

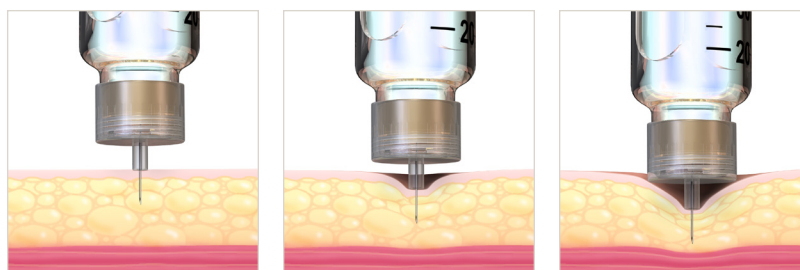
5 Questions to Help Identify Sub-Optimal Injection Technique

1

How do you inject yourself in terms of pressure used and site rotation?

Proper injection technique matters*

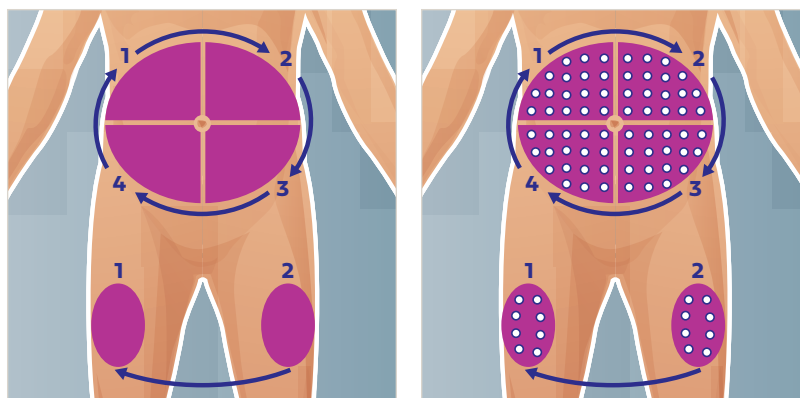
Too much force



Sufficient

Too much

Too much force
> Intramuscular
injections



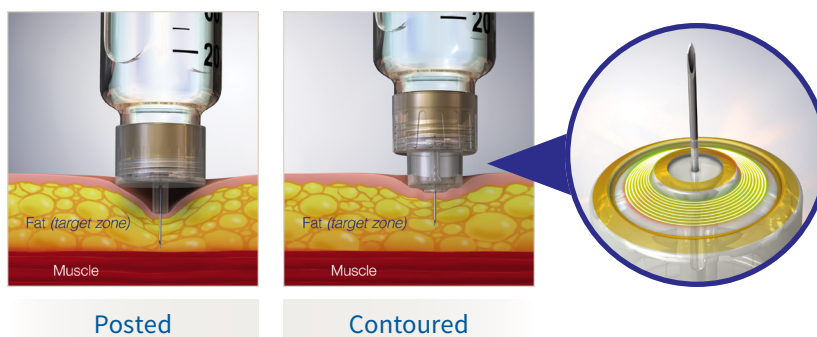
Encourage
wide rotation

Poor rotation > development of *lipohypertrophy*, which can lead to hypoglycemia, variable blood glucose response and increased A1C¹

2

What does your pen needle look like? Is it posted or contoured?

The shape of the needle base matters



Posted

Contoured

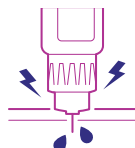
- Injecting into the muscle can lead to **low blood sugar**²
- A **contoured base** reduces the risk of this by **2-8x** vs. other 4 mm pen needles^{3†}
- Consider **providing a sample** of the BD Nano™ PRO pen needle with a contoured base design

3 Are you using a new needle for every injection?

Using a new needle for every injection matters



Needles are **no longer sterile** after use⁴



Reuse may increase risk of injection **pain and bleeding**⁴



Reusing needles can cause **lipohypertrophy** or “**lipo**”, which are lumps of fatty tissue under your skin. Injecting insulin into a lipo can lead to variable blood sugars.¹

4 Do you have an adequate supply of pen needles?

Track your insulin *and* pen needle supply



Each time a patient refills insulin, ask how many times per day they inject their insulin so you can better provide the appropriate amount of pen needles or insulin syringes for their refills. Consider putting your patients' pen needles or insulin syringes on auto-refill to ensure adequate supply.

5 How confident are you in injecting yourself? Do you think you would benefit from a training on injection technique?

How insulin is injected is as important as the type and dose of insulin

When people with diabetes used **structured injection technique training**, including switching to a 4 mm or 5 mm pen needle:



A1C was reduced by 1.0% in 6 months^{5†}



Scan me to learn more about Injection Technique

* Injecting into the back of the arm is not recommended.

† Based on mathematical calculations and not clinical study data compared to other 4 mm pen needles.

‡ Compared to baseline.

References: 1. Berard L, et al. FIT Forum for Injection Technique in Canada. *Recommendations for Best Practice in Injection Technique*. 4th Ed.

2. Hirsch L, et al. *Diabetes Technol Ther*. 2014;16(12):867-873. 3. Rini C, et al. *J Diabetes Sci Technol*. 2019;13(3):533-545.

4. Frid AH, et al. *Mayo Clin Proc*. 2016;91(9):1231-1255. 5. Miskinova IV, et al. *Diabetes Ther*. 2017;8(6):1309-1318.

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