

Starting on Insulin (1 of 3)

"I was really nervous about starting insulin but I feel so much better I wish I had started sooner"

Anon 2000

You may be either new to diabetes, or already taking tablets, and have been advised to commence insulin treatment, which involves injecting insulin.

An appointment will be made for you to meet and discuss this with the Diabetes Specialist Nurse (DSN). The appointment will take up to one hour and you are welcome to bring a relative or friend with you.

These are some of the most commonly asked questions. Please use the space provided at the bottom of this leaflet to write your own questions.

Why must I take insulin?

Insulin is used to lower blood sugar levels and keep them within the normal range, which is 4 - 7 mmols. If blood sugar levels are continually high then you may feel thirsty, tired, lose weight and pass a lot of urine. Insulin can help get rid of these symptoms and keep you well in years to come.

How many daily injections?

Usually you will start with one injection, at bedtime, unless instructed otherwise.

How much insulin should I take?

This will be discussed and written down for you. The dose is likely to increase until your blood glucose levels stabilise.

Some people may need insulin twice a day or up to four times per day depending on their lifestyle.

Never stop taking your insulin. Always discuss any changes you wish to make with the Diabetes Specialist Nurse (DSN).

Are there different types of insulin?

Yes, there are many different types of insulin. Human, genetically engineered, and pork are the main types. Each type has many different mixtures. It is important that you know which type you use. The DSN will discuss/explain the type most suited to you and your lifestyle.

If you need this information in another language or medium (audio, large print, etc) please contact the Patient Advice and Liaison Service (PALS) on 0800 374 208 email: palservice@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

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Diabetes Nursing Service
24 hr answerphone 01722 425176

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Where do I inject?

The most commonly used areas are the abdomen, buttocks and outer thighs. It is important to rotate the injection sites so that they do not become “lumpy”.

How do I do it?

There are 2 main methods. Either using an insulin syringe or an insulin pen device. The DSN will demonstrate these to you for you to choose the gadget you prefer.

It is normal to feel apprehensive about self-injecting, but this will lessen with practice. Also the needles are very fine.

How do I dispose of the used needles?

It is very important to dispose of a used needle safely. Your GP will prescribe a Daniels Healthcare Sharps Bin and/or a needle-clipping device called a BD SAFECLIP. Please use these at all times. They can be returned to your surgery when full and a replacement will be given.

Where do I store the insulin?

Bottles of insulin should be stored in the fridge. If you are using an insulin pen, only store the spare cartridges in the fridge.

Disposable insulin pens should be stored in the fridge, except for the one in use which may be left out.

How long will it take to stabilise my blood glucose (sugar) levels?

This is difficult to say but could take up to 3 months. Usually you will feel better before the blood glucose levels improve. You will be advised to test your blood glucose levels regularly and the DSN will adjust your insulin dose accordingly.

What is a ‘hypo’?

Hypoglycaemia usually occurs if the blood glucose (sugar) levels fall below 4 mmols. The symptoms are varied but include dizziness, sweating, blurred vision, disorientation etc. If this occurs eat some glucose tablets, or something similar. Always carry glucose sweets with you. See separate leaflet.

What else do I need to do?

It is advisable to carry an identification card, or something similar e.g. Medic Alert. These are available from the DSN or contact Diabetes UK (address overleaf).

Unless instructed otherwise, you can continue to drive. You will need to notify the Driving & Vehicle Licensing Centre in Swansea (see your licence) that you are taking insulin. Your licence will automatically become renewable every 1 to 3 years. If you have a heavy goods

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licence, or similar, this will become invalid.

You will also need to notify your car insurance company.

Do I have to change what I eat?

Your diet should be healthy, varied and enjoyable. You may wish to discuss your eating habits with a Dietician, this can be arranged through your GP, DSN or hospital consultant.

Follow up and further information

The DSN will keep in regular contact with you, either face to face or by phone, until you are able to deal confidently with the injections and competently manage your diabetes.

Please telephone the Diabetes Nursing Service if you have not received a follow up call. We will be pleased to hear how you are getting on. Always call the DSNs if you have any concerns about your insulin and your diabetes.

Additional written material is available. Please ask the DSN for anything specific.

Diabetes Specialist Nurses
Monday – Friday 8.30am – 4.30 pm
01722 425176

The DSNs do not offer a weekend or out of hours service. If you need advice when the DSNs are not available please contact your out-of-hours emergency service.

Diabetes UK
10 Queen Ann Street,
London W1M 0BD Tel: 020 7323 1531
Email: infor@diabetes.org.uk
Website: www.diabetes.org.uk

Diabetes UK local branch:
01722 335004

Thank you to the patients who helped with the making of this leaflet.

Please use the space below to make a note of any questions you want to ask the DSN.