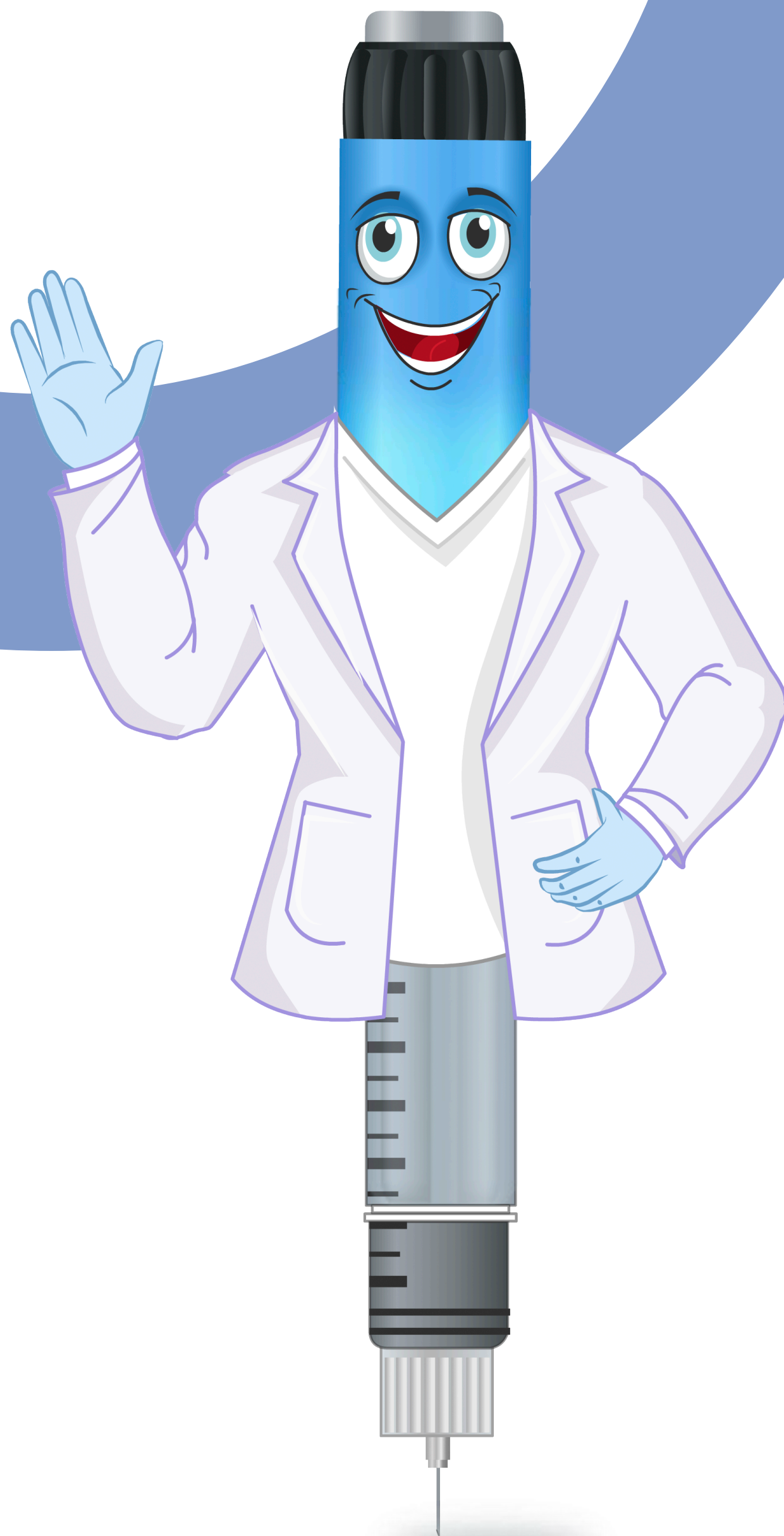


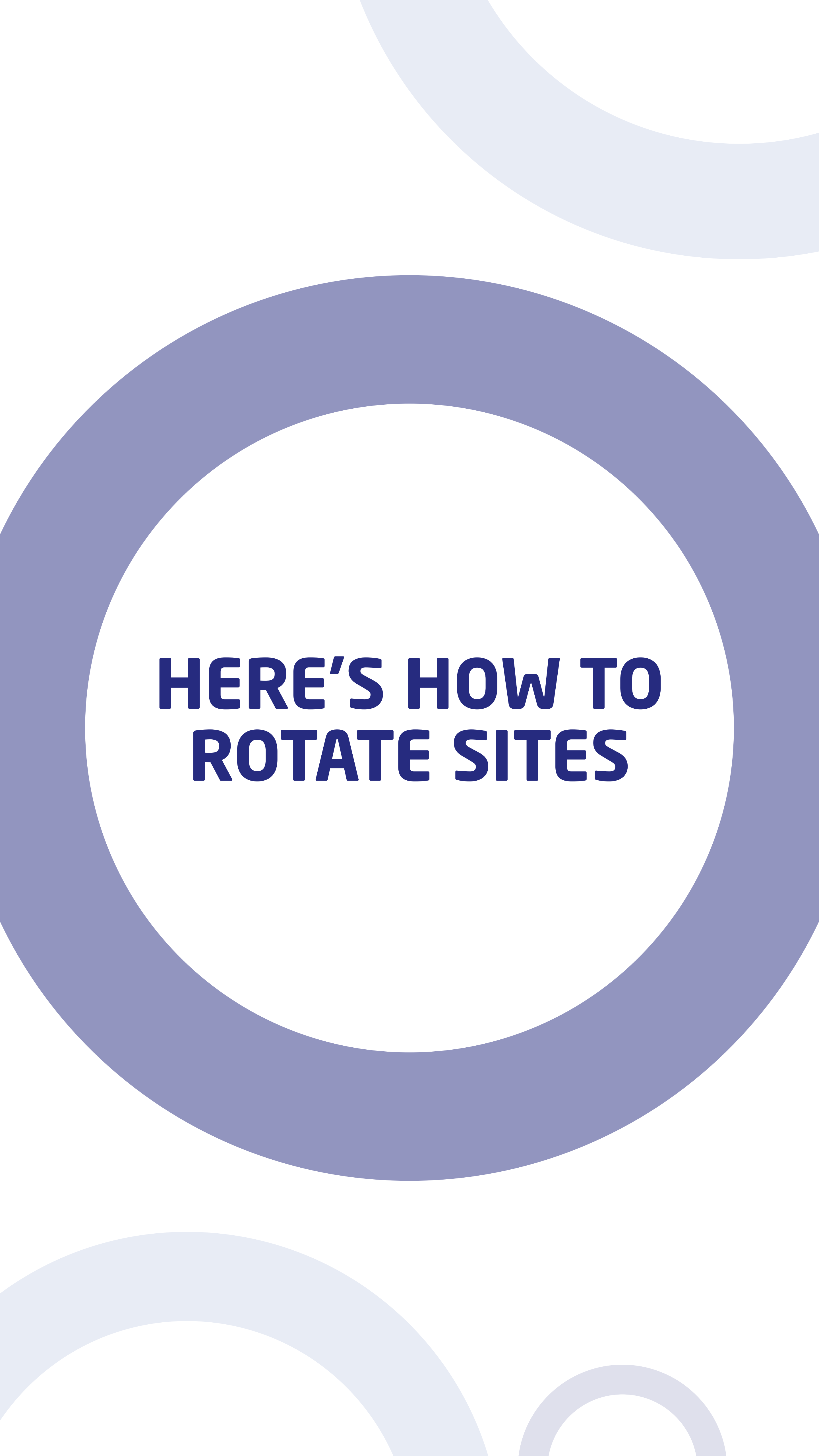
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“ **ROTATING INJECTION SITES IS IMPORTANT** for improved Insulin absorption and reducing the risk of hard fatty tissue build-up under the skin ”

