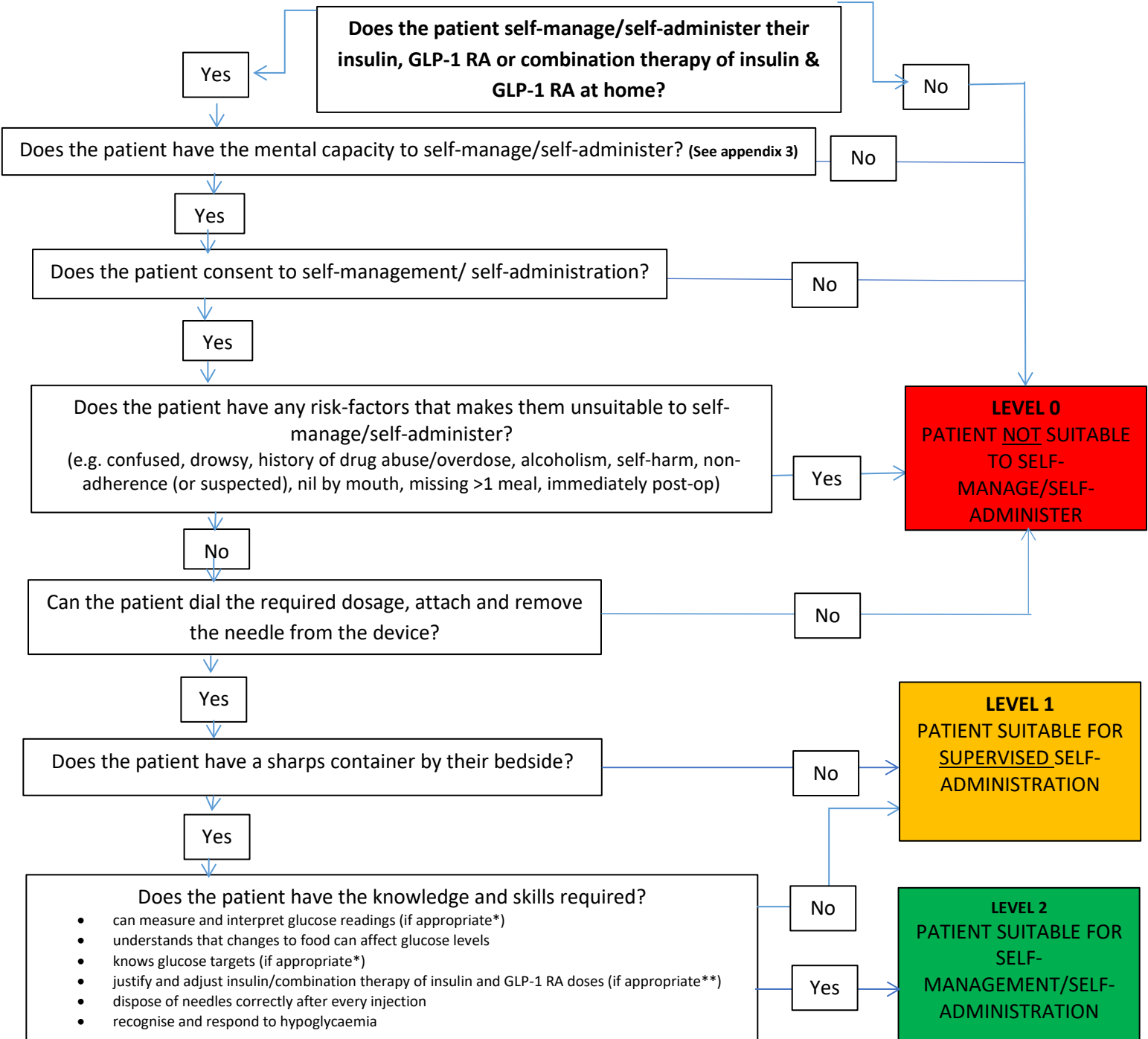
- Following anaesthesia or if patient controlled analgesia is in progress
- If their condition improves (they may regain the ability to self-manage/ self-administer)
- If a self-management/self-administration incident occurs (e.g. the patient inappropriately misses a dose).
- When patients are transferred to another ward, re-assessment must be completed.
- Any concerns should be dealt with before continuing. If required, further advice can be obtained from the patient's consultant and/ or the diabetes specialist team.
  
