

INJECTING INSULIN WITH A NEEDLE AND SYRINGE



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Talk with your diabetes care team about how to inject your insulin.

Insulin needles are smaller and are easier to use than ever before. Small, thin needles help to lessen the discomfort or sting of injection.

Here are some important points to remember when preparing to inject insulin with a syringe.

U-100 is the standard concentration for insulin used in the United States. That means that a 1cc syringe holds 100 units of insulin. A 1/2cc syringe holds 50 units of insulin, and a 3/10cc syringe holds 30 units of insulin.

You'll want to choose the syringe that's closest to – but higher than – the number of insulin units that you will be injecting. For example, if you need to inject 40 units, then use the 1/2cc syringe that will hold 50 units of insulin.

Cloudy insulins, such as NPH, must always be mixed gently but thoroughly before use; clear insulins do not. Mix cloudy insulin thoroughly by rolling the bottle in your hands and rotate it from top to bottom 15 to 20 times. Be careful not to shake it. Turn it over and make sure there is no powder left on the bottom.

Always clean the top of the bottle of insulin with alcohol.

Draw air into the syringe by pulling the plunger back to the number of units needed for your injection.

When inserting the needle into the bottle, try to push the needle in as close as you can to the middle of the rubber stopper. Inject the air from the syringe into the bottle.

When you turn the bottle upside down, make sure the needle is covered by insulin. This helps prevent an air bubble from getting into the syringe. An air bubble is not dangerous, but it takes up space and can cause you to measure the wrong dose.

At your next diabetes care visit, show how you prepare your syringe to make sure you are preparing it properly. If you have special needs, such as visual or dexterity problems, your diabetes care team can help find a solution that makes it easier to use insulin.

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Insulin should be injected into fatty tissue in the lower abdomen. Avoid areas of scar tissue, the area around your belly button, or any bruises. The lower abdomen doesn't contain a lot of nerve endings, so you may find that you barely feel the thin needle.

Although it is important to use the abdomen as your injection area every day, you should change the actual injection site each time you inject. Move in a circle, keeping two finger-widths in between sites. Remember to always be at least two finger-widths away from your belly button.

Inject straight down into your skin at a 90-degree angle. Press the plunger of your syringe firmly and smoothly. Wait a few seconds, then pull the needle out.

After you have injected, drop the syringe into a sharps container. A sharps container is a heavy plastic bottle clearly labeled that it contains medical waste. You can use an empty heavy plastic household container with a tight-fitting lid, or you can purchase a sharps container at your local pharmacy or other supplier of diabetes products.

In some areas you are asked not to put filled sharps containers in your regular trash for collection. Your diabetes care team can tell you if your community has a specific place to take your sharps container when it is full.

Some people reuse needles. However, needle reuse may increase the pain of injection because needles can dull with just one use. If reuse is important to you, be certain to discuss this issue with your diabetes care team.

When you first begin to inject insulin, it may seem difficult and confusing. But in time and with practice it will become easier.

"When I take my insulin, I don't even think about it. I just do it. It's become a natural part of my everyday existence."

Talk to your diabetes care team about the best method of injection for you.

Remember to change the actual injection site each time you inject. Also, be sure to have a suitable container for disposal of your insulin needles.

For other healthy living resources, please visit kp.org/healthyliving.