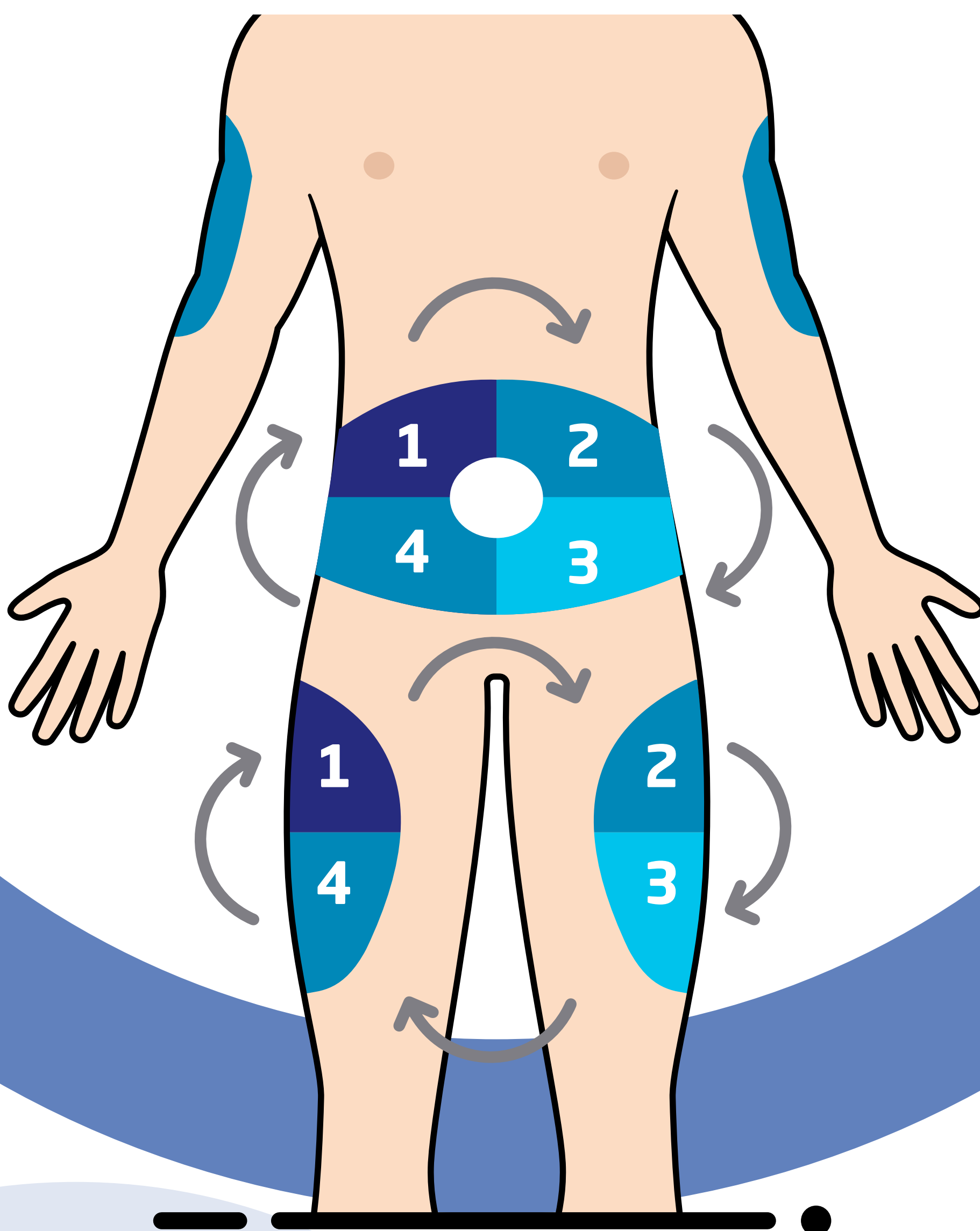




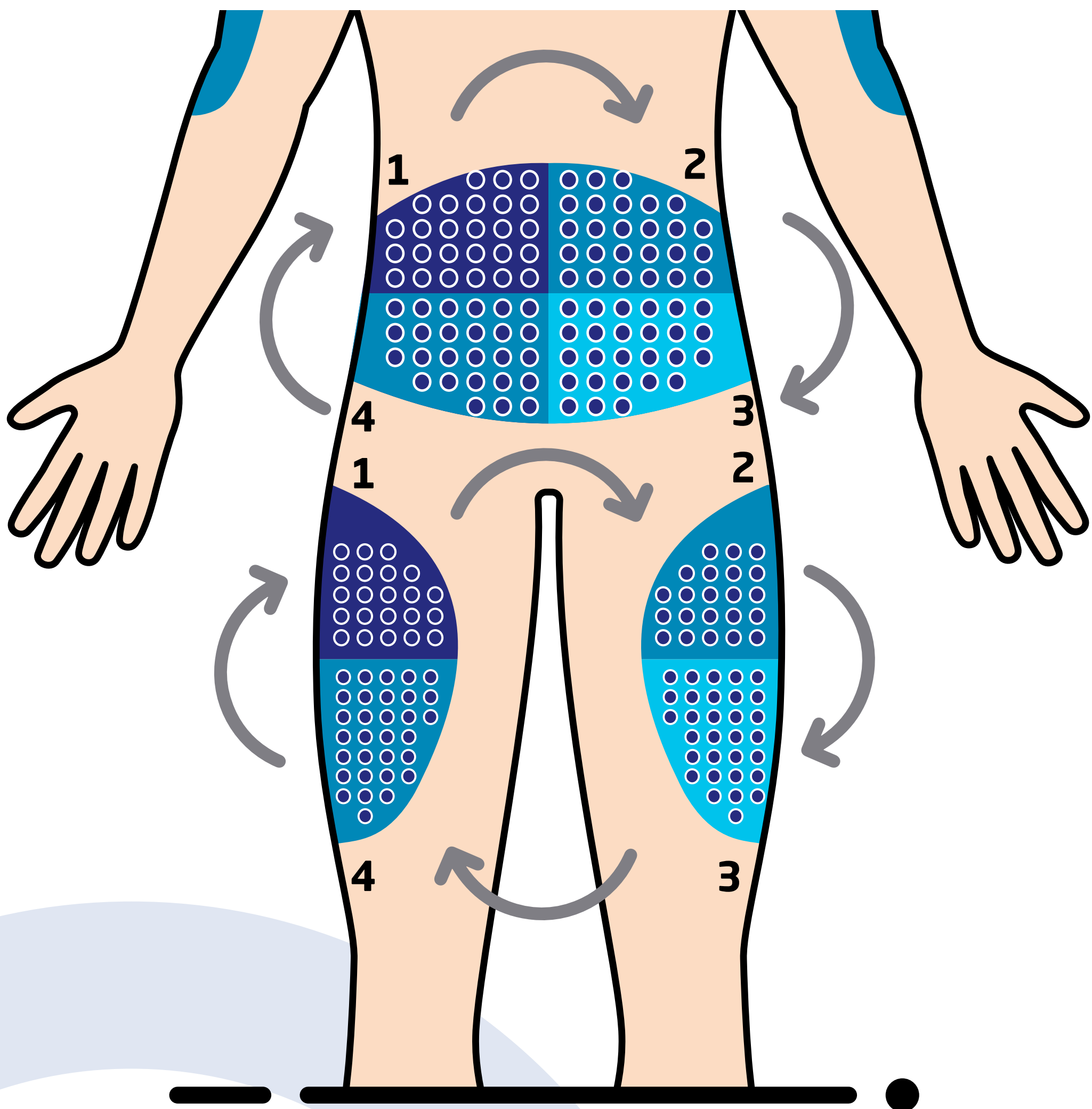
**HERE'S HOW TO
ROTATE SITES**

DIVIDE THE INJECTION SITE