- If the patient is unsuitable to continue:
  - Withdraw scheme and update the clinicians caring for the patient.
  - Document on 'Injectable Diabetes Medication Self-Management/Self-Administration Booklet for Adult Inpatients' that the scheme has been withdrawn; sign and date.
  
  - Document 'self-management/self-administration withdrawn' next to the note on drug charts; sign and date.
  - If using the Wellsky e-prescribing system, remove 'self-administration' medicines management flags from the injectable diabetes medications.
  - Detail reason for discontinuing scheme in the patient's record.
  - Nursing staff should manage the injectable diabetes medication as per Health Board medicines policy.

## References

1. Castro E, Flanagan D. Self-management of diabetes in hospital. 2021 [cited 2022 May 16]. Available from: [JBDS 04 Self Management Updated August 2021.pdf \(abcd.care\)](#)

**Insulin, Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) and Combination Therapies of Insulin and GLP-1 RA**

**Self-Management/Self-Administration First Assessment Tool**



Level 0	Nurse: Administers insulin, GLP-1 RA or combination therapy of insulin & GLP-1 RA, and monitors blood glucose* Patient: Not suitable for self-management/self-administration
Level 1	Nurse: Informs patient on insulin, GLP-1 RA or combination therapy of insulin & GLP-1 RA dose, dials dose, attaches safety needle and monitors blood glucose* Patient: Self-administers under observation
Level 2	Nurse: Monitors blood glucose* Patient: Selects dose of insulin, GLP-1 RA or combination therapy of insulin & GLP-1 RA, and self-manages/self-administers

\*If patient on GLP-1 RA therapy alone (i.e. not on GLP-1 RA alongside insulin or sulphonylurea e.g. gliclazide), they do not require routine blood glucose monitoring

\*\*Some patients are on fixed dosing regimens and therefore will not adjust doses of injectable diabetes medication

**Level of administration:**

**Assessor's name:**

**Date assessed:**

**Assessor signature:**

## Appendix 2

### Insulin, GLP-1 RA and Combination Therapies of insulin and GLP-1 RA Self-Management/Self-Administration Re-Assessment Tool (Ongoing)

Patients should be regularly re-assessed to self-manage/self-administer:

- During each shift for insulin, GLP-1 RA and combination therapies of insulin and GLP-1 RA
- If their condition deteriorates (e.g. they become confused, more unwell or increasingly dependent)
- Following anaesthesia or if patient controlled analgesia is in progress
- If a self-management/self-administration incident occurs (e.g. the patient inappropriately misses a dose)
- When transferred to new ward

	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Patient has mental capacity to self-manage/self-administer: <span style="color: green;">YES – continue</span> <span style="color: red;">NO – fully re-assess</span>								
Patient consents to self-manage/self-administer <span style="color: green;">YES – continue</span> <span style="color: red;">NO – fully re-assess</span>								
Patient does not have risk factors that will affect self-management/self-administration (see first assessment tool) <span style="color: green;">YES – continue</span> <span style="color: red;">NO – fully re-assess</span>								
Patient has manual dexterity to self-manage/self-administer <span style="color: green;">YES – continue</span> <span style="color: red;">NO – fully re-assess</span>								
Patient has knowledge and skills to self-manage/self-administer (see first assessment tool) <span style="color: green;">YES – continue</span> <span style="color: red;">NO – fully re-assess</span>								
<b>Level of Self-Management/Self-Administration</b>								
Signature of nurse								



### **Appendix 3 – Mental Capacity Assessment Tool**

These questions are for health care professionals (HCPs) completing the assessment tool to use when assessing the patient's mental capacity. If the patient cannot answer one of the questions, they will not qualify for self-management/self-administration of their diabetes whilst in hospital.

1. Does the patient want to self-manage/self-administer their injectable diabetes medication? (If the patient answers 'no' to any part of this question, there is no need to proceed with the assessment and the patient will be managed by health care professionals).

