

COMPETENCY TITLE – ADMINISTRATION OF INSULIN/GLP-1 RECEPTOR ANTAGONIST BY A REGISTERED NURSE		ESR CODE	
COMPETENCY STATEMENT			
The safe administration of subcutaneous injections of insulin /GLP-1 receptor agonists to patients with type 1 & type 2 diabetes by a Registered Nurse			
ELEMENT	COMPETENCY STANDARD	EVIDENCE TYPES	SUPPORTING DOCUMENTS
1	<p>Demonstrate a clear knowledge and understanding of diabetes:</p> <ul style="list-style-type: none"> a) Its causes, symptoms and associated risks including hypoglycaemia and hyperglycaemia b) Demonstrate a knowledge of national and local guidelines (NICE, policy) c) Able to discuss the care pathway for individuals with newly diagnosed diabetes. d) Understand the potential long term health complications of diabetes i.e. retinopathy, neuropathy, nephropathy and cardiovascular disease e) Able to describe the links between diabetes and other conditions (e.g. cardiovascular disease) f) Have an awareness of how poor mental health, such as depression, anxiety and schizophrenia, affects people with diabetes and be able to report 	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Completion of E- Learning, safe use of insulin module via National Patient Safety Suite (Virtual College not ESR module) • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • Completion of blood glucose monitoring training • Completion of hand hygiene competency 	<p>LCHS Management of Diabetes Guidelines 2017-19 Including: Administration of Insulin Injections: Guidelines and Procedures – GuCPSO24 LCHS Policy for Administration of Insulin by Senior HCSW LCHS policy for monitoring of blood glucose levels- CPS 030 LCHS Hypoglycaemia, Recognition and Treatment Guidelines – GuCPSO25</p> <p>-----</p> <p>LCHS Infection Prevention policy – P_IPC01</p> <p>Standards of Infection prevention and control precautions – G_IPC 26 LCHS Hand hygiene policy</p>

	<p>any changes to appropriate health care professional.</p> <p>g) Identify common signs of intercurrent illness and have an awareness of the impact on glycaemic control. Recognise when to seek urgent medical advice or when referrals to specialists required.</p> <p>h) Fully converse with the scope of practice within the Administration of Insulin Injections, guidelines and procedures</p> <p>i) Provide evidence of insulin safety training via the National Patient Safety Suite (safe use of insulin module).</p> <p>j) Understanding the importance of an annual review. To ensure all relevant 15 healthcare essential checks are completed. To liaise with the multidisciplinary team.</p>	<ul style="list-style-type: none"> • Passport to the safer use of insulin, NPSA (2010) 	<p>LCHS Infection and Prevention Control Guidelines - Sharps safe handling and use – GuCPS035</p> <p>LCHS Prevention and Management of Inoculation Injuries G_IPC_18</p> <p>LCHS Infection and Prevention Control reporting – GulC003</p> <p>NICE guidelines type 2 diabetes management – CG 66</p> <p>NICE guidelines long acting insulin analogues for the treatment of diabetes- insulin glargine (TA 53)</p>
<p>2</p>	<p>Able to assess the ability of the person with diabetes to self-care and work with them or their carer to optimise self-care skills.</p> <p>Demonstrate and be able to teach the correct method of insulin or GLP-1 receptor antagonist self-administration including:</p> <p>a) Correct choice of needle type and length for the individual</p>		<p>NPSA Patient Safety First 2008</p> <p>NICE guidelines type 2 diabetes: management of type 2 diabetes 2008 – CG 87</p> <p>DOH reference guide to</p>

	<ul style="list-style-type: none"> b) Appropriate use of lifted skin fold, where necessary c) Correct method of site rotation and acknowledge the importance of this d) Storage of insulin e) Single use of needles and safe sharps disposal. <p>Demonstrate an ability to give correct information to patients during intercurrent illness i.e. when to seek medical advice and continuation of treatment for diabetes and testing of blood glucose.</p> <p>Be able to direct people to information and support to encourage informed decision-making about living with diabetes and managing life events (e.g. structured education programmes).</p>		<p>consent for treatment of examination August 2009</p> <p>MCA act 2005 MCA Code of Practice 2005</p> <p>LCHS MCA and safeguarding policy 2014</p> <p>NMC Code of Conduct Medicines and Record Keeping</p> <p>On-line BNF</p> <p>Medicine.org.uk</p>
<p>3</p>	<p>Understand why medication has been prescribed and the side effects</p> <ul style="list-style-type: none"> a) Describe the effect of insulin / GPL on blood glucose levels and the mode of action and an understanding of the ongoing nature of the therapy. b) Be aware of the time interval required between injection and eating for the particular insulin being given and the need for planning the appropriate administration time. c) Knowledge of common types of medication used in diabetes management, different strengths and regimes and where to access information about 		<p>Manufacturers specific product characteristics leaflet</p> <p>LCHS Safe and Secure Handling of Medicines 2012 - P_CIG_04</p> <p>LCHS :Policy for the Management of Medication Errors – P_CIG_15</p> <p>Diabetes.org.uk</p>

