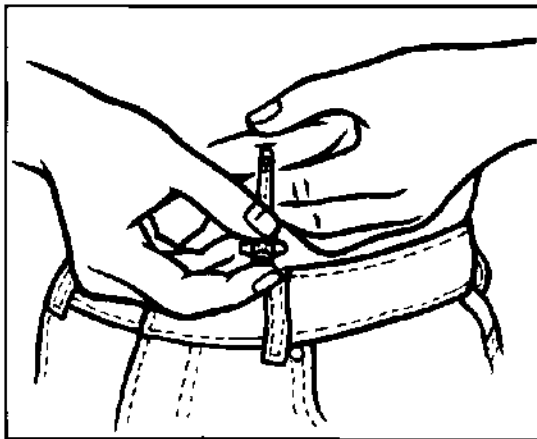
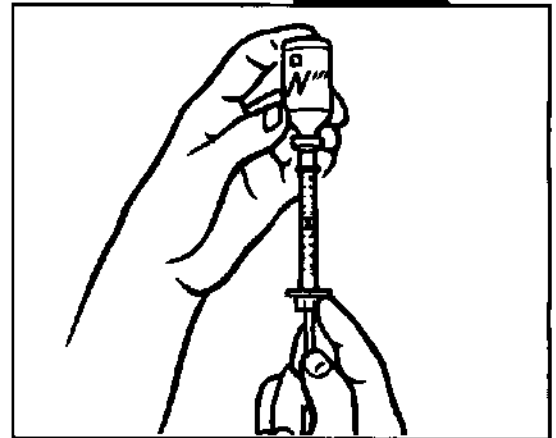
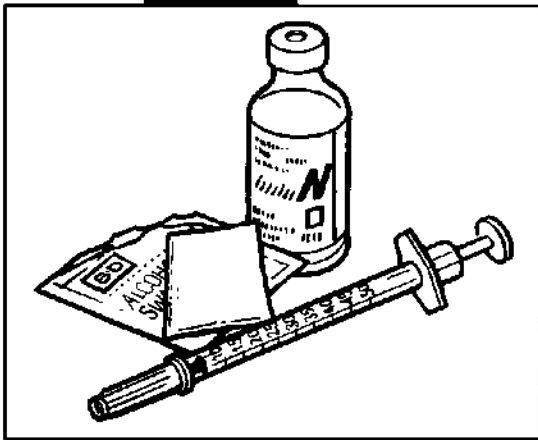
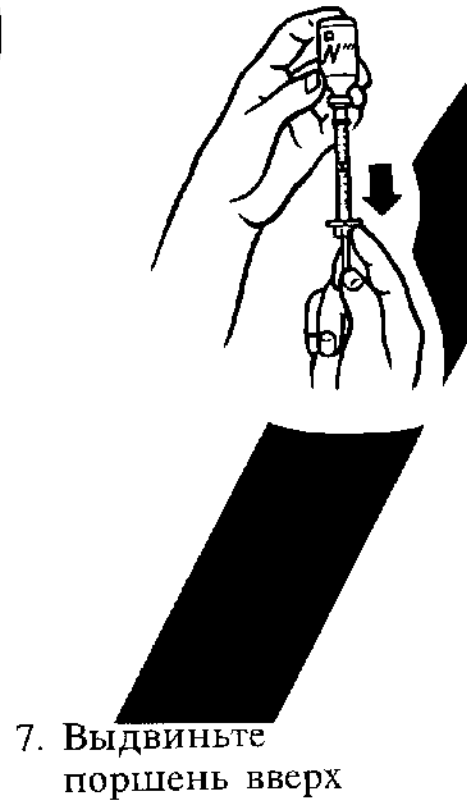