#### Can the patient tell you?

- 1) What type of diabetes they have?
- 2) The name(s) of their injectable diabetes medication(s)?
- 3) The dose(s) of the injectable diabetes medication(s)?
- 4) When they inject their medication(s)?
- 5) How they inject their medication(s)
- 6) Show you how they prepare their injection(s) to be given?
- 7) How to dispose of their needles?
- 8) What they would do if something went wrong?
- 9) What their usual blood sugar target is? \*
- 10) What blood sugar target qualifies as a low reading/'hypo' and should be treated? \*

\*N.B. Not all patients on GLP-1 RAs measure their own glucose levels. Patients on GLP-1 RA only require routine blood glucose monitoring by nursing staff/ measure their own glucose if they are prescribed GLP-1 RA in conjunction with insulin or sulphonylurea (e.g. gliclazide) due to the risk of hypoglycaemia.



## **Appendix 4**

# **Injectable Diabetes Medication Self-Management/Self-Administration Booklet for Adult Inpatients**

**Authors:** Jessica Jenkins, Chris Cottrell, John Terry  
**Approved by:** Medicines Management Operational Board/Nursing  
Midwifery Board  
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## **Managing/Administering your own Injectable Diabetes Medication whilst you are in Hospital** **Patient Information Leaflet**

### **What is Self-Management/Self-Administration?**

When you come in to hospital, usually a nurse will give your medications including your insulin/ non-insulin injectable diabetes medication (e.g. liraglutide (Victoza), dulaglutide (Trulicity), exenatide (Byetta, Bydureon), lixisenatide (Lyxumia), semaglutide (Ozempic))/ combination therapies which contain insulin and glucagon-like peptide-1 receptor agonist (GLP-1 RA) (e.g. Xultophy and Suliqua). However, we recognise that you may prefer to do this yourself, therefore the ward adopts a system that enables you to manage your own insulin/ non-insulin injectable diabetes medication if you are usually responsible for this.

### **Who can Self-Manage/Self-Administer?**

Your nurse will assess if you are able to administer these medications. However, if you are very unwell or changes have been made to your medication that can affect your blood glucose (sugar), it may not be suitable for you to self-manage/self-administer at this time and so in this case, the nurse will do this for you.

Insulin/ non-insulin injectable diabetes medication self-management/self-administration is not compulsory. If you do not wish to take part then the nurse will administer for you.

### **How are you assessed?**

The nurse will ask you questions to assess your understanding of your injectable diabetes medication, including doses and injection times. They will also assess your injection technique and that you are able to remove and dispose of your needles in to a sharps container. If you are deemed safe to self-manage/self-administer, you must sign a consent form.

### **Benefits of Self-Management/Self-Administration**

We recognise that you may be very knowledgeable on how to manage your diabetes. Self-managing/self-administering your own injectable diabetes medication has shown to improve timings of doses and therefore may improve blood glucose (sugar) control.





## What do I need to do?

Once you've consented, ensure that you have enough supply of your own injectable diabetes medication, needles and testing equipment (if required) for your hospital stay. If not, inform the nursing staff or pharmacist and further supplies will be provided. We will also provide you with a sharps container.

You must ensure that you store and keep your injectable diabetes medication, needles, pen devices, sharps container and glucose monitoring equipment safe and out of reach or sight of others.

- **You** are responsible for selecting and injecting the correct dose of injectable diabetes medication as advised by your prescriber prior to hospital admission (unless the dosing has been amended whilst in hospital).
- **You** must record the dose and time of administration of your injectable diabetes medication and any glucose (sugar) readings in your diary (readings can also be stored in your meter if you prefer).  
We understand that not everyone on a non-insulin injectable diabetes medication may monitor their glucose (sugar) levels.  
The diary will be kept at the end of your bed during your stay and in your medical notes when you go home.
- **YOU MUST:**
  - Immediately report any out of range glucose (sugar) readings to a health care professional.
  - Tell a healthcare professional if you miss a dose as soon as you remember.
  - Responsibly dispose of your needles, lancets and used devices in the sharps container provided.
  - Immediately inform a healthcare professional if anyone tries to take your medication, devices or equipment away from you.
  - Never share your medication, devices or equipment with anyone else.
- If at any time you feel you need advice or help, please ask a member of the nursing, pharmacy or medical staff.

## Glucose (sugar) monitoring

If you are managing/administering your injectable diabetes medication, nursing staff will monitor your blood glucose (sugar) several times a day in line with our local guidance. This will not stop you from continuing to monitor your own glucose levels using your own blood glucose monitor or flash glucose monitoring device (such as freestyle Libre), but this will have to be in addition to the ward monitoring using our hospital meters. If you are monitoring your own glucose levels, you will have to use your own blood glucose monitoring device, own supply of blood glucose testing strips or flash monitoring sensors. **These will not be provided by the hospital.**

We understand that not everyone on non-insulin injectable diabetes medication will be monitoring their own blood glucose.