	<p>these medications and effects/ side effects</p> <p>d) Demonstrate a knowledge of common insulin and management errors and identify the correct reporting system for injectable therapy errors</p> <p>e) Demonstrate a knowledge of insulin and GPL-1 receptor agonists (e.g. drug type, action, side-effects) and administration devices used locally</p> <p>f) Demonstrates knowledge of the potential side effects of insulin / GPL-1 agonists</p> <p>g) Demonstrates knowledge of factors that increase insulin absorbency.</p> <p>h) Demonstrate an understanding of circumstances which insulin use might be initiated or altered and make the appropriate referral.</p>		
<p>4</p>	<p>Able to demonstrate action needed if patient experiences any side effects of medications</p> <p>a) Recognise and provide appropriate treatment for the different levels of hypoglycaemia:</p> <ul style="list-style-type: none"> - List possible causes of hypoglycaemia, including alcohol consumption and physical activity. - Describe methods of hypoglycaemia avoidance - Identify medications most likely to cause hypoglycaemia 	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • DATIX training • Supervised practice • Question and answer 	

	<ul style="list-style-type: none"> - Demonstrate awareness that some mental health medication can have a detrimental effect on glycaemic and lipid control. - Describe what should be done if hypoglycaemia is not resolved and blood glucose remains low. <p>b) Recognise and provide appropriate treatment for the different levels of hyperglycaemia.</p> <ul style="list-style-type: none"> - List possible causes of hyperglycaemia, including non-adherence with current medication and inter-current illness or addition of steroid therapy. - Able to make appropriate referral - Support self-management where possible - Administer or advise treatment to resolve hyperglycaemia in accordance with local policies or individual care plans. - Demonstrate knowledge of the long-term impact of hyperglycaemia <p>c) Appropriate reporting and recording of identified adverse effects.</p>		
<p>5</p>	<p>Able to list the principles of a healthy balanced diet and the ability to provide dietary advice and support appropriate for the patient,:</p> <ul style="list-style-type: none"> - Understand which foods contain carbohydrate and how these affect blood glucose 	<ul style="list-style-type: none"> • MUST training • Reflective practice • Questions and Answers 	

	<ul style="list-style-type: none"> - - Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate - to include checking when the patient plans to eat in relation to the timing of the insulin and when it may be appropriate to check blood glucose (individual to the patient) - Understand how the dietary needs of the diabetic patient may change during periods of illness and the potential for this to cause instability. - Calculate and interpret BMI - Able to refer the person to the dietician where appropriate 		
<p>6</p>	<p>Have an awareness of polices relating to end of life care. Be able to assess the person’s needs ad ensure they are pain free, adequately hydrated and symptom free from their diabetes. Be aware that palliative care may vary in time, and diabetes control needs to be assessed on an individual and daily basis.</p> <p>Demonstrate knowledge of appropriate blood glucose targets and liaise with GP/DSN to ensure targets avoiding hypo/hyperglycaemia. Understand the aim of diabetes care in the last few days of life is to prevent discomfort from hypoglycaemia, hyperglycaemia, DKA and HHS.</p>		

	Recognise that insulin regimes may need to be changed for both type 1 and 2 diabetics and to ensure liaising appropriately with GP/DSN and that where possible these changes must be discussed with the patient, relative and/or carers.		
7	a) Demonstrates the correct procedure for undertaking a finger prick blood glucose test as per LCHS policy (see blood glucose competency)	<ul style="list-style-type: none"> • Blood glucose monitoring training • Blood glucose monitoring competencies achieved 	
8	<p>Able to explain the procedure to the patient using an appropriate communication style.</p> <p>Understand your accountability when administering medicines</p> <p>Demonstrates the correct procedure for informed consent / consent obtained according to Trust policy</p>	<ul style="list-style-type: none"> • Information governance e training • NMC Standards for Medicines Management (2010) • The Code: Standards of conduct, performance and ethics for nurses and midwives (April, 2010) • Can describe and provide examples of the MCA and safeguarding issues in practice. 	
9	<p>Is able to demonstrate and describe the correct hand washing techniques and describe their understanding of sharps, waste, inoculation injury, personal protective equipment.</p> <p>Demonstrates safe disposal of sharps immediately after use. Has knowledge of the Trust Prevention and</p>	<ul style="list-style-type: none"> • Completion of LCHS hand hygiene assessment • G_IPC_18 Prevention and Management of Inoculation Injuries • Witness statement of practice • DATIX training 	

	Management of Inoculation Injuries.		
10	<p>Correctly demonstrates the preparation of equipment and the patient including choice of injection site (understand the need to refer to patient's records in relation to injection site and site rotation).</p> <p>Demonstrates examination of injection sites for lipodystrophy and a knowledge of site rotation.</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement • 100% accuracy in checking medication and administration 	
11	<p>Makes checks which include:-</p> <ul style="list-style-type: none"> a) Checking of the prescription for the dose / strength required b) The insulin vial / pen device / GPL -1 agonist (pens may have replaceable cartridges or maybe no-replaceable). c) Manufacturers expiry date d) Recording the date when a vial was first opened e) To discard vial after 28 days of first use / pen is specific to insulin being used and therefore appropriate checks are required. f) Ensure no foreign particles apparent g) For pre-mixed insulin roll several times for solution to appear milky h) Able to describe the correct storage of insulin/ insulin pen device and GPL-1 agonist. 		
12	<p>Insulin vial</p> <p>Draw prescribed dose of insulin into correct needle and</p>		

