

Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	1. Nurses should assess psychosocial factors that may affect the individual's ability to successfully initiate insulin therapy. Assessment strategies that include the use of open-ended questions to assess barriers, stressors, self-efficacy, and beliefs about insulin initiation should be used.	III
	2. Education for administering insulin should be tailored in collaboration with the individual to address current knowledge, abilities, and needs.	Ia
	3. Nurses should provide and/or reinforce appropriate teaching regarding insulin preparation and administration. Topics to include are: <ul style="list-style-type: none"> ■ Insulin: type, action, stability, storage, and compatibility ■ Preparation and administration of insulin ■ Sharps disposal ■ Follow-up for medical and self-care support 	IV
	4. Nurses should encourage blood glucose self-monitoring as an integral part of daily diabetes management for individuals taking insulin. The recommended frequency of testing will vary according to diabetes treatment and the individual's need and ability.	III
	5. Individuals who self-monitor blood glucose should receive initial instruction and periodic re-education regarding self-testing technique, meter maintenance, and verification of accuracy of self-testing results.	III
	6. Nurses should ensure clients taking insulin receive appropriate basic nutrition information.	IV
	7. Clients treated with insulin, and their caregivers, should be taught how to prevent, recognize and treat hypoglycemia.	IV
	8. Nurses must be aware of the effects of acute illness, surgery, and diagnostic procedures on blood glucose levels.	IV
	9. Nurses should provide basic education on blood glucose monitoring, dietary, and medication adjustments for periods of illness. This information should be given initially and reviewed periodically with the client.	IV

*See p.12 for details regarding "Interpretation of Evidence"

	RECOMMENDATION	*LEVEL OF EVIDENCE
Education Recommendation	10. Nursing curriculum should include education about the care and management of diabetes.	IV
Organization & Policy Recommendations	11. Healthcare organizations should facilitate ongoing diabetes education of nursing staff about diabetes care and management.	IV
	12. Organizations must ensure that individuals receiving insulin have ready access to an appropriate form of glucose at all times.	IV
	13. Organizations should develop and communicate appropriate policies and procedures to reduce the potential for medication errors related to insulin therapy.	IV
	14. Organizations should have a process for documentation to support nursing practice related to insulin therapy.	IV
	15. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational, and administrative support. Organizations may wish to develop a plan for implementation that includes: <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. <p>In this regard, RNAO (through a panel of nurses, researchers, and administrators) has developed the <i>Toolkit: Implementation of Clinical Practice Guidelines</i>, based on available evidence, theoretical perspectives and consensus. The RNAO strongly recommends the use of this <i>Toolkit</i> for guiding the implementation of the best practice guideline on <i>Best Practice Guideline for the Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes</i>.</p>	IV