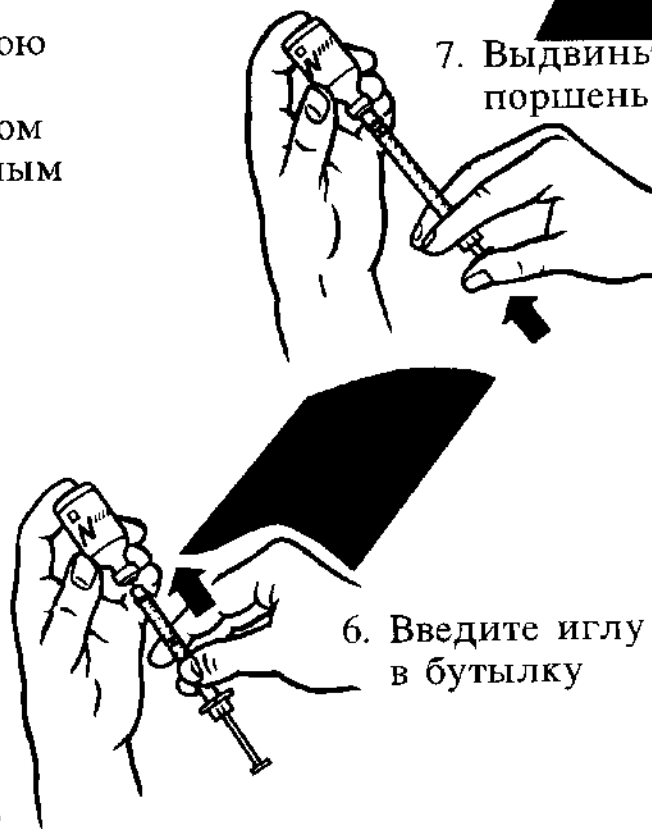
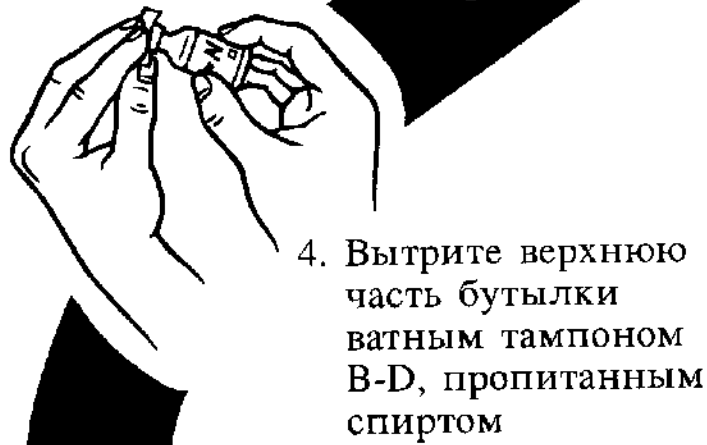
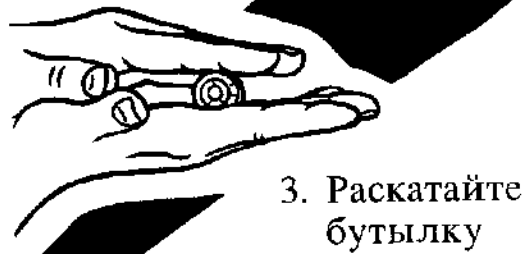
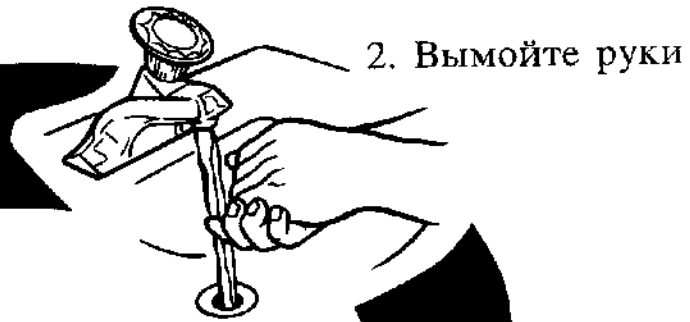