	<p>syringe – using safe handling techniques:</p> <ul style="list-style-type: none"> a) Remove white plunger guard, then carefully remove orange needle cap b) Pull back plunger of the syringe to measure amount in units of air equivalent to the amount of insulin required c) Insert needle into vial and push plunger in d) Pull plunger back to dose of units prescribed e) Ensure no air bubble in syringe f) Check correct dosage 		
<p>13</p>	<p>Demonstrate safe administration of insulin:</p> <ul style="list-style-type: none"> a) Checks site is clean and check injection sites for evidence of Lipohypertrophy, atrophy etc. b) Correctly administers insulin subcutaneously at an angle of 90 degrees, injecting insulin slowly leaving the needle in the skin for a slow count for ten, withdrawing quickly c) Demonstrates application of pressure to bleeding point d) Safely disposes of used insulin needle 		
<p>14</p>	<p>Insulin Pen Device</p> <ul style="list-style-type: none"> a) Remove pen cap b) Wipe the tip of the pen where the needle will attach with an alcohol swab c) Remove protective pull tab from needle and screw on to pen 	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Supervised practice • Witness statements • Competency achievement 	

	<p>d) Remove plastic outer cap and inner needle cap e) Look at the dose window and turn to 2 units f) Holding the pen with the needle pointing upwards, press the button until a drop of insulin appears – this is the air or safety shot. g) Dial the number of units required h) Decide where the injection is to be administered (site) i) Insert the needle at 45 -90 deg (patient dependent) j) Press the button all the way returning to zero and continue to press for 10 seconds. Withdraw from skin k) Remove needle and discard</p>	<ul style="list-style-type: none"> • 100% accuracy in checking medication and administration 	
<p>15</p>	<p>Can describe why accurate and timely documentation is important:</p> <p>a) Correctly records insulin administration including dose, site, expiry date and route in the patients records/ System One b) Records any untoward events, i.e. leakage / bruising / lumps</p>	<ul style="list-style-type: none"> • Completion of Face to Face classroom training - Basic Awareness of Diabetes • Questions and answers • Reflective practice • Witness statements • 100% accuracy in recording medication administration 	

**SELF ASSESSMENT OF DIABETES COMPETENCY
FOR COMPLETION BY THE REGISTERED NURSE**

**Diabetes Management Self – Assessment Competency Framework
Maintenance of patients on insulin therapy**

Name -	Signature -
Designation -	Date -

The following document is designed to:

- a) Allow you to assess your competence in managing your patients on insulin therapy in line with “*An integrated Career and Competency Framework for Diabetes Nursing 4th Edition 2015 – Trend UK*”
- b) To identify your own educational needs and therefore support with development of training package
- c) To ensure your own competency before delegation of insulin administration to non-registered practitioners.

Please tick the box that best describes your current practice in each competency assessment statement.

A competency defines the knowledge, understanding and skill required to perform a specific task (Skills for Health 2005)

Are you competent in the following?	Yes	No	Identify support/training required
Involving the patient in goal planning and promoting empowerment			
Assessing physical and psychological barriers to insulin treatment			
Interpreting blood glucose results and identifying blood glucose targets			
Teaching blood glucose monitoring to your patients with diabetes and/or their carers/family			
Teaching blood glucose results interpretation to your patients			
Teaching choice of injection sites and injection technique – being aware of the importance of site rotation and use of lifted skin fold where appropriate.			
Supporting your patients with injection sites problems, insulin storage and safe sharps disposal			
Advising your patients on the safe storage of insulin and disposal of insulin and hypodermic equipment.			

Supporting your patient in selecting the appropriate insulin device. Discussing whether self-administration is appropriate for your patient.			
Advising your patient on how to obtain their insulin prescription in routine and emergency situations.			
Advising your patients on the basics of hypoglycaemia recognition and treatment			
If appropriate advising your patients which authorities they need to inform about their diabetes medication i.e. DVLA regulations			
Identifying the patients ongoing support needs from all health care professional and carers and agree how to meet them			
Advising your patient who to contact for routine advice and for emergency out of hours support			
Being aware of patient's individual targets for home blood glucose monitoring and HbA1c with the support of GP/DSN.			
Advising your patients on general diet principles and considerations with insulin treatment.			
Advising your patient on the general exercise principles and consideration with insulin treatment when appropriate			
Advising your patients of the effect of illness on insulin requirements and sick day rules			
Awareness of the needs for a change in regime and being aware of who to contact for support.			
Teaching and reviewing your patients understanding of hypoglycaemia, recognition, treatment and prevention.			
Identifying potential fears and anxieties and how to support your patient			
Recoding care to communicate to other care providers and facilitate continuity of care			
Aware of the common insulin and management errors			
National patient safety suite – completion of safe use of insulin module (e-learning).			