How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

Please remember you need to wash your hands with **soap and water** before testing your blood glucose levels.

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If you require a translation of this leaflet please call 01494 425308

www.buckshealthcare.nhs.uk
Millions of people now depend on insulin to manage their diabetes.

Insulin is a hormone that helps the body use glucose (sugar) for energy. The beta cells of the pancreas make insulin but this needs to be injected when the body can’t make enough on its own. If it was a tablet, it would be destroyed in the stomach.

Many people new to life with diabetes are anxious about having to inject themselves.

INSULIN INJECTION TECHNIQUE

The needles used to inject are very small, 5, 6 or 8mm long and very fine. Insulin is injected under the skin (subcutaneously). Once injected it soaks into small blood vessels and is taken into the blood stream.

Insulin is available in different presentations depending on the device used to deliver the injection.

INSULIN VIALS are used with insulin syringes
INSULIN CARTRIDGES are used with reusable insulin pens.
PRE-FILLED INSULIN PENS which are disposable.

Not all insulin cartridges can be used with all insulin pens.
The choice of a pen or a syringe to administer insulin is made jointly with your diabetes health-care professional.

YOU MUST

Use a new needle for each injection.

Only apply the needle when you are about to do your injection and remove immediately after.

Dispose of used needles and syringes in the yellow container known as a ‘sharps box’.

INJECTION SITES

Where to inject

- abdomen
- thighs
- buttocks

Do not inject through clothing.

Arms are sometimes used but be aware there is only a thin layer of fatty tissue so you may inject into muscle by mistake which could cause hypoglycaemia.

Change your injection sites regularly and rotate injections within the sites. This will prevent build up of insulin and lumps under the skin (lipos).

You may bleed a little or bruise after your injection. This is nothing to worry about and can happen occasionally. If it happens on a regular basis, or if your injections are very painful, speak to your diabetes nurse.

STORAGE OF INSULIN

Insulin in use needs to be kept at temperatures lower than 25ºC and can be used for up to one month. After this time it should be discarded.

Normal room temperatures are below 25ºC, but can become hotter in the summer.

Insulin you are not using should be stored in the fridge.

Insulin should not be used if it has been frozen.

When travelling abroad further advice must be sought but remember do not put insulin in an aeroplane luggage hold.

Storage of insulin in the fridge is important to maintain its potency.