DIABETES MEDICATIONS: PREPARING AND INJECTING MIXED DOSE INSULIN

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Some insulins come pre-mixed in a single bottle. For example, 70/30 contains 70% intermediate-acting insulin and 30% rapid-acting insulin.

However, sometimes you need to mix two types of insulin together in the same syringe, usually a rapid or short-acting insulin and an intermediate-acting insulin. Please note: long-acting insulin cannot be mixed.

Before you prepare to inject your mixed dose of insulin, let's look more closely at the syringe.

Insulin syringes are easier to use than ever before. Their needles are small and sharp to help reduce the pain of injection.

The barrel holds the insulin. The insulin user pushes the plunger to push the insulin out, and the plunger also shows how much insulin is in the syringe. The needle is sterile and shouldn't touch anything before the injection.

There are different sizes of syringes. Most insulin in the United States is U-100, which means each cc contains 100 units of insulin. To make sure you are using the best size syringe for your insulin dose, talk to your diabetes care team.

If you have special needs, such as visual or movement problems, your diabetes care team can introduce you to devices that make it easier to hold the syringe and bottle.

Now let's go over, step-by-step, how to prepare to inject a mixed dose using a needle and syringe.

First, gather all your supplies on a clean surface. This includes the syringe, alcohol swabs, a Sharps container or heavy plastic bottle to put your used syringe in when you are done, and both bottles of your insulin.

To prepare a mixed dose of insulin, you'll need to do a little math. Write down the number of units of intermediate-acting insulin you need to take; that may be 16 units.

Then, write down the number of units of short or rapid-acting insulin you need to take; let's say you need 8.

Add both figures together to get the total number of units you'll be injecting – in this case, 24. When you are more comfortable with this process, you can add these numbers in your head.

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Wipe the tops of both insulin bottles with an alcohol swab.

Pull the plunger of your syringe back to the number of units of intermediate insulin you need – in this case, 16.

Inject that air into the bottle of intermediate-acting insulin. Do not begin drawing the insulin yet. Instead, pull the syringe straight out.

Now draw in 8 units of air and inject it into the bottle of short or rapid-acting insulin. This time leave the needle in and turn the bottle upside-down, so that the insulin completely covers it. Then draw out the correct amount of insulin – 8 units.

Be sure to check for an air bubble. If you see one, push the insulin back into the bottle and start over again.

Now for the intermediate-acting insulin. If you are using an insulin that needs to be mixed, mix it gently but thoroughly. Do not shake it.

Insert the needle into the intermediate-acting insulin bottle and turn it upside-down, making sure the needle is completely covered with insulin. This will help keep an air bubble out.

Carefully pull the plunger back to the total number of units you want to inject – 24 in this case.

You need to be especially careful at this point. If you draw up too much insulin, or see an air bubble in the syringe, you cannot push the mixture back into the bottle. You must dispose of the syringe and start over.

Also, if the needle on your syringe is bent, you must discard it and start again.

Now you're ready to inject. Insulin should be injected into fatty tissue. The recommended injection areas are the abdomen or belly, the backs of the arms, the tops or sides of the thigh, and the buttocks, or rear.

With most insulins, where you inject on your body can make a difference in how fast the insulin will go to work, or its onset. Generally, the abdomen works fastest, followed by the backs of the arms, the top or outer thigh, and then the buttocks. Work with your diabetes care team to find the injection area that is best for you.

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Try to use the same area at the same time every day, but make sure you change the actual injection site each time you inject. This helps keep your skin and underlying tissues healthy. When injecting into your abdomen, make sure to stay two inches away from any scar tissue or your belly button.

If you are about to exercise, be aware that injecting the part of your body that you are going to exercise can cause your insulin to work more quickly. For example, if you inject your leg and then go for a run, your blood glucose level may drop more quickly and go much lower than usual. So before a strenuous run, you may want to choose a different area and you may need to eat a snack before your run.

Once you have selected an injection site, wipe the skin with alcohol and wait a few seconds for it to dry.

Pick up the syringe and inject at a 90-degree angle. Press the syringe plunger firmly and smoothly, then pull the needle straight out.

After taking the injection, drop the syringe into a Sharps container, which you can get at your diabetes product supplier. If you don't have a Sharps container, a heavy plastic bottle with a tight-fitting lid clearly labeled that it contains medical waste will work, too.

In some areas, you are asked not to put filled Sharps containers in your regular trash for collection. Your diabetes care team can tell you if your community has a specific place to take your sharps container when it is full.

It may seem complicated now, but with a little practice preparing and injecting a mixed dose of insulin will become second nature to you.

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