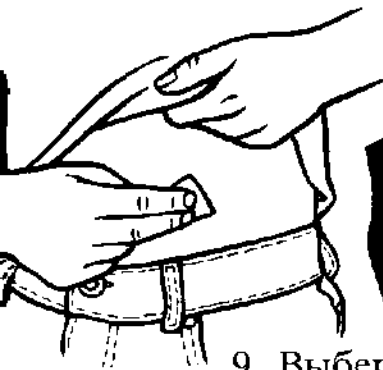
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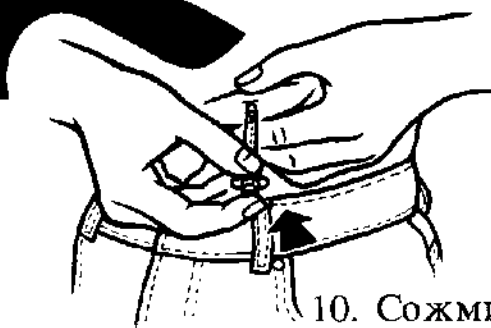
Приготовление и самоинъекции инсулина





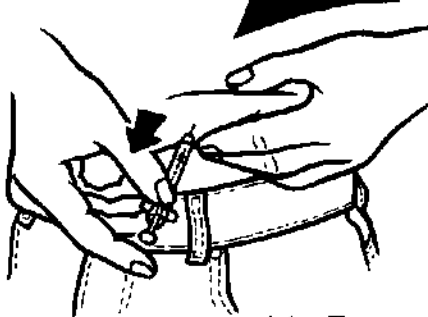


9. Выберите место для инъекции
Протрите его ватным тампоном В-Д, пропитанным спиртом

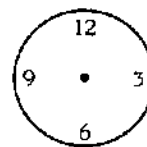


10. Сожмите кожу
Введите иглу в кожу
Введите шприц

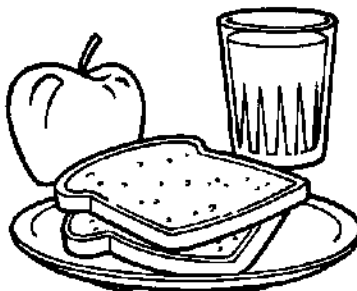
8. Опустите поршень на _____ делений



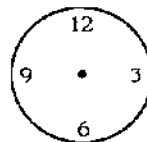
11. Выведите иглу



12. Избавляйтесь от шприцев безопасным образом
Проверьте правила своего города



13. Примите пищу через _____ минут.

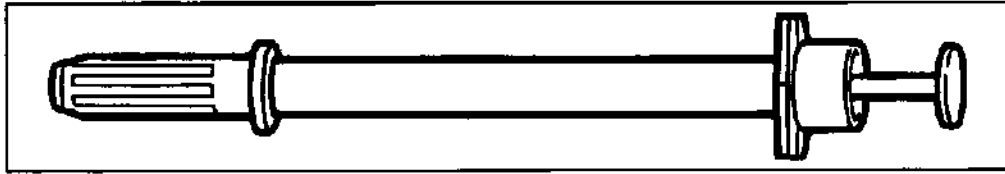


Дозировка инсулина для:

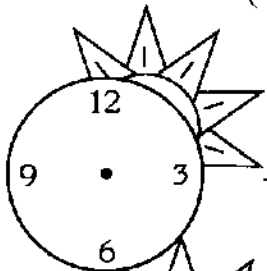
Имя пациента _____ Сегодняшняя дата: _____

Имя медсестры _____ Номер телефона: _____

Размер шприца: 3/10 cc 1/2 cc 1 cc



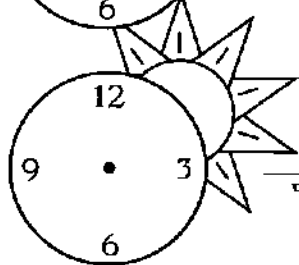
Я принимаю
инсулин: _____
(Фирменное название)



