FAIRVIEW PHARMACY

INSULIN MADE SIMPLE

A practical guide to insulin types, injection safety, low blood sugar, sick days, storage, travel, and your personalized schedule

Know your insulin type Basal covers background needs. Mealtime covers food. Correction lowers an unexpected high. Mixed insulin combines actions.	**Check the label every time** Insulin names and concentrations can look similar. Confirm the name, concentration, and dose before every injection.	**Prime every pen** Attach a new needle and perform the product-specific safety test before dialing the dose.
Rotate healthy sites Use abdomen, thigh, upper arm, or buttock areas as instructed. Avoid lumps, scars, bruises, and hard spots.	**Treat lows quickly** Know your symptoms, carry fast carbohydrate, and keep glucagon where family or caregivers can find it.	**Never share pens** Never share pens, cartridges, syringes, or needles - even if the needle is changed.

MOST IMPORTANT Your personalized insulin schedule is the prescription. Do not copy another person's dose, switch concentrations, or guess after a missed dose. Ask for a written plan for meals, corrections, sickness, exercise, and travel.

The main insulin types

Basal: long background coverage.
Mealtime: rapid or short acting insulin matched to food.
Correction: extra insulin based on glucose, only when your written plan says to use it.
Mixed: fixed combination that requires dependable meal timing.

Pens versus vials

Pens dial a dose and require a new needle plus priming. Vials require the correct insulin syringe. Concentrated insulin requires the matching device. Never withdraw insulin from a pen with a syringe.

Safe injection steps

1. Wash hands and check the label.
2. Inspect the insulin as directed.
3. Attach a new needle and prime the pen.
4. Dial the exact dose.
5. Inject into healthy skin and hold the needle in place for the product-specific count.
6. Remove the needle and discard it in a sharps container.

Site rotation and lipohypertrophy

Move each injection at least one finger-width from the last. Repeated injections into a lump can make absorption unpredictable. Ask the pharmacist or clinician to inspect your sites if you feel thickened, rubbery, or hard areas.

Sick-day rules and ketones

Continue glucose monitoring more often. People with type 1 diabetes generally need basal insulin even when not eating. Follow your written sick-day plan, drink fluids as allowed, check ketones when directed, and call for vomiting, moderate or large ketones, or persistent high glucose.

CGM and meter safety

A continuous glucose monitor shows trends, but a finger-stick may be needed when symptoms do not match the sensor, the sensor is warming up, or the device advises confirmation. Know where your backup meter and strips are.

Travel, heat, and freezing

Carry insulin, needles, glucose supplies, glucagon, and a prescription list in your carry-on. Keep insulin away from direct ice, freezing temperatures, hot cars, and sunlight. Bring extra supplies and a backup delivery method.

Sharps and household safety

Place used needles and syringes in an FDA-cleared sharps container or an approved local alternative. Do not recycle loose sharps. Keep insulin and glucagon away from children and pets.

EMERGENCY WARNING Call 911 for unconsciousness, seizure, severe confusion, inability to swallow, or a severe allergic reaction. Use prescribed glucagon for severe low blood sugar when available. Seek emergency care for severe vomiting with ketones, deep or difficult breathing, or signs of diabetic ketoacidosis.

Fairview Pharmacy | 500 Katie Avenue, Hattiesburg, MS 39401 | 601-544-4871
Clinically reviewed: July 2026. Reviewed using current FDA-approved insulin labeling and diabetes emergency-care principles. This guide provides general education and does not replace individualized instructions from your healthcare team.

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Simplified refrigerator guide - keep this with your insulin supplies

THE MAIN RULE	Your personalized insulin schedule is the prescription. Do not copy another person's dose, switch concentrations, or guess after a missed dose. Ask for a written plan for meals, corrections, sickness, exercise, and travel.

My basal insulin and time:	_____
My mealtime insulin and timing:	_____
My correction plan:	_____
My low-glucose threshold:	_____
My glucagon location:	_____
My diabetes-team phone:	_____

MISSED DOSE	A missed insulin dose can be dangerous, and the correct response depends on the insulin type, glucose level, meals, ketones, and time elapsed. Check glucose and follow your written plan. Do not double or guess.

CALL TODAY

Repeated glucose below 70; glucose staying high despite the plan; vomiting; moderate or large ketones; new injection-site lumps; frequent overnight lows; CGM readings that repeatedly do not match symptoms.

STORAGE AND HANDLING

Unopened insulin is usually refrigerated, but in-use limits vary by brand and device. Write the opening date on every pen or vial. Never freeze insulin or leave it in a hot car.

GET URGENT HELP	Call 911 for unconsciousness, seizure, severe confusion, inability to swallow, or a severe allergic reaction. Use prescribed glucagon for severe low blood sugar when available. Seek emergency care for severe vomiting with ketones, deep or difficult breathing, or signs of diabetic ketoacidosis.

LOW BLOOD SUGAR - RULE OF 15	If glucose is below 70 mg/dL and you can swallow safely: take 15 grams of fast carbohydrate, wait 15 minutes, and recheck. Repeat if still low. For severe low blood sugar, inability to swallow, seizure, or unconsciousness: use glucagon if available and call 911.

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