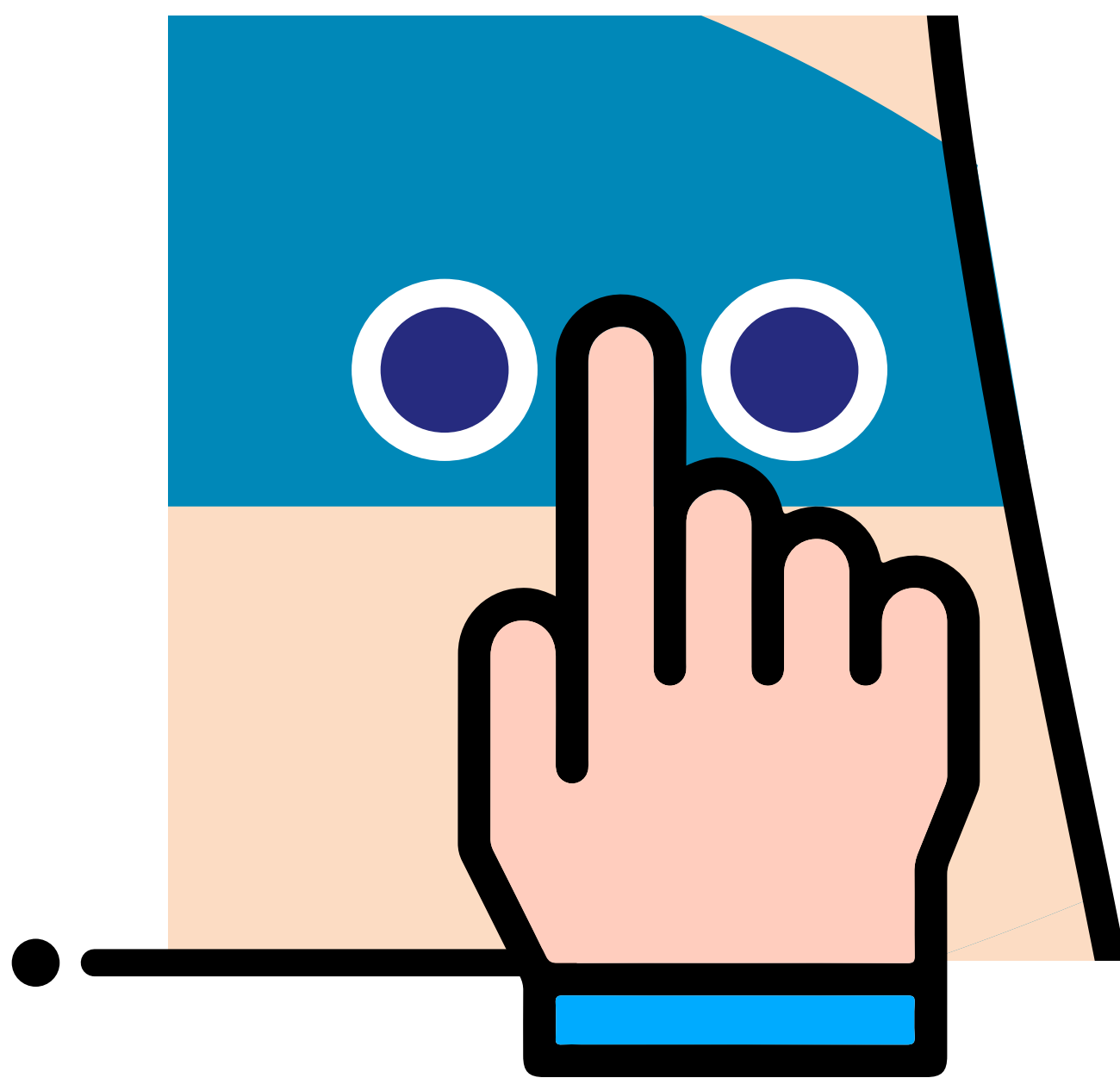
into 4 quadrants for the abdomen or 2 halves for the thighs, buttocks, and arms.



