

INPATIENT INSULIN SELF ADMINISTRATION ASSESSMENT BY REGISTERED NURSING STAFF	
Standard Operating Procedure (SOP)	
Ref No: 2093 Version: 2	
Prepared by: Pharmacist	
Presented to: Service Delivery Unit – Medical Services Clinical Director of Pharmacy	Date: 11 August 2016 2 November 2016
Ratified by: Medical Services Clinical Director of Pharmacy	Date: 20 October 2016 25 November 2016
	Review date: 16 December 2021
Relating to policies:	

1. Purpose of this document:

The purpose of this document is to inform registered nursing staff (employed by Torbay and South Devon NHS Foundation Trust (TSDFT) and working in TSDFT hospitals) of the assessment process to determine whether inpatients in TSDFT hospitals are willing and appropriate to self-administer insulin.

2. Scope of this SOP:

Applicable to all registered nursing staff working in TSDFT hospitals and employed by TSDFT.

3. Competencies required:

Registered nurses.

4. Procedure / Steps:

The registered nurse will identify patients on insulin.

- 4.2 Patients who are admitted to hospital with unstable blood glucose will not be assessed for self-administration of insulin until reviewed by the diabetes team.
- 4.3 Identified patients will be assessed by a registered nurse using the Insulin Self Administration Assessment Tool ([Appendix 1](#) - also available on the ward in the Intensive Insulin Chart drawer and on ICON).

- 4.4 Using the prompts on the Insulin Self Administration Assessment Tool, the registered nurse will complete the Assessment to determine whether the patient already self-administers their insulin, is willing to self-administer their insulin and is competent to self-administer their insulin.
- 4.5 If, as a result of the assessment, it is deemed that it would be ***inappropriate*** for the patient to self-administer their insulin, then nurse administration of insulin should continue. A copy of the Self Administration Assessment Tool should be retained in the patient's notes.
- 4.6 If, as a result of the assessment, it is deemed ***appropriate*** for the patient to continue or to begin to self-administer their insulin, then the consent form "Agreement for Self-Administration of Subcutaneous Insulin Whilst in Hospital" ([Appendix 1](#) - On the reverse of the assessment tool) should be completed by the patient to indicate they are willing to participate in the self-administration scheme.

The registered nurse should sign the consent form ([Appendix 2](#)) to confirm that an entry has been added to the patient's hospital notes to record that the patient is self-administering their insulin.

A copy of the Self Administration Assessment Tool and a copy of the Consent Form should be retained in the patient's notes.

5. Inpatient Re-assessment

- 5.1 Registered nursing staff are responsible for carrying out a re-assessment of self-administering patients if there is a change in any patient specific or environmental factors, e.g. mobile patients with dementia / confusion or IVDUs.

6. Retention of Paperwork

- 6.1 Copies of the Self Administration Assessment Tool and a copy of the completed Consent Form should be retained in the patient's records
- 6.2 A copy of the completed Self Administration Assessment Tool should also be kept with the insulin prescription and administration charts.

7 Equipment Required

- 7.1 If a patient has been assessed to self-administer insulin then the following should be made available:

- Their own insulin or a hospital dispensed supply (This should be their usual device e.g. disposable pen, cartridge pen, syringe & vial.)
- A sharps bin
- A self-administration leaflet

8 Role of the Pharmacist

- 8.1 The pharmacist should prompt registered nursing staff to consider whether inpatients already on or newly prescribed insulin are suitable to be assessed for self-administration of insulin.
- 8.2 The pharmacist must ensure that all patients self-administering insulin have a completed assessment and consent form.

[Appendix 1 – Inpatient Insulin Self Administration Assessment](#)

[Appendix 2 – Agreement for Self Administration of Subcutaneous Insulin whilst in hospital](#)

[Appendix 3 – Patient Information Leaflet - Self administration of your insulin whilst in hospital](#)

Appendix 1 and Appendix 2

Inpatient Insulin - Self Administration Assessment and
Agreement for Self Administration of Subcutaneous Insulin whilst in hospital.

[Linked to Clinical Forms Library](#)

Appendix 3

[25287 - Self administration of your insulin whilst in hospital](#)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	2 December 2016	New	Service Delivery Unit Clinical Director of Pharmacy
2	Ratified	16 December 2016	Appendices 1 and 2 now linked to Clinical Forms Library	Service Delivery Unit Clinical Director of Pharmacy
2	Ratified	07 September 2018	Date Change	Pharmacist Clinical Director of Pharmacy

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	2093 – Inpatient Insulin Self Administration Assessment by Registered Nursing Staff			Version and Date	1 August 2016
Policy Author	Kate Wormald, Pharmacist				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To promote independence of patients using insulin.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Patients, diabetes team and pharmacy					
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Kate Wormald			Signature	
Validated by (line manager)	Jane Pyle			Signature	

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#)
- Visit our [Data Protection](#) site on the public internet.