_____ часов утра, перед завтраком

_____ количество единиц

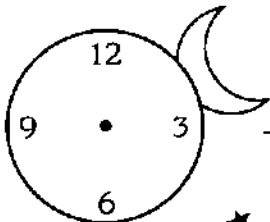
_____ количество единиц



_____ часов дня, перед ленчем

_____ количество единиц

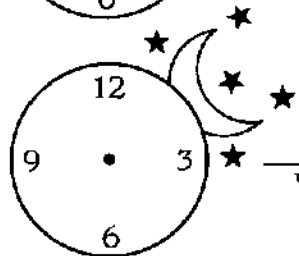
_____ количество единиц



_____ часов вечера, перед обедом
или ужином

_____ количество единиц

_____ количество единиц



_____ часов вечера перед сном

_____ количество единиц

_____ количество единиц

**BECTON
DICKINSON**

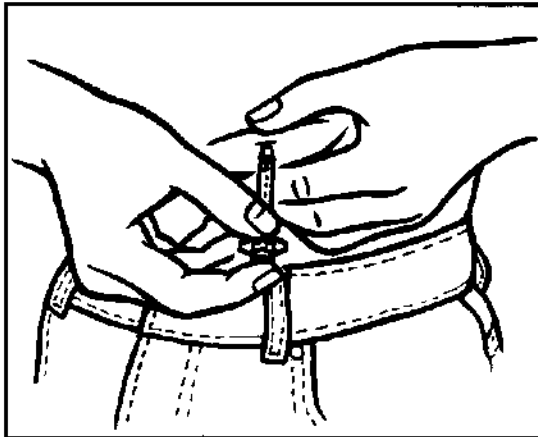
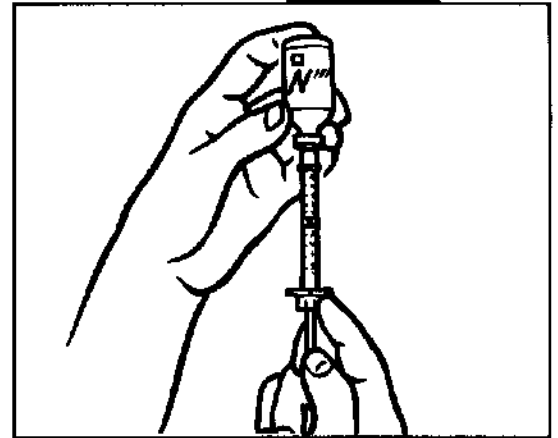
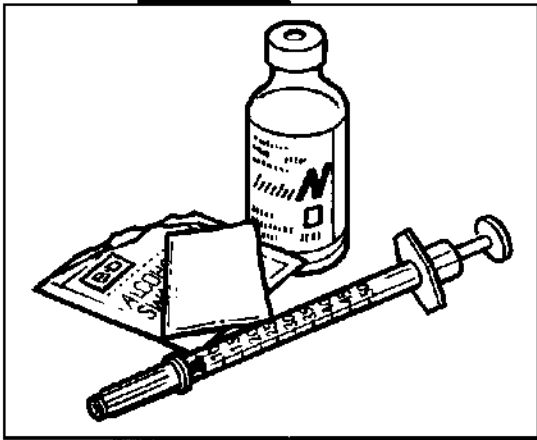
BECTON DICKINSON CONSUMER PRODUCTS
Becton Dickinson and Company
Franklin Lakes, New Jersey 07417-1883

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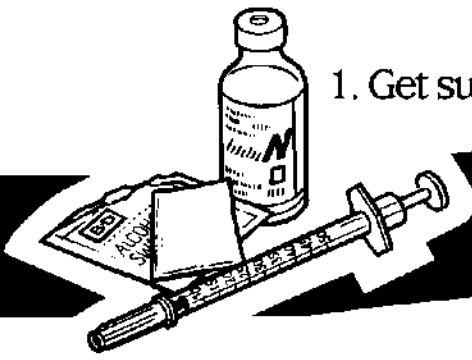
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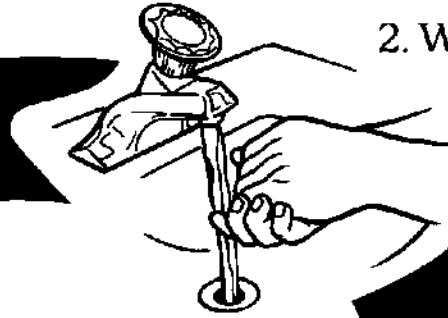
Drawing and Self-Injecting Insulin