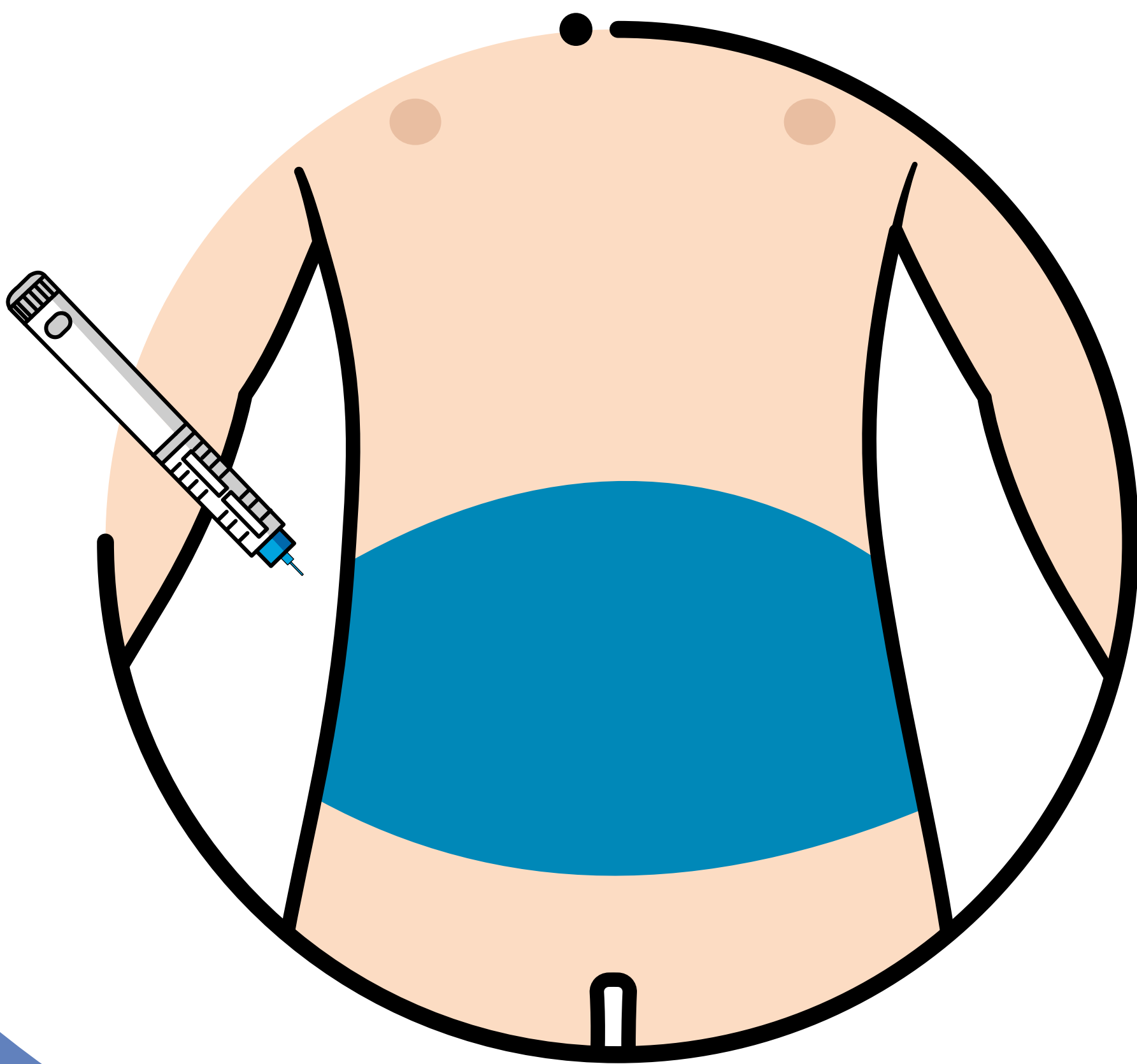
**1 QUADRANT OR HALF
SHOULD BE USED FOR
1 WEEK** and then you can
move either in a clockwise or
an anti-clockwise manner to
another quadrant or half in
the next week



