

Fiasp®
fast-acting insulin aspart

Supporting you with your child's Fiasp® treatment

**This booklet is intended
for UK-based parents/
carers whose child has
been prescribed Fiasp®
(fast-acting insulin aspart)**

Information on warnings and precautions for Fiasp® can be found on pages 6–9 of this booklet.

Information on possible side effects for Fiasp® can be found on pages 13–19 of this booklet.



This is not a real patient and is
for illustrative purposes only.

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin for:

- Further information on Fiasp®
- Further information on how to use Fiasp®
- A full list of side effects, warnings and precautions



Reporting side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/> or search for MHRA Yellow Card in the Google Play or Apple App Store. Side effects should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0800 023 2573). Calls may be monitored for training purposes. By reporting side effects, you can help provide more information on the safety of this medicine.

This material has been produced and funded by Novo Nordisk for UK-based parents/carers whose child has already been prescribed Fiasp®. This information does not replace the Package Leaflet: Information for the patient, which you are advised to read in full. It is not intended as a substitute for clinical advice provided by your child's healthcare professional. Please contact your child's healthcare professional if you have any questions about your child's treatment and for clinical advice. This material is designed to be viewed digitally. It contains hyperlinks which are viewable online only.



This booklet has been made with you, a parent/carer of a child who has been prescribed Fiasp[®], in mind, to help support you throughout their treatment.

It will give you:

- Information about Fiasp[®]
- An explanation of how Fiasp[®] works
- Some things to remember when injecting your child's daily Fiasp[®] doses

If there are any words in this booklet that are new or difficult to understand, please look at the section at the back called '**Useful words to know**'.



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Why has my child been prescribed Fiasp[®]?

Managing your child's blood sugar levels is a very important part of keeping their diabetes under control.

You and your child's healthcare professional have decided that Fiasp[®] is the appropriate kind of insulin to help you do this. This medicine should normally be used in combination with intermediate-acting or long-acting insulin preparations.

More information on what is covered in the rest of this booklet can be found in the **Package Leaflet: Information for the patient** enclosed with your child's insulin. Please take the time to read through this in full. If you still have any questions or queries, please speak with your child's healthcare professional.



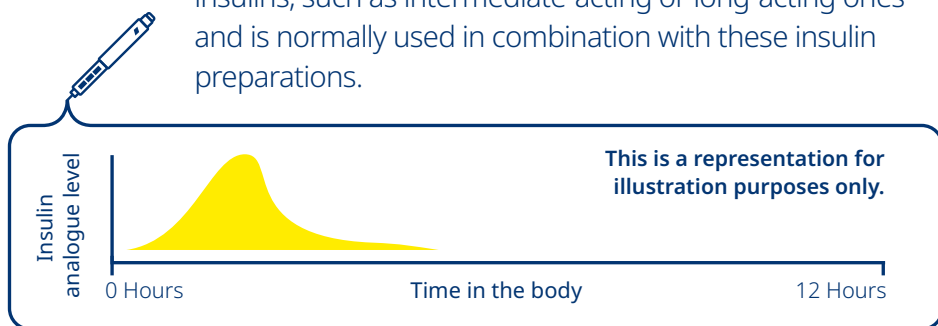
How Fiasp[®] works

In people without diabetes, the body releases insulin after meals to help control the rise in blood sugar levels.

People with type 1 diabetes (the most common form in children and young people) are unable to produce any or very little insulin to help control blood sugar levels.

In people with type 2 diabetes (much less common in children and young people), the body prevents the insulin it makes from working correctly. The body may make some insulin, but not enough. Many people with type 2 diabetes may eventually need to inject insulin. Injecting insulin is a way to replace the insulin that your body needs.

Fiasp[®] is a mealtime (fast-acting) insulin, also known as a “bolus” insulin, which helps the body regulate blood sugar levels. It works for a shorter length of time than other insulins, such as intermediate-acting or long-acting ones and is normally used in combination with these insulin preparations.



The image above shows how Fiasp[®] acts quickly to help lower blood sugar levels after mealtimes. The maximum effect is between 1 and 3 hours after injection and the effect lasts for 3 to 5 hours.



