

KEY THINGS TO REMEMBER IF YOU USE INJECTABLE MEDICATION TO TREAT YOUR DIABETES



➤ WHY IS THIS LEAFLET FOR YOU

If you inject insulin or a GLP-1 medication, this checklist is for you. Use this checklist at least every year to get the best outcome from your diabetes injection treatment:

- Use this guide to help ensure you correctly inject your insulin or GLP-1 therapy
- Read insulin and GLP-1 medication manufacturer's instructions
- Always speak with your doctor or nurse if you have any concerns

Complete the checklist over the page to ensure you are getting the best from your diabetes injection.



➤ YOUR CHECKLIST:

Complete checklist below to ensure you are getting the best from your diabetes injection:

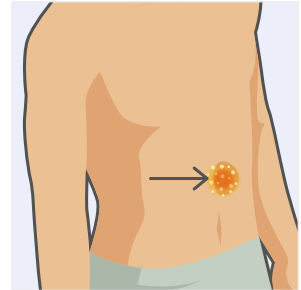
After picking up Insulin and/or GLP-1:	Yes ✓	No ✗
Store 'not in use' insulin and GLP-1 medication in fridge (preferably in door compartment away from ice box ensuring it never freezes)	<input type="checkbox"/>	<input type="checkbox"/>
Check insulin and/or GLP-1 medication matches your prescription and is in date	<input type="checkbox"/>	<input type="checkbox"/>
If a cloudy insulin is used, remember to correctly re-mix before injecting	<input type="checkbox"/>	<input type="checkbox"/>
Keep insulin and GLP-1 medication 'in use' at room temperature (between 8-25 degrees)	<input type="checkbox"/>	<input type="checkbox"/>
Before each injection:	Yes ✓	No ✗
Use a new needle for every injection	<input type="checkbox"/>	<input type="checkbox"/>
Use a 4mm pen needle for all body types for every injection	<input type="checkbox"/>	<input type="checkbox"/>
Do a 2 unit test dose before each insulin injection to ensure needle and pen are working correctly	<input type="checkbox"/>	<input type="checkbox"/>
Use a healthy injection site free from lipohypertrophy (lumps – see next page)	<input type="checkbox"/>	<input type="checkbox"/>
Can you identify all injection areas correctly	<input type="checkbox"/>	<input type="checkbox"/>
Correctly rotate injection sites and never inject into same area for at least 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Inject at least 1cm (finger's width) away from last injection spot used	<input type="checkbox"/>	<input type="checkbox"/>
Insert needle fully at 90 degrees to the skin surface	<input type="checkbox"/>	<input type="checkbox"/>
Count to ten after fully pressing down injection dose knob before removing needle from skin	<input type="checkbox"/>	<input type="checkbox"/>
Remove disposable needle and place safely into sharps container	<input type="checkbox"/>	<input type="checkbox"/>

✗ **If you have answered 'no' to any statements, please contact your doctor or nurse. They will help you to get it right and support you to get the best from your treatment.**

› MONTHLY CHECKLIST:

Lipohypertrophy or lumps at the injection sites

- Lipohypertrophy (or lipos for short) is a very common problem
- Insulin injected into lipos will not enter your body correctly
- Lipos can lead to hypos and hypers (low and high blood glucose levels) and erratic blood glucose control
- Lipos are caused by injecting insulin too frequently into a confined area and reusing needle
- Ask your doctor or nurse to show you how to check your sites for lipos and give you access to printed and digital support



Monthly:	Yes ✓	No ✗
Check all injection areas used on your body for lipos	<input type="checkbox"/>	<input type="checkbox"/>

Checking for lipos is simple and quick. Follow these tips to get it right:

- Stand in front of a mirror and look at your injection areas – look for lumps and bumps which can be as small as a pea or as big as a grapefruit
- Use some hand cream and with fingertips firmly press into injection areas – sweep fingers across area and feel for lumps and bumps
- Alternatively if checking in the bath or shower, use lots of soap

If you find lipos or are unsure about something, please talk to your doctor or nurse. They will check your injection areas and ensure you are able to manage any problems.

- ❗ For more information on best injection technique please refer to: Injection Technique Matters – Best Practice in Diabetes Care. Ask your doctor or nurse for your copy.

⚠ Moving injections away from lipos to healthy tissue may result in hypos.

- **Insulin injected into lipos often enters the body more slowly than when injected into healthy sites**
- **Insulin doses may need to be reduced if avoiding lipos**
- **Always speak to your doctor or nurse before changing your injection routine; they will help you to get the best outcome.**

> YEARLY CHECKLIST:

Yearly:	Yes ✓	No ✘
Your doctor or nurse examines your injection areas for lipos	<input type="checkbox"/>	<input type="checkbox"/>
If lipos are found, your doctor or nurse helps you avoid injecting into them by showing you where they are and with your consent marking them out for you	<input type="checkbox"/>	<input type="checkbox"/>
Records of lipos position, shape and size are made so that your doctor or nurse and you can monitor any changes at a clinic review	<input type="checkbox"/>	<input type="checkbox"/>

> USEFUL RESOURCES:

TREND Diabetes: www.trenddiabetes.online

Diabetes UK: www.diabetes.org.uk



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