

<b>INPATIENT INSULIN SELF ADMINISTRATION ASSESSMENT BY REGISTERED NURSING STAFF</b>	
<b>Standard Operating Procedure (SOP)</b>	
<b>Ref No: 2093</b> <b>Version: 2</b>	
<b>Prepared by:</b> Kate Wormald, Pharmacist	
<b>Presented to:</b> Service Delivery Unit – Medical Services Paul Foster, Clinical Director of Pharmacy	<b>Date:</b> 11 August 2016 2 November 2016
<b>Ratified by:</b> Service Delivery Unit – Medical Services Paul Foster, Clinical Director of Pharmacy	<b>Date:</b> 20 October 2016 25 November 2016
	<b>Review date: 16 December 2018</b>
<b>Relating to policies:</b>	

### 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](#)**

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**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 Paul Foster, Clinical Director of Pharmacy
2	Ratified	16 December 2016	Appendices 1 and 2 now linked to Clinical Forms Library	Service Delivery Unit Paul Foster, 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](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.

**Quality Impact Assessment (QIA)**

<i>Please select</i>			
<b>Who may be affected by this document?</b>	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives <input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups <input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs <input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police <input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers <input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies <input type="checkbox"/>
	Others (please state):		

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
<b>If applicable, what action has been taken to mitigate any concerns?</b>				

<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (please state):			



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

<b>Policy Title</b> (and number)	<b>2093 – Inpatient Insulin Self Administration Assessment by Registered Nursing Staff</b>			<b>Version and Date</b>	1 August 2016
<b>Policy Author</b>	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.					
<b>EQUALITY ANALYSIS:</b> 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>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
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"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?					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 <sup>7</sup> ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
To promote independence of patients using insulin.					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
Patients, diabetes team and pharmacy					
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>				<b>Person responsible</b>	<b>Completion date</b>
<b>AUTHORISATION:</b>					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
<b>Name of person completing the form</b>	Kate Wormald			<b>Signature</b>	
<b>Validated by (line manager)</b>	Jane Pyle			<b>Signature</b>	