What you need to know before using Fiasp®

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin for a full list of warnings and precautions.

Do not use Fiasp®

- If your child is allergic to insulin aspart, or any of the other ingredients of this medicine

Warnings and precautions

Talk to your child's doctor, pharmacist or nurse before using Fiasp®. Be especially aware of the following:

- Low blood sugar (hypoglycaemia). Fiasp® starts to lower blood sugar faster compared to other mealtime insulins. If hypoglycaemia occurs, your child may experience it earlier after an injection with Fiasp®
- High blood sugar (hyperglycaemia)
- Switching from other insulin medicinal products. Your child's doctor may need to advise you on their insulin dose
- Eye disorder – fast improvements in blood sugar control may lead to a temporary worsening of diabetic eye disorder such as diabetic retinopathy
- Pain due to nerve damage – if your child's blood sugar level improves very fast, your child may get nerve related pain, this is usually temporary
- Swelling around your child's joints – when your child first starts using their medicine, their body

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin in full for further information on Fiasp®.

may keep more water than it should. This causes swelling around their ankles and other joints. This is usually only short-lasting

- Ensuring your child uses the right type of insulin – always check the insulin label before each injection to avoid accidental mix-ups between insulin products
- Insulin treatment can cause the body to produce antibodies to insulin (a substance that acts against insulin). However, only very rarely, this will require a change to your child's insulin dose

Some conditions and activities can affect how much insulin your child needs. Talk to your child's doctor:

- If your child has trouble with their kidneys or liver, or with their adrenal, pituitary or thyroid glands
- If your child exercises more than usual or if you want to change their usual diet, as this may affect your child's blood sugar level
- If your child is ill, carry on taking their insulin and talk to your child's doctor
- If your child is going abroad, travelling over time zones may affect their insulin needs and the timing of their injections

When using Fiasp® it is strongly recommended that the name and batch number of each package is recorded in order to maintain a record of the batches used.

Skin changes at the injection site

The injection site should be rotated to help prevent changes to the fatty tissue under the skin, such as skin thickening, skin shrinking or lumps under the skin. The insulin may not work very well if you inject into a lumpy, shrunken or thickened area. Tell your child's doctor if you notice any skin changes at the injection site. Tell your child's doctor if you are currently injecting into these affected areas before you start injecting in a different area. Your child's doctor may tell you to check your child's blood sugar more closely, and to adjust your child's insulin or their other antidiabetic medication's dose.

Children and adolescents

This medicine is not recommended for use in children below the age of 1 year.

Other medicines and Fiasp®

Tell your child's doctor or pharmacist if they are taking, have recently taken or might take any other medicines. Some medicines affect your child's blood sugar level – this may mean their insulin dose has to change.

Listed below are the most common medicines which may affect your child's insulin treatment.

Your child's blood sugar level may fall (hypoglycaemia) if they take:

- Other medicines for diabetes (oral and injectable)
- Sulfonamide antibiotics (used to treat infections)
- Anabolic steroids (such as testosterone)
- Beta-blockers (used to treat high blood pressure or angina)

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin in full for further information on Fiasp®.

- Salicylates (used to relieve pain and lower fever)
- Monoamine oxidase inhibitors (MAOI) (used to treat depression)
- Angiotensin-converting enzyme (ACE) inhibitors (for some heart problems or high blood pressure)

Your child's blood sugar level may rise (hyperglycaemia) if they take:

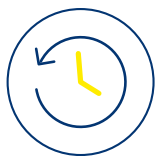
- Danazol (medicine acting on ovulation)
- Oral contraceptives (birth control pills)
- Thyroid hormones (for thyroid problems)
- Growth hormone (for growth hormone deficiency)
- Glucocorticoids (such as 'cortisone' – for inflammation)
- Sympathomimetics (such as epinephrine (adrenaline), salbutamol or terbutaline – for asthma)
- Thiazides (for high blood pressure or if the body is keeping too much water (water retention))

Octreotide and lanreotide – used to treat a rare condition involving too much growth hormone (acromegaly). They may increase or decrease blood sugar levels.

