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Contact: QldDiabetesNetwork@health.qld.gov.au

Queensland Government

Diabetes Inpatient Assessment: Insulin Administration Technique – Adult

For patients aged 16 years and older

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- This form is to be completed by an appropriately qualified staff member during patient admission to hospital.
- This assessment can be completed on admission and if clinical condition changes.
- Tick (✓) 'Yes' or 'No' in the appropriate column to indicate if the patient achieved each assessment action.
- Every person documenting in this form **must** complete the Signature Log *(below)* on the first occasion of care.

	Date	/ /		/ /		/ /		/ /		/ /	
	Type of insulin pen device(s)										
Assessment Actions		**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Hands washed		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Correct insulin and correct time		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Expiry date checked		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rock-n-Roll (Novomix 30, Humulin NPH, Humalog Mix 25, Humalog Mix 50)		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
New insulin needle applied		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Patient shown how to use BD AutoShield™ needle and demonstrated competency		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2 unit air shot performed		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Correct dose dialled		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appropriate site chosen		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Site rotation identified		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Correct angle of insertion (90º)		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Continued to depress injection button for complete injection of insulin dose		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Waited 10 seconds before withdrawing needle and red indicator is visible on removal of BD Autoshield™ needle		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Removed used needle immediately into a sharps container		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:											
Staff Use Only		**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Assessment outcomes **documented in patient notes**		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
If concerns identified, referral to Diabetes Educator		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Referral to Diabetes Educator completed		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Staff initials										

Signature Log

Initials	Print name	Designation	Signature	Initials	Print name	Designation	Signature

Available to order
WINC Code: 1NY45805

DO NOT WRITE IN THIS BINDING MARGIN

DIABETES INPATIENT ASSESSMENT: INSULIN ADMINISTRATION TECHNIQUE – ADULT

v1.00 - 11/2026
WINC Code: 1NY45805
SW1393