

CARE WITH INSULIN

DOUBLE CHECK

1. PRESCRIPTION

2. PMR

3. DISPENSING (**HELPER**)

- **H**ow many (1 or 5 vials/cartridges)
& size (3ml, 10ml)
- **E**xpiry date
- **L**abel
- **P**roduct
 - Short/intermediate/long acting
 - Dose
 - Strength
 - Form (Vial, Cartridges, Disposable Pen/Devices)
- **pER**son
 - Different person to check or time delay

4. Patient

Show and check with patient