Getting started with insulin

**Insulin Injection Sites**

**NOTE:** It is really important to change (rotate) where you give yourself insulin to prevent fatty lumps from forming since these can affect how your body absorbs insulin. For example, you can move from one side of your abdomen to the other side, and you can also move your injection site to a different location within each side of your abdomen.

Avoid a 2-inch area around the belly button as well as scar tissue.

---

**Insulin Pens:**

Your pen comes with an instruction book. Please review it to understand how your pen works, how to load the cartridge, and how to prepare your pen for an insulin injection. There are different sizes and lengths of needle tips available. Most often the shortest needle is recommended. Talk with your health-care professional about which needle tip would be best for you.

**Mixing Insulin:**

Insulin that is cloudy (NPH, premixed) needs to be mixed before using. The pen should be rolled ten times, tipped ten times, and checked for a milky-white consistency.

**Check Insulin Flow (Prime):**

Attach pen needle. Dial up 2 or 3 units (whichever the manufacturers recommends) and, with pen tip facing upwards, push the dosing button. If no stream of insulin appears, repeat this step again.

**Giving Your Injection:**

After you have checked the insulin flow, dial up the dose of insulin to be taken. Insert pen tip into skin at a 90° angle. Push the dosing button until you see ‘0’. Count 10 seconds before removing the needle from your skin to ensure you receive the full dose. With longer needles (≥ 8mm), you may need to gently lift the skin before injection or inject on an angle.

---

### Site | Things to think about
--- | ---
**Abdomen (tummy)**
Stay 2 inches (5 cm) away from your belly button | Easy to reach. Insulin absorbs fast and consistently.

**Buttock and thigh** | Slower absorption rate than from abdomen and arm sites.

**Outer arm** | After abdomen, arm provides the next fastest absorption rate. This area is hard to reach when injecting yourself, so it is often not recommended.
### Insulin Types:

<table>
<thead>
<tr>
<th>Type</th>
<th>Onset (How quickly it starts working)</th>
<th>Peak (When it is most effective)</th>
<th>Duration (How long it works)</th>
<th>Timing of injection (When should it be given)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bolus insulins</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rapid acting analogues</strong></td>
<td>10 – 15 min</td>
<td>1 – 2 hours</td>
<td>3 – 5 hours</td>
<td>Given with one or more meals per day. Should be injected 0 – 15 minutes before or after meals. Fiasp is to be given two minutes before the start of your meal or within 20 minutes after.</td>
</tr>
<tr>
<td>• Apidra / Humalog (U100, U200) / NovoRapid</td>
<td>4 min</td>
<td>30 min – 1.5 hours</td>
<td>3 – 5 hours</td>
<td></td>
</tr>
<tr>
<td>• Fiasp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Short-acting</strong></td>
<td>15 min</td>
<td>4 – 8 hours</td>
<td>17 – 24 hours</td>
<td>Given with one or more meals per day. Should be injected 30 – 45 minutes before the start of the meal.</td>
</tr>
<tr>
<td>• Entuzity U500</td>
<td>30 min</td>
<td>2 – 3 hours</td>
<td>6.5 hours</td>
<td></td>
</tr>
<tr>
<td>• Humulin-R / Novolin ge Toronto</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basal insulins</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate-acting</strong></td>
<td>1 – 3 hours</td>
<td>5 – 8 hours</td>
<td>up to 18 hours</td>
<td>Often started once daily at bedtime. May be given once or twice daily. Not given at any time specific to meals.</td>
</tr>
<tr>
<td>• Humulin-N / Novolin ge NPH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Long-acting analogues</strong></td>
<td>90 min</td>
<td>not applicable</td>
<td>up to 24 hours</td>
<td>Often started once daily at bedtime. Insulin detemir (Levemir) may be given once or twice daily. Not given at any time specific to meals.</td>
</tr>
<tr>
<td>• Basaglar / Lantus U100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Levemir</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Toujeo U300</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tresiba U100, U200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premixed insulins</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premixed regular insulin</strong></td>
<td>The onset, peak, and duration of premixed insulins depend on the amounts of rapid-acting or short-acting insulin and intermediate-acting insulin. See above for more information based on the specific insulins contained in the premixed insulin.</td>
<td></td>
<td>Given with one or more meals per day. Should be injected 30 – 45 minutes before the start of the meal.</td>
<td></td>
</tr>
<tr>
<td>• Humulin 30/70</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Novolin ge 30/70, 40/60, 50/50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premixed insulin analogues</strong></td>
<td></td>
<td></td>
<td></td>
<td>Given with one or more meals per day. Should be injected 0 – 15 minutes before or after meals.</td>
</tr>
<tr>
<td>• Humalog Mix 25, Mix 50 / NovoMix 30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Insulin Care and Storage:

Unopened insulin should be stored in the fridge between 2ºC and 8ºC. The insulin you are using can be stored at room temperature for up to 1 month. Both Levemir and Toujeo are the exception; they are safe at room temperature for 42 days. Discard insulin that has been frozen, exposed to temperatures greater than 30ºC, or expired.