## **Injectable Diabetes Medication Self-Management/Self-Administration – Consent and Agreement**

I wish to take responsibility for managing/administering my injectable diabetes medication during my inpatient hospital admission to Swansea Bay Health Board and agree to the following:

1. I have read and understood the 'Self-Management/Self-Administration of Insulin/Non-Insulin Injectable Diabetes Medication Whilst You Are In Hospital' patient information leaflet and the scheme has been fully explained to me by a healthcare professional.
2. If I check my glucose (sugar) levels in addition to staff monitoring, I will record my results on the 'Self-Management/Self-Administration Diary' or in my meter and make this available to staff.
3. I will report any glucose (sugar) readings that are out of an acceptable range immediately to a healthcare professional.
4. I will self-manage/self-administer my injectable diabetes medication as appropriate and record the dose administered on the 'Self-Management/Self-Administration Diary' and make this available to staff.
5. At discharge, I understand that my 'Self-Management/Self-Administration Diary' will be filed in my medical notes (a copy can be provided on request).
6. I will dispose of contaminated needles, lancets and used devices in my individual sharps container immediately. I will also store this container safely by my bedside (preferably out of sight of others).
7. I will store my injectable diabetes medication safely and keep my injectable diabetes medication, needles, syringes, pen devices and glucose monitoring equipment out of reach or sight of others.
8. I understand that I MUST NOT share my injectable diabetes medication, devices or equipment with anyone.
9. I know I must inform a healthcare professional immediately if someone tries to inappropriately take my injectable diabetes medication, devices or equipment away from me.
10. I understand that I may withdraw from the scheme at any time without prejudice by informing the nursing staff, doctors or pharmacy.
11. I understand that I may be withdrawn from the scheme if a member of the multidisciplinary healthcare team believes it is in my best interest.
12. I agree to accept responsibility for any consequence of failing to self-manage/self-administer my injectable diabetes medication appropriately.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Injectable Diabetes Medication - Self-Management/Self-Administration Diary

### For Patient Use

Please remember that blood glucose (sugar) must be monitored by approved Health Board equipment therefore staff will monitor your blood glucose several times a day. You are welcome to monitor your own glucose levels with your personal equipment, but this would be in addition to staff monitoring. We advise to co-ordinate efforts to avoid unnecessary tests.

We understand that not everyone on non-insulin injectable diabetes medication monitors their glucose.

- Blood glucose should be monitored at least four times a day (before meals and at bedtime).
- Blood ketones should be checked if blood glucose >14 mmol/L.
- If glucose levels are out of range, report to nurse immediately.
- Glucose readings can also be recorded in your glucose meter alone.

Date										
Time										
Glucose reading (mmol/L)										
Injectable diabetes medication name										
Dose administered										

**Injectable Diabetes Medication - Self-Management/Self Administration Diary**

Date										
Time										
Glucose reading (mmol/L)										
Injectable diabetes medication name										
Dose administered										

Date										
Time										
Glucose reading (mmol/L)										
Injectable diabetes medication name										
Dose administered										

## Swansea Bay University Health Board

### Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	4376
Document Title.	<b>Insulin, Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) and Combination Therapies of Insulin and GLP-1 RA</b>  <b>Self-Management/Self-Administration Policy for Adult Inpatients</b>
Name of Author.	Jessica Jenkins; Chris Cottrell; John Terry
Name of Lead Pharmacist.	Jessica Jenkins
Is the document New, Revised or a Review of a previous version.	New
Where on COIN do you want the document to be published.	Diabetes Policies/guidelines
Is the document relevant to the GP Portal.	No
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	<i>J Jenkins</i> Pharmacist <i>W C Cottrell</i> ThinkGlucose Lead
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	Joint British Diabetes Society Guidelines Self-management of diabetes in hospital Revised August 2021
Please provide a brief description/abstract of the document.	This policy will enable patients to self-administer and/or self-manage their diabetes injectable medications. This will help to promote timely administration and promote independence for people living with diabetes who usually manage/self-administer their diabetes medication or may be starting on therapy and learning to self-manage administer in preparation for safe discharge.
Equality Statement. (All policies and procedures need to comply with CID76 Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents (WCD).	
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