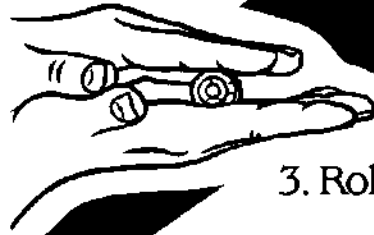
1. Get supplies



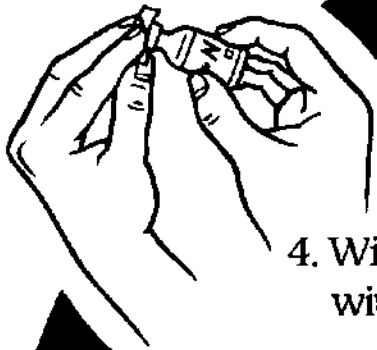
2. Wash hands



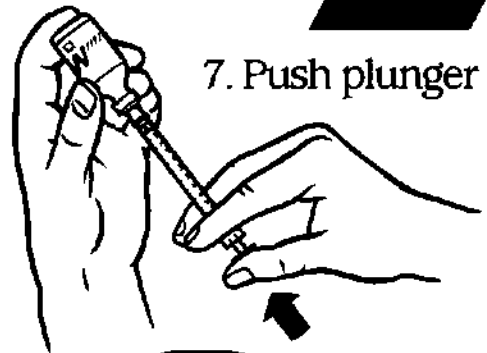
3. Roll bottle



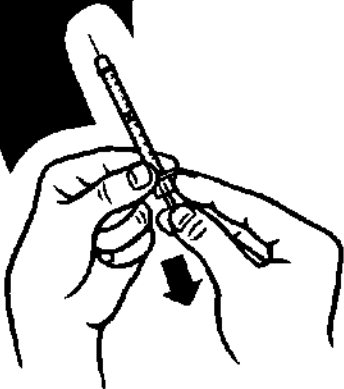
4. Wipe top of bottle with B-D Alcohol Swab



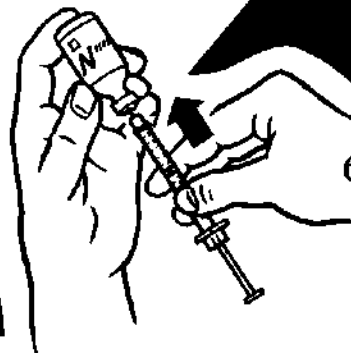
7. Push plunger up

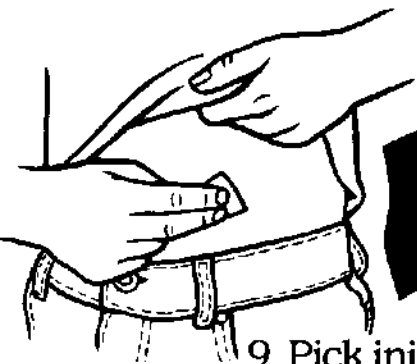


5. Pull plunger down to _____ units

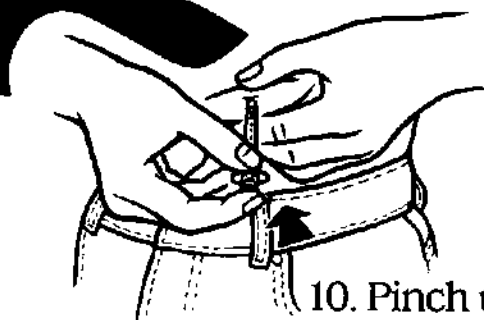


6. Push needle into bottle



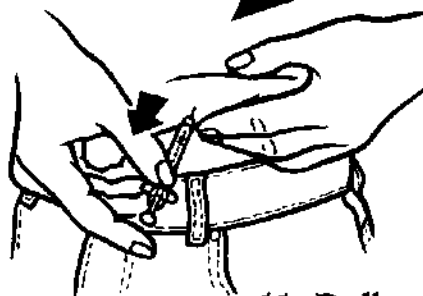


9. Pick injection site
Wipe with B-D Alcohol Swab

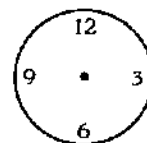


10. Pinch up skin
Push needle into skin
Push plunger in

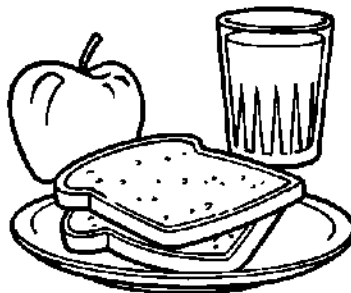
8. Pull plunger down
to ____ units



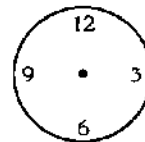
11. Pull needle out



12. Dispose syringe safely
Check your town rules



13. Eat ____ later

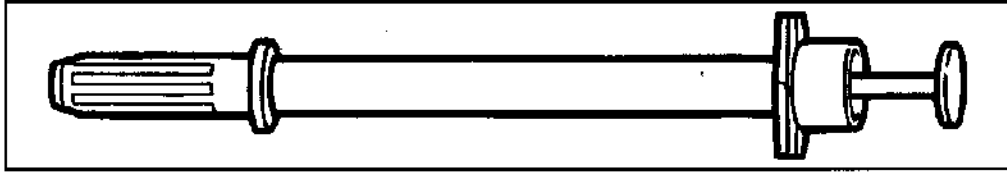


Insulin Dose for:

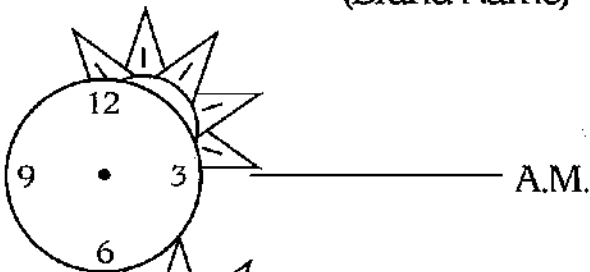
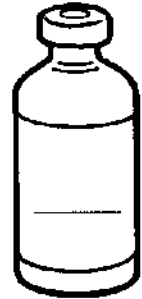
Name: _____ Today's date: _____

My educator is: _____ Telephone number: _____

Syringe size: **B-D** ULTRA-FINE® 3/10 cc 1/2 cc 1 cc



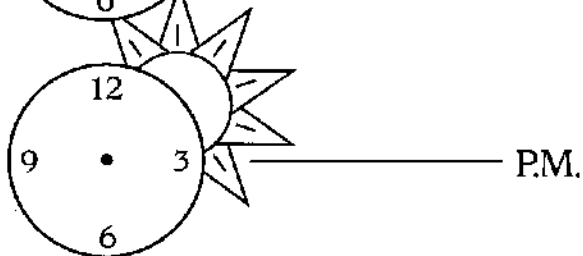
My insulin is: _____
(Brand Name)



_____ A.M.

_____ units

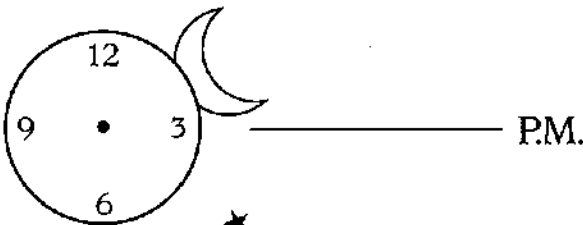
_____ units



_____ P.M.

_____ units

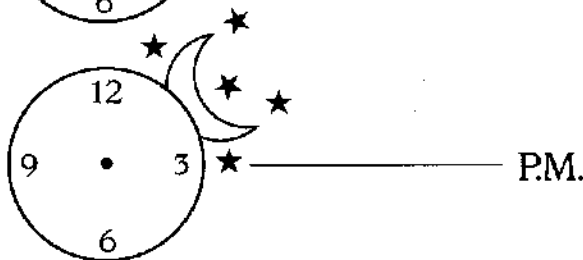
_____ units



_____ P.M.

_____ units

_____ units



_____ P.M.

_____ units

_____ units



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