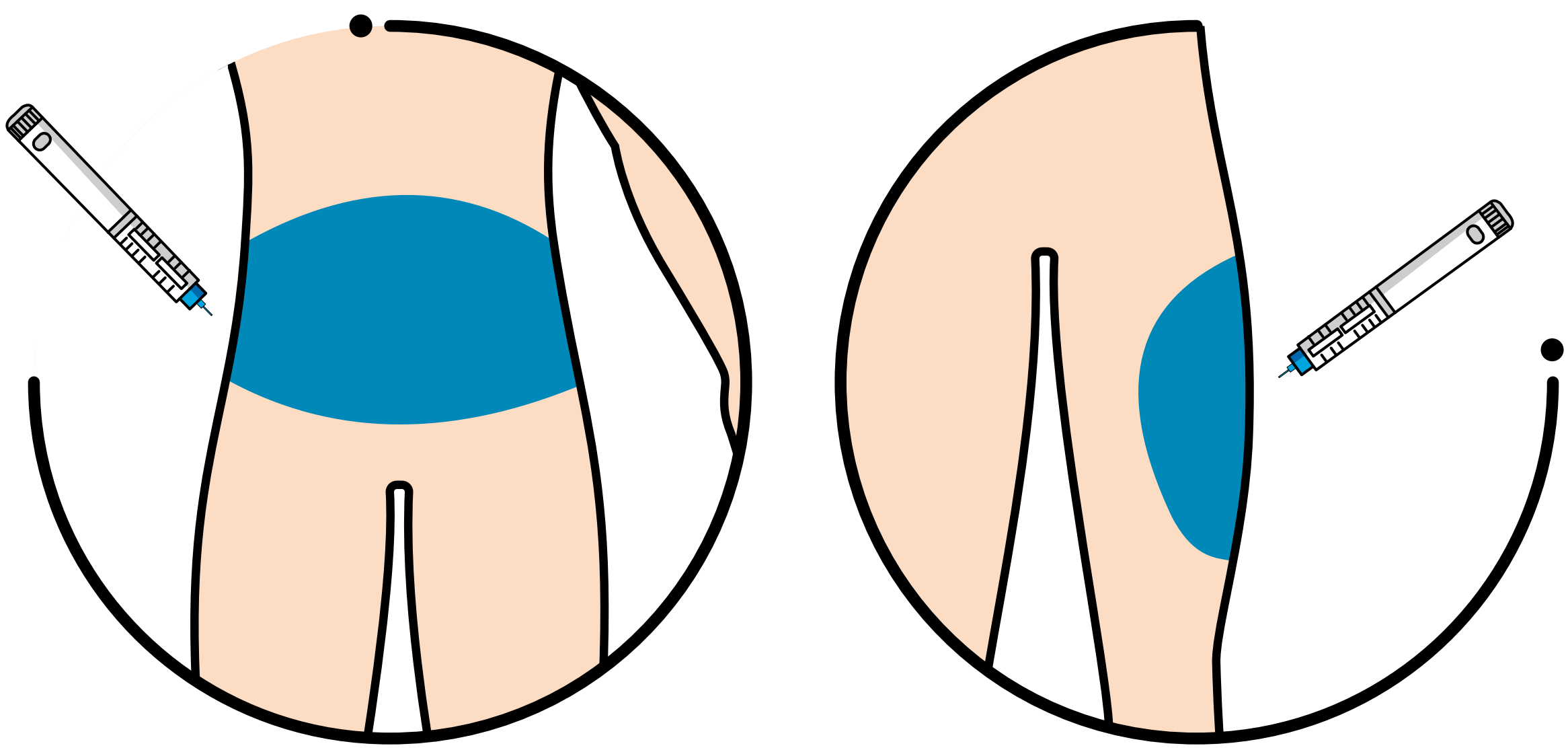
The new injection site
should be at least **ABOUT
THE WIDTH OF A FINGER
AWAY FROM THE LAST
INJECTION POINT**



