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Contact: QldDiabetesNetwork@health.qld.gov.au

Queensland Government

Diabetes Inpatient Assessment: Self-Administration of Insulin – 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.
- These questions should be answered in the context of **self-administration** of insulin.
- Patient to be reassessed when there is a change in their medical condition, medications, if other concerns arise throughout the duration of the program, or at the discretion of the health professional.

Conditions Excluding Self-Management	Yes	No	Outcome
1. Is the patient nil by mouth or receiving enteral or parental nutrition?	☐	☐	If YES to any: **Not suitable for self-administration (Level 0)** 1. Do **not** proceed with assessment 2. Order insulin in appropriate format 3. Document *'Not for self-administration at this stage'*
2. Is the patient unable to safely self-administer insulin due to any of the following: • Post-anaesthesia or patient-controlled analgesia? • Substance misuse, including high alcohol intake? • Mental health concerns, including self-harm? • Inability to read labels/written information? • Suspected non-adherence? • Other concern (e.g. concern around decision-making)?	☐	☐	

Assessing Patient Safety and Obtaining Consent	Yes	No	Outcome
1. Does the patient self-manage their insulin at home and/or is likely to self-administer insulin on discharge?	☐	☐	If NO to any: **Not suitable for self-administration (Level 0)** *(see above)*
2. Does the patient wish to self-manage insulin therapy during their admission?	☐	☐	
3. Does the patient have the mental/physical capacity to: • Read and understand patient information sheet? • Provide informed consent? • Self-administer insulin with their usual insulin device? • Effectively communicate concerns and diabetes management decisions?	☐	☐	If YES to ALL: 1. Obtain informed consent 2. Continue with assessment

Assessing Patient Competency and Agreeing to Plan	Yes	No	Outcome
1. Can the patient advise their insulin doses/timing and any adjustments they make (e.g. based on carbohydrate content of meals)?	☐	☐	If NO to any: **Not suitable for self-administration (Level 1) at this stage** 1. Order insulin in appropriate format 2. Document *'For self-administration'*
2. Can the patient advise appropriate Blood Glucose Level (BGL) monitoring schedule and their target levels?	☐	☐	
3. Does the patient understand and identify factors that impact their BGL's (e.g. food, illness, stress, lipohypertrophy)?	☐	☐	If YES to ALL: **Suitable for self-administration (Level 2)** 1. Order insulin in appropriate format 2. Document *'For self-administration'* 3. Notify nursing staff
4. Can the patient recognise hypoglycaemia, treat appropriately, and agree to inform staff of any events?	☐	☐	
5. Patient technique and communication: • Does the patient demonstrate adequate BGL monitoring technique? • Does the patient demonstrate adequate technique for administering insulin including sharps disposal? • Does the patient understand the need to notify the nurse of the BGL and insulin dose given? • Is the patient aware to seek assistance if experiences hypoglycaemia?	☐	☐	

Insulin Provision (Pharmacy Assessment)	Yes	No	Outcome
1. Can the patient describe appropriate insulin storage?	☐	☐	If NO to any: **Not suitable to use own insulin** 1. Pharmacy to provide insulin 2. Provide education regarding appropriate storage
2. Has the current insulin been stored appropriately prior to coming to hospital?	☐	☐	
3. Is the current insulin in date (i.e. not expired)?	☐	☐	
4. Does the current insulin pen device contain the correct type of insulin for administration?	☐	☐	If YES to ALL: **Suitable to use own insulin (if applicable)** 1. Document and notify nursing staff

Assessment Outcome

What level of self-administration is suitable for this patient?	☐ **Level 0** – **Not** appropriate for self-administration ☐ **Level 1** – Self-administration **WITH** nurse supervision ☐ **Level 2** – Self-administration **withOUT** nurse supervision
Patient has been provided with the following	☐ Sharps container ☐ Carbohydrate counting resources (if the patient usually counts carbohydrates – where available)

Assessed by (print name):	Designation:	Signature:	Assessment date:

DO NOT WRITE IN THIS BINDING MARGIN
v1.00 - 11/2026
WINC Code: 1NY45804
SW1394
DIABETES INPATIENT ASSESSMENT: SELF-ADMINISTRATION OF INSULIN – ADULT
Available to order
WINC Code: 1NY45804