



QUM Blast



LANTUS (INSULIN GLARGINE)

WHAT IT DOES:

Insulin is a pancreatic hormone secreted by the beta-cells of the islets of Langerhans.

It increases or restores the ability to metabolise glucose by:

- Enhancing cellular glucose uptake
- Inhibiting endogenous glucose output
- Inhibiting the breakdown of fat

Insulin Glargine is classified as a long-acting insulin.

Onset: 1-2 hours

Peak: 8-12 hours (although no real peak)

Duration: 24 hours

WHEN TO USE:

Insulin is required in all type I diabetic patients and in some type II diabetic patients when lifestyle modifications and oral medications are insufficient to control glucose levels.

WHAT CAN GO WRONG:

The main risk when giving insulin is of a hypoglycaemic event.

Signs of such include sweating, hunger, faintness, palpitations, tremor, headache, visual disturbance and altered mood.

Other adverse effects associated with insulin include:

- ❖ Weight gain
- ❖ Skin redness and itching

HOW TO ADMINISTER:

Therapy is usually given once or twice daily.

Inject subcutaneous (usually abdomen, less commonly thigh, upper arm or buttock).

Pinch the skin to reduce the chance of injecting into a blood vessel – if the skin is not pinched, inject at a 45° angle. Rotate the injection site.

Insulin glargine must NOT be mixed with any other insulin and must be injected separately.

Ensure a PRN Glucagon injection is available in case of hypoglycaemia.

Insulin preparations not currently in use should be stored in a refrigerator (between 2 and 8°C). Do NOT freeze.

After first use, insulin may be kept at room temperature (below 25°C) for 4 weeks.

QUALITY USE OF MEDICINES:

JUDICIOUSLY

- ✓ Encourage lifestyle modifications – low sugar diet, regular exercise...
- ✓ Consider other risk factors that could be modified e.g. blood pressure.

APPROPRIATELY

- ✓ Elderly residents may be allowed to run at higher BSLs, than would otherwise be acceptable, due to the atypical presentations and dangers of hypoglycaemia.
- ✓ Monitor for other risks associated with diabetes (e.g. foot problems – be vigilant for any loss of feeling, pain, broken skin or sores on the feet).

SAFELY

- ✓ Monitor for adverse effects, especially hypoglycaemia.
- ✓ Have a plan involving quick fixes for residents with mild hypoglycaemia (e.g. a rapid acting source of carbohydrate such as jelly-beans, orange juice...)

EFFECTIVELY

- ✓ Monitor BSLs – the doctor may initiate a diabetes management plan which outlines the level of 'highs or lows' that would warrant contacting the GP.
- ✓ The doctor may take regular blood tests to monitor HbA1c (a long-term indication of blood glucose control).



CHOICE AGED CARE