If any of the previous page applies to your child (or you are not sure), talk to your child's doctor or pharmacist.

Important information about some of the ingredients of Fiasp®

This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.



How to use Fiasp®

Fiasp® is a mealtime insulin. **This means it should be injected right before** (0–2 minutes) the start of a meal with an option to inject 20 minutes after starting a meal.

You and your child's healthcare professional will decide how much Fiasp® will be needed at each meal. You will also discuss when to check your child's blood sugar levels and whether your child needs a higher or lower dose.

Changing your child's usual diet and exercising more may have an effect on their need for insulin. If you want to do this, please check with your child's doctor, nurse, or pharmacist first.

It is important to remember to inject the right dose of Fiasp® at every mealtime.

If you **forget to inject a dose**, your child's blood sugar may get too high (this is known as hyperglycaemia). Please see page 19 of this booklet for more information on what to do if this happens.

If you **inject more Fiasp® than you should**, your child's blood sugar levels may get too low (this is known as hypoglycaemia). Please see page 16 of this booklet for more information on what to do if this happens.

Do not stop using Fiasp® without talking to a doctor. If your child stops using insulin, this could lead to a very high blood sugar level (severe hyperglycaemia) and ketoacidosis (a condition with too much acid in the blood which is potentially life-threatening).

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin for a step-by-step visual guide on how to use/ inject Fiasp®.

Always use Fiasp® exactly as your child's doctor, nurse or pharmacist has told you to. If you are unsure, or have any questions, please check with them. Do not stop using insulin without talking to your child's doctor.



Things to do before injecting your child's dose

Your child's Fiasp® dose is given by an injection under the skin.

-  Before using Fiasp® for the first time, your child's doctor or nurse will show you how to use it
-  Remember to check the label to make sure it is Fiasp®. This is especially important if your child takes more than one type of insulin
-  Check the appearance of your child's insulin. Fiasp® should be clear and colourless
-  Make sure you have your child's needles. These are packed separately to their insulin
-  Always use a new needle for each injection to prevent contamination, infection and leakage of insulin. This will also prevent the needle becoming blocked, which could result in your child receiving an incorrect dosage
-  Needles and insulin pens must not be shared

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin in full for further information on Fiasp®.



Things to remember when injecting your child's dose

Fiasp® is only suitable for injection under the skin (subcutaneous injection). Being concerned about injections is normal. It is important to remember that your child is not alone in this — many people are experiencing and feeling the same things.

Your child's healthcare professional will have advised you on the best places to inject their insulin. These can be the front of their waist (abdomen) or their upper arms.

Remember to change the place within the area where you inject each day. This can help reduce the chance of developing lumps and indentations under the skin.

Always keep a spare pen in case the one in use is lost or damaged.

Before using Fiasp® for the first time, your child's healthcare professional will show you how to use it. Always follow the injection guidance given by your child's doctor, nurse, or pharmacist. Please refer to 'Tips' on page 21 for more information.



Possible side effects

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin for a full list of possible side effects.

Like all medicines, this medicine can cause side effects, although not everybody gets them.



Low blood sugar (hypoglycaemia) is very common with insulin treatment (may affect more than 1 in 10 people). It can be very serious. If your child's blood sugar level falls too much they may become unconscious. Serious hypoglycaemia may cause brain damage and may be life-threatening. If your child has symptoms of low blood sugar, take action **immediately** to increase their blood sugar level.



If your child has a serious allergic reaction (including an anaphylactic shock) to insulin or any of the ingredients in Fiasp®, (how often this occurs is not known), stop using this medicine and contact emergency medical services straight away.

Signs of a serious allergic reaction may include:

- Local reactions (e.g., rash, redness and itching) spread to other parts of their body
- They suddenly feel unwell with sweating
- They start being sick (vomiting)
- They experience difficulty in breathing
- They experience rapid heartbeat or feeling dizzy



Allergic reactions such as generalised skin rash and facial swelling may occur. These are uncommon and may affect up to 1 in 100 people. See your child's doctor if the symptoms worsen or you see no improvement in a few weeks.

Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin in full for further information on Fiasp®.



Skin changes at the injection site: If you inject insulin at the same place, the fatty tissue may shrink (lipoatrophy) or thicken (lipohypertrophy) (these are uncommon and may affect up to 1 in 100 people). Lumps under the skin may also be caused by build-up of a protein called amyloid (cutaneous amyloidosis; how often this occurs is not known). The insulin may not work very well if you inject into a lumpy, shrunken or thickened area. Change the injection site with each injection to help prevent these skin changes.

Other side effects include:



Common (may affect up to 1 in 10 people)

Reaction at administration site: Local reactions at the place you inject your child may occur. The signs may include: rash, redness, inflammation, bruising, irritation, pain and itching. The reactions usually disappear after a few days.



Skin reactions: Signs of allergy on the skin such as eczema, rash, itching, hives and dermatitis may occur.

General effects from insulin treatment including Fiasp®



Low blood sugar (hypoglycaemia) (very common)

Low blood sugar may happen if your child:

Uses too much insulin; exercises more than usual; eats too little or misses a meal.

Patient organisations, such as Diabetes UK, often have helpful information that can support you.

Warning signs of low blood sugar – these may come on suddenly:



Feeling unusually tired, weak and sleepy



Headaches



Slurred speech



Fast heartbeat



Cold sweat



Cool pale skin



Feeling sick (nausea)



Feeling very hungry



Tremors or feeling nervous, or worried



Difficulty concentrating or feeling confused



Short-lasting changes in vision

What to do if your child gets low blood sugar



- If your child is conscious, treat their low blood sugar immediately with 15–20 g of fast-acting carbohydrate: eat glucose tablets or another high sugar snack, like fruit juice, sweets or biscuits (always carry glucose tablets or a high sugar snack, just in case)



- It is recommended that you retest your child's blood sugar levels after 15–20 minutes and re-treat if their blood sugar levels are still less than 4 mmol/L



- Wait until the signs of low blood sugar have gone or when your child's blood sugar level has settled. Then carry on with their insulin treatment as usual

What you or others need to do if your child passes out

Tell everyone your child spends time with that they have diabetes. Tell them what could happen if your child's blood sugar gets too low, including the risk of passing out.

Let them know that if your child passes out, they must:

- Turn your child on their side to avoid choking
- Get medical help straight away
- Not give your child any food or drink because they may choke

Your child may recover more quickly from passing out with an injection of glucagon. This can only be given by someone who knows how to use it.

- If your child is given glucagon, they will need sugar or a sugary snack as soon as they come round
- If your child does not respond to a glucagon injection, they will have to be treated in a hospital

If severe low blood sugar is not treated over time, it can cause brain damage. This can be short or long-lasting. It may even cause death.

Talk to your child's doctor if:

- Your child's blood sugar got so low that they passed out
- Your child has been given an injection of glucagon
- Your child has had too low blood sugar a few times recently

This is because the dosing or timing of your child's insulin injections, food or exercise may need to be changed.



High blood sugar (hyperglycaemia)

High blood sugar may happen if your child:

Eats more or exercises less than usual; gets an infection or a fever; has not used enough insulin; keeps using less insulin than they need; forgets to use their insulin or stops using insulin.

Warning signs of high blood sugar – these normally appear gradually:



Flushed skin



Dry skin



Feeling sleepy or tired



Dry mouth



Fruity (acetone) breath



Urinating more often



Feeling thirsty



Losing your appetite



Feeling or being sick (nausea or vomiting)



These may be signs of a very serious condition called ketoacidosis. This is a build-up of acid in the blood

because the body is breaking down fat instead of sugar. If not treated, this could lead to diabetic coma and eventually death.

What to do if your child gets high blood sugar



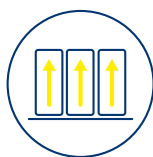
- Test their blood sugar level
- Give a correction dose of insulin if you have been taught how to do this



- Test their urine for ketones
- If they have ketones, seek medical help straight away

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/> or search for MHRA Yellow Card in the Google