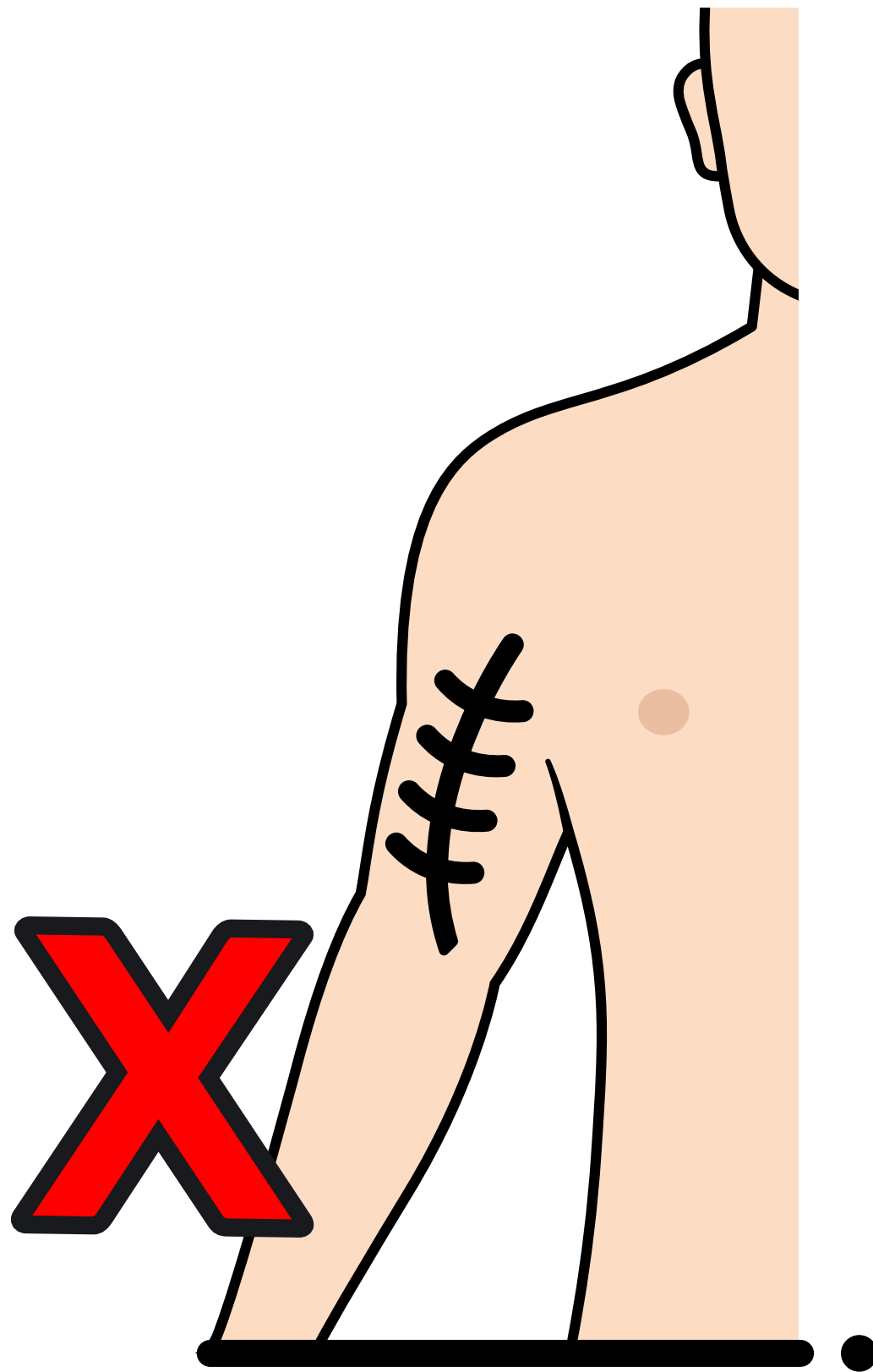
EACH MEALTIME INSULIN INJECTION should be given in the same general site for the best result



