

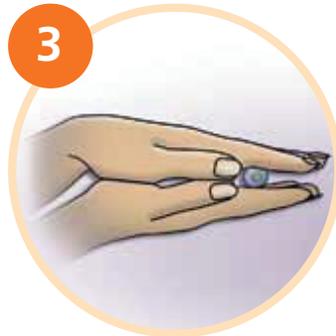
Drawing and injecting one insulin



Wash your hands.



Get supplies.



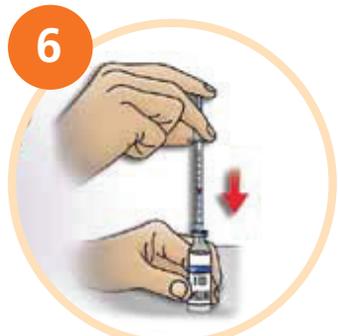
Roll bottle if needed.



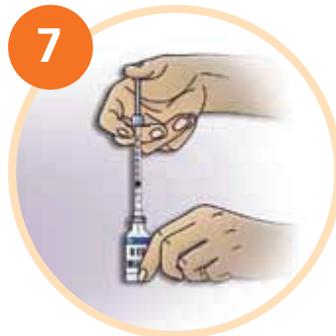
Wipe the top of the bottle with alcohol.



Pull plunger down to desired units.



Push needle into bottle.



Push plunger down.



Pull plunger down to desired units, filling syringe with insulin.



Remove air bubbles.
Check to see if dose is correct.



Pick injection site. Wipe with alcohol. Pinch up skin and push needle into skin.

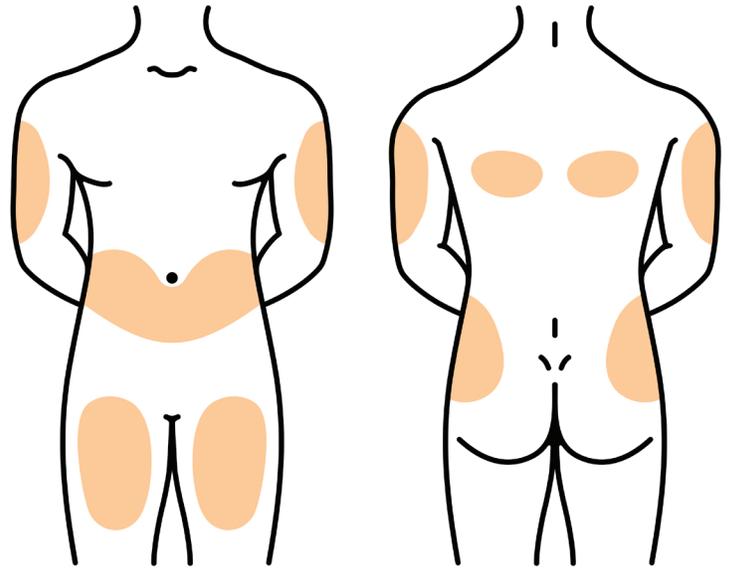


Push plunger in. Pull needle out of skin.

INJECTION SITES

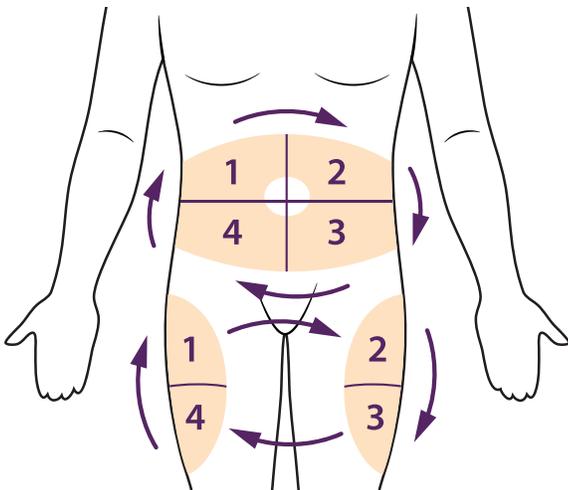
Insulin and some other diabetes medications should be injected into subcutaneous tissue, which is the layer of fat directly under the skin. Ideal injection sites, as illustrated below, are the abdomen, back of the arms, upper buttocks and the front upper outer area of the thighs. Abdominal injections should always be a few fingers away from the belly button.

The body absorbs insulin at various speeds from the different sites and enters the bloodstream most quickly after an abdominal injection. Some recommend injecting in the same area of the body to reduce this variation.



Consider administering rapid-acting insulin into the abdomen before a meal for fastest results.

Inject long-acting and intermediate-acting insulin into the other sites as rapid absorption would reduce the effectiveness of these types.



If you choose to use the same area, it's important to rotate the location where you inject (see rotation pattern below). This helps prevent buildup of lumpy tissue where insulin can't be absorbed as well.

Avoid injecting into scar tissue or areas located near bone. Space injections at least an inch apart.

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