### Diabetes Identification:

You should always wear identification, such as a bracelet or necklace, to identify that you have diabetes. Identification bracelets, such as MedicAlert®, can be purchased at pharmacies and jewellery stores. Always carry identification in your wallet or purse that provides information about your diabetes.
Low Blood Sugar (Hypoglycemia):

Treatment of Low Blood Sugar (Hypoglycemia)

What is low blood sugar?
When the amount of sugar in your blood (blood glucose) has dropped below your target range (i.e. is generally less than 4.0 mmol/L), a condition called low blood sugar or hypoglycemia occurs.

When this happens, you may feel:
- Shaky, light-headed, nauseated
- Nervous, irritable, anxious
- Weak, drowsy, vision changes
- A faster heart rate
- Sweaty, headachy
- Hungry
- Confused, difficulty concentrating or speaking
- A numbness or tingling in your tongue or lips

How do I treat low blood sugar?
If you are experiencing the signs of a low blood sugar level, check your blood sugar immediately. If you do not have your meter with you, treat the symptoms anyway. It is better to be safe.

Eat or drink a fast-acting carbohydrate source (containing 15 grams). For example:
- 15 g of glucose in the form of glucose tablets (preferred choice)
- 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water
- 5 cubes of sugar
- 150 mL (2/3 cup) of juice or regular soft drink
- 6 LifeSavers® (1 = 2.5 g of carbohydrate)
- 15 mL (1 tablespoon) of honey (do not use for children less than 1 year)

Low blood sugar can happen quickly, so it is important to treat it right away. If your blood sugar drops very low, you may need help from another person.

Causes of low blood sugar:
- More physical activity than usual
- Eating less than usual
- Not eating on time
- Taking too much medication
- Drinking alcohol
- Not eating on time
- Taking too much medication

If you are planning on fasting, consult your diabetes health-care team well in advance.

Checking Blood Sugars and Adjustment of Insulin:

<table>
<thead>
<tr>
<th>Insulin:</th>
<th>Starting Dose:</th>
<th>units at</th>
</tr>
</thead>
</table>

Blood sugar goals:

Contact for help with insulin adjustments:

What to do with your diabetes pills:

Please check blood sugar using the following schedule.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Supper</th>
<th>Bedtime</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before</td>
<td>after</td>
<td>before</td>
<td>after</td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Proper Use of Pen Tips (needles):

Use pen tips only once; they are thin and can become bent or broken if re-used. Reusing pen tips can make the injection more painful. Leaving pen tips on the cartridge may cause leaking or allow air into the cartridge which may affect the concentration of the insulin.

Safe Sharps Disposal:

Pen tips and lancets should be disposed of in a sharps container. Check with your local pharmacy. Many pharmacies supply safe, puncture-proof containers. When the container is full, it is returned to the pharmacy in exchange for a new container. Sharps otherwise should be disposed of in accordance with local regulations.

Diabetes Driving Guidelines

Prevention of low blood sugar for all insulin-treated drivers

- Measure your blood sugar level immediately before and at least every 4 hours during long drives.
- Always carry blood sugar monitoring equipment and an emergency supply of fast-acting carbohydrate within easy reach (e.g. attached to the visor).
- Do not start driving if your blood sugar is less than 4.0 mmol/L. If you feel symptoms of low blood sugar while you are driving, stop the vehicle in a safe location and remove the keys from the ignition.
- If your blood sugar is less than 4.0 mmol/L, you should have 15 grams of carbohydrate and not begin to drive until your blood sugar is at least 5.0 mmol/L. It is suggested to wait for 40 minutes to recover fully from low blood sugar.
- If your blood glucose is < 2.8 mmol/L while driving you must refrain from driving immediately, and notify a member of your health-care team as soon as possible.

Professional Drivers

- You should follow the above recommendations as well as perform any diabetes self care as required by your licensing province.

Each province has its own rules regarding sugar control and being able to drive.

I want to apply for a commercial licence.

Can I drive in Canada? In the United States?

Canadians with diabetes who are using insulin can apply for a commercial licence. Motor vehicle licensing authorities require a greater level of medical fitness for drivers operating passenger vehicles (buses/commercial vans), trucks, and emergency vehicles. Commercial drivers spend more time driving and are often under more adverse conditions than private drivers.

Canadians with diabetes who are using insulin can be licensed to drive a commercial vehicle in Canada. The Canada/US Medical Reciprocity Agreement (effective March 1999) recognizes the similarity between Canadian and American medical standards and provides for reciprocal arrangements on medical fitness requirements for Canadian and American drivers of commercial vehicles.

However, Canadian commercial drivers who have diabetes requiring insulin, are not permitted to drive in the United States.

What is Diabetes Canada’s position on diabetes and driving and licensing?

Diabetes Canada believes people with diabetes should be assessed for a driver’s licence on an individual basis.

For more information, see http://www.diabetes.ca/about-cda/public-policy-position-statements/driving-licensing.

Related articles: Lows and highs: blood sugar levels, Thinking of starting insulin, Managing your blood sugar

Interactive Self-monitoring of Blood Glucose Tool

See Diabetes Canada on YouTube for videos about using insulin.