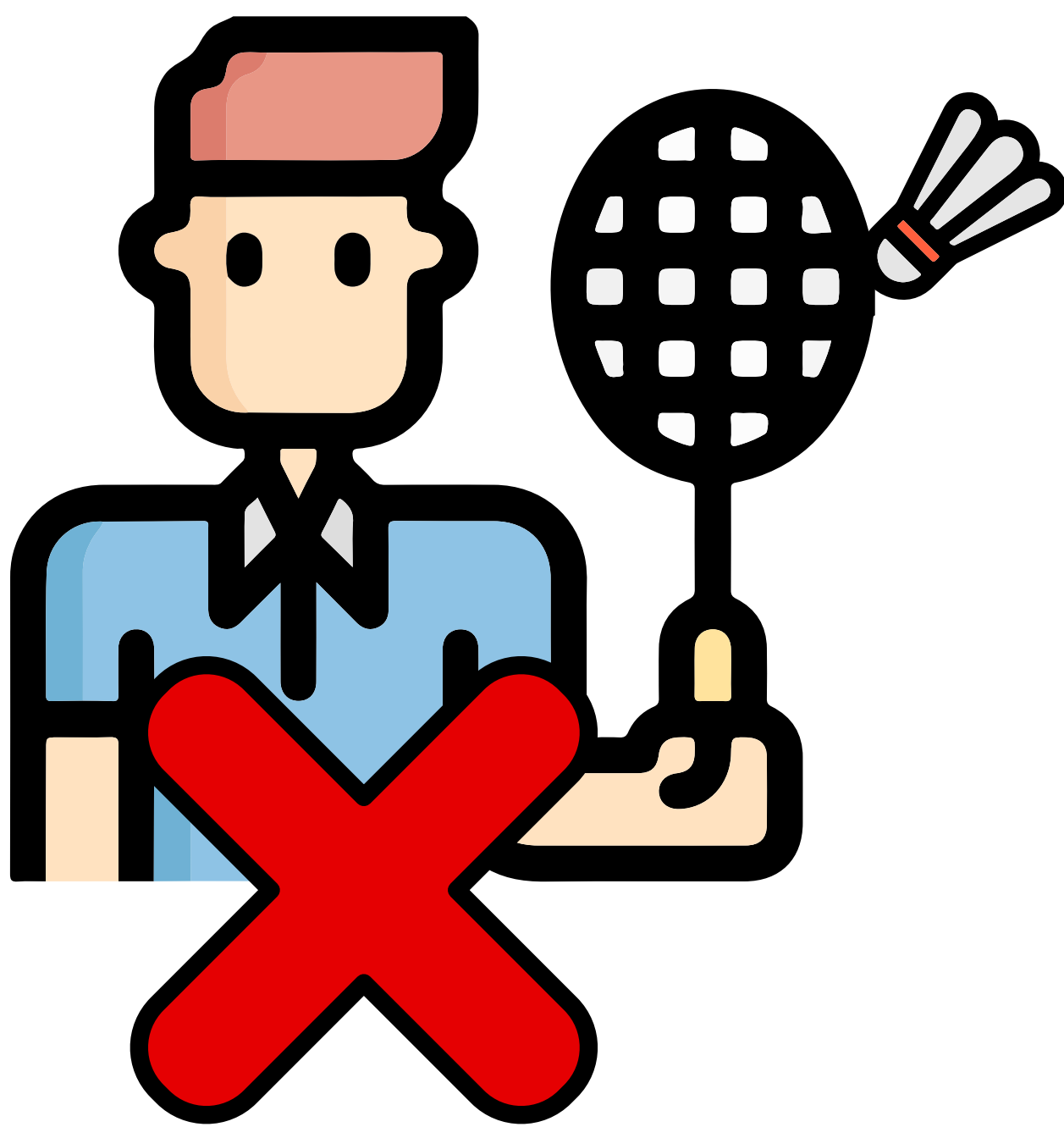
When injecting 2 different
Insulins, **INJECT THEM IN
DIFFERENT SITES.**



DO NOT INJECT on any
scarred tissues



AVOID INJECTING into an area that you will use during exercise if exercise is planned right after the injection



For example: Avoid injecting into the arm if you are going to play badminton immediately

“ For more information,
contact your doctor or your
MyCARE Diabetes Educator. ”





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Reference

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2. American Diabetes Association (ADA). Site Rotation. Available at <https://Diabetes.org/healthy-living/medication-treatments/insulin-other-injectables/Insulin-routines>
3. Golisano Children's Hospital. Managing Diabetes: Injection Site Rotation. Available at <https://www.urmc.rochester.edu/childrens-hospital/endocrinology/injection-site.aspx>

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