**FlexPen, SoloStar, NPH KwikPen – FREQUENTLY ASKED QUESTIONS**

*Q: Why have we converted to FlexPen/SoloStar/NPH KwikPen?*

A: This is a patient and nurse safety initiative as well as Joint Commission/ISMP recommendation.

The FlexPen, SoloStar, and NPH KwikPen insulin devices use an automatic needle cover, which reduces needle stick injury. They also minimize the use of floor-stock insulin which can lead to issues associated with contamination. There is not a device available for regular insulin, which is why we are using regular insulin vials. In 2014, we will convert from the NPH Pen to the NPH KwikPen.

*Q: What types of insulin is the FlexPen/SoloStar/NPH KwikPen used for?*

A: *FlexPen* contains insulin aspart (rapid-acting insulin). *SoloStar* contains insulin glargine (long-acting insulin). *NPH KwikPen* contains NPH insulin (intermediate-acting insulin).

*Q: Is floor-stock regular insulin still available?*

A: Floor-stock regular insulin remains on all floors for use in one circumstance:

* To treat hyperkalemia

*Q: My patient has an order for regular insulin, can I use a floor stock vial?*

A: No, regular insulin vials are to be dispensed from the Ominicell, labeled with the patient ID and date of expiration, and stored in the non-refrigerated patient-specific bin. Once removed from the refrigerator, regular insulin vials are stable for 28 days.

*Q: What areas of the hospital does this effect?*

A: Insulin devices are used for patients in the [insert hospital patient units]. Patients in the [insert other hospital patient units] areas continue to use only insulin vials.

*Q: Where is the FlexPen/SoloStar/NPH KwikPen/Regular insulin vial stored?*

A: The FlexPen, SoloStar, NPH KwikPen, and regular insulin vials are stocked in the Omnicells. Insulin dispensed from the Omnicell must be labeled by the nurse with patient ID and date of expiration. Insulin is to be stored in the patient specific bin for future doses.

*Q: How long is the insulin stable for when removed from refrigeration?*

A: Stability of each insulin type upon removal from refrigeration is as follows:

Insulin Aspart FlexPen = 28 days

Insulin Glargine SoloStar = 28 days

NPH Insulin KwikPen = 14 days

Regular Insulin Vials = 28 days

*Q: Where will the needles and insulin syringes come from?*

A: The automatic needle covers and insulin syringes are distributed by Materials Management.

*Q: Can the FlexPen/SoloStar/NPH KwikPen/Regular insulin vial go home with the patient?*

A: No. Insulin is not labeled for outpatient use and there are billing issues that prohibit this practice.

*Q: What will patients who are new to insulin be taught upon discharge?*

A: Per policy, patients should be instructed on the use of the vial/syringe upon discharge. Insulin prescriptions should be for the vial/syringe as well. This is because the FlexPen, SoloStar and NPH KwikPen deivices are second or third tier on many prescription plans. Some plans even require prior authorization.

*Q: Can you use the FlexPen/SoloStar/NPH KwikPen/Regular insulin vials on more than one patient?*

A: No, insulin devices and vials are for patient-specific use only.

*Q: What do you do if the dose is greater than 50, 60, or 80 units?*

A: The FlexPen allows for a maximum injection of 60 units and the SoloStar allows for a maximum injection of 80 units. The NPH KwikPen allows for a maximum injection of 60 units. If a larger dose is needed, two injections should be given.

*Q: Can you mix insulins with the devices?*

A: No.

*Q: Can I use a needle to withdraw insulin from the devices?*

A: No. This process can introduce air into the device and cause insulin dosing errors upon future use.

*Q: Why do I sometimes see insulin on the skin after the dose is given with the device?*

A: There are a few reasons why this may happen:

* A small amount of fluid may remain in the well of the automatic needle cover after the airshot is performed. You can flick excess fluid from base of needle after the airshot.
* The needle with the automatic cover may not be pressed all the way into the subcutaneous tissue (flush against the skin) prior to pushing the plunger and for the duration of dosage administration. Make sure to push the plunger of the needle with the automatic cover all the way into the skin *before* pressing the plunger to administer insulin.
* The device may not have been held in the subcutaneous tissue for the full 6 seconds.

*Q: Why do I have to hold the needle in the skin for 6 seconds with the device?*

A: Holding the needle in the skin for 6 seconds ensures that the full dose is administered. This is a recommendation from the American Diabetes Association

(*Diabetes Care.* 2002; 25(Suppl 1).

*Q: What should happen to the FlexPen/SoloStar/NPH KwikPen/Regular insulin vial if a patient transfers to a different unit or procedural area?*

A: Please send it with the patient!