

**THE VALLEY HOSPITAL Paramus, NJ**

INSULIN SAFETY EDUCATION FOR NURSING STUDENTS--POST-TEST

**\*\*Please use answer sheet – do not write on this test! \*\***

1. Prior to administering insulin, every student nurse MUST have dose, time and type of insulin to be given double checked and administered with:
  - a. **Clinical instructor**
  - b. Primary nurse
  - c. PCA
  - d. Double check not needed at all. May carefully draw up and administer without supervision if clinical instructor gives permission
  
2. Your patient is to receive Humalog (insulin Lispro) pre meal for Accu-chek coverage. WHICH ONE OF THE FOLLOWING RESPONSES IS TRUE? You know that:
  - a. Accu-check glucose pre meal readings should be taken NO MORE than 60 minutes prior to meal and insulin administration
  - b. **Humalog insulin coverage should NOT be administered until meal tray is in front of patient**
  - c. From unit to unit, meals will always be served at the same time each day in the hospital
  
3. Critical Results identified by glucometer require venous blood draw to confirm. They are:
  - a. Glucose above 250 and under 70
  - b. Glucose above 350 and under 60
  - c. **Glucose above 400 and under 50**
  - d. Glucose above 200 and under 45
  
4. You check a routine Accu-chek for your patient who is an insulin dependent, Type 1 Diabetic. He tells you he is feeling good. His Accu-chek reading is 60 mg/dl. You know that according to standard diabetes guidelines any glucose reading under 70 mg/dl is considered to be hypoglycemia. What is your next action?
  - a. Because he is asymptomatic , do not take any action
  - b. Treat this glucose as hypoglycemia and administer 30 grams of carbohydrate (Ex: 8 oz. orange juice)
  - c. **Treat this glucose as hypoglycemia and administer 15 grams of carbohydrate (4 oz. orange juice). Recheck Accu-chek within 15 minutes and if glucose remains below 70 mg/dl, retreat with 15 grams Carbohydrate (“Rule of 15’s “)**
  - d. None of the above

5. Random Glucose target goal for the hospitalized patient with diabetes is to maintain glucose below 180 mg/dl
  - a. True
  - b. False
6. Please review following statements about insulin administration. Which is NOT true??
  - a. Insulin syringes at The Valley Hospital are ALWAYS 100 units per ml
  - b. Insulin syringes can come in 3 sizes – 30 unit, 50 unit and 100unit. If very small doses, using a smaller syringe gives better visibility for accurate dosing
  - c. All insulin is to be administered via subcutaneous route at 45 degree angle
  - d. If appropriate and needed, regular insulin can be given IV as bolus or administered as continuous IV infusion (250 units insulin in 250 ml 0.9% Sodium Chloride) on designated medical surgical units and critical care units.
7. Lantus (insulin glargine) will be administered to your diabetes patient once or sometimes twice daily. If once per day, usual time of administration is at bed time. All except ONE of the following statements about Lantus is true. Please identify the INCORRECT comment.
  - a. Level of insulin will rise within one hour and remain steady until time for next dose.
  - b. If patient is to receive a 2100 Accu-chek coverage dose of insulin Lispro, in addition to his Lantus, you may mix both together and save your patient an extra injection
  - c. Each patient will receive his own labeled vial of each insulin ordered from pharmacy for his use only throughout this admission
  - d. Upon discharge, your patient's vial (s) of insulin are to be discarded in the Sharp's container – no matter how much insulin is remaining. If was never opened, it may be returned to pharmacy.
8. Your patient is a Type 2 diabetes patient who seems to lack understanding of diabetes dietary guidelines and general self -management skills. What resources are available for you to access and which response is most appropriate?
  - a. Initiate nursing consult request for Diabetes Dietary Instruction
  - b. Initiate diabetes education consult for diabetes educator to assess for other diabetes education needs
  - c. Refer patient to Evidon Patient Education Video system and videos appropriate for his diabetes self -care needs.
  - d. All of the above.

9. If your adult patient has his own Insulin Pump, what is your responsibility?
  - a. Remind patient that he must provide all his own pump supplies and change site every 3 days
  - b. Observe that patient is completing daily flow sheet at bedside
  - c. Assess for patients ability to safely manage his own pump
  - d. All of the above
  
10. If your adult patient is unable to safely manage his Insulin Pump, you MUST do all except which of the following.
  - a. Contact Diabetes Educator
  - b. Request RN to contact physician about removing pump and obtain subcutaneous insulin orders
  - c. Call family and ask if anyone is willing to come in and assume responsibility for pump
  - d. Document carefully, change in mental status or deterioration of physical condition that would make it unsafe for patient to manage pump independently.