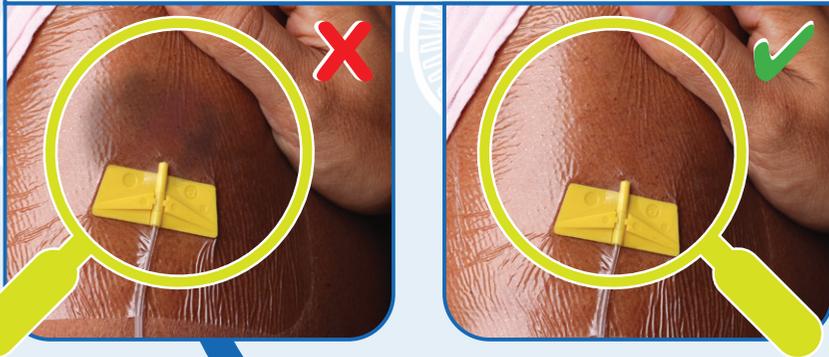


Give the medicine under the skin

1 Check the site

Swelling, tenderness, bruising or leakage?



2 Clean your hands

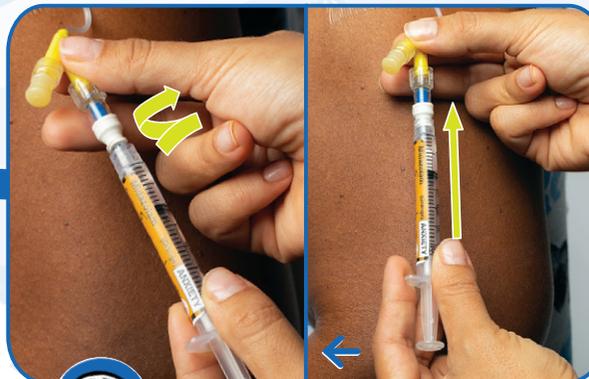


3 Check you have the correct medicine



Ring the clinic 

6 Put the syringe on the cannula



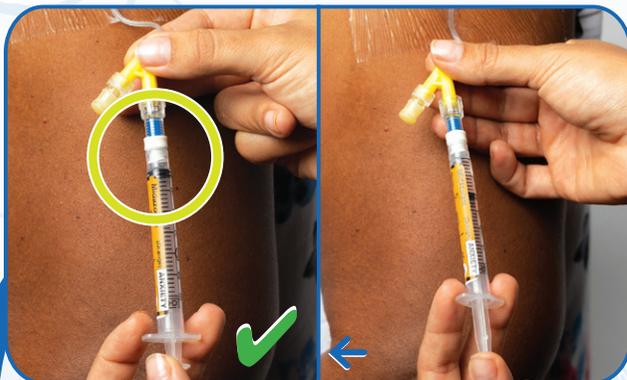
4 What you need



5 Twist the cap off



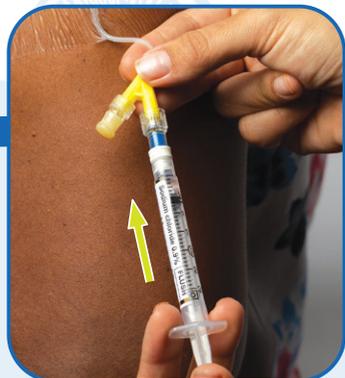
7 Give all the medicine slowly



8 Twist the empty syringe off



9 Repeat steps to give the flush



10 Check the connector is tight



Ring the clinic



11 Re-check the site

Swelling, tenderness, bruising or leakage?



A small lump is OK

12 Clean your hands



15 Fill in the Medicines book

Examples			
<input checked="" type="checkbox"/>	SATURDAY	SATURDAY	SATURDAY
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT

14 Wait 20 minutes



13 Fill in the Medicines book

Examples			
<input checked="" type="checkbox"/>	SATURDAY	SATURDAY	SATURDAY
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT
<input checked="" type="checkbox"/>	DAY	NIGHT	NIGHT

Need help? Ring the clinic.

T: