PURPOSE:
To provide a guideline for pre-filling and storing insulin syringes that will be injected by patient or caregiver at a later time.

CONSIDERATIONS:
1. The pre-filling of syringes should be considered when a patient and/or caregiver are unable to accurately measure insulin but are able to competently administer the injection.
2. Mixing insulin for future use (pre-drawing insulin)
   a. Novolog, Humalog, and Lantus are not recommended for pre-drawn use unless commercially prepared.
   b. Novolin NPH and Regular insulin may be stored for 30 days if refrigerated.
   c. Humulin NPH and Regular insulin may be stored for 21 days if refrigerated.
3. If patient uses pre-filled syringes with mixtures of regular insulin and NPH, the most consistent effect will be obtained only in syringes that have been filled at least 24 hours prior to use for injection. For example, if the nurse visits once a week, the patient should use a syringe that was filled by the nurse on the previous visit NOT a syringe freshly mixed on the day of the visit.
4. Pre-drawn syringes should be stored with the needle pointing up so particles do not clog the needle.
5. All pre-drawn syringes should be gently rolled between the hands before injection to adequately re-suspend the insulin preparation.
6. Prefilled syringes containing commercially mixed insulin (70/30, 50/50, etc.) and single insulin may be stored in the refrigerator for 21 to 30 days (verify with manufacturer recommendations).
6. Insulin glargine (Lantus) cannot be mixed with any other insulin and is NOT recommended for prefilling. (Commercial pens (Opticlik) are available with glargine).

EQUIPMENT:
Insulin prescribed
Insulin syringes with 24 to 30 gauge needle 5/16 or 1/2 inch-long or needle-less adaptors
Alcohol wipe
Container for syringes in refrigerator

PROCEDURE:
1. Adhere to Standard Precautions.
2. Refer to procedure. (See Endocrine – Insulin Preparation: Single Insulin Dose) and (See Endocrine – Insulin Preparation: Mixed Insulin Dose.)
3. Place filled syringes in a marked container with syringe tip up in the refrigerator.
4. Instruct patient and caregiver on use of pre-filled syringes.
5. Establish a syringe count to assess adherence.

AFTER CARE:
1. Document in patient's record:
   a. Reason pre-filled syringes are needed.
   b. Medication, type and amount of syringes pre-filled.
   c. Instructions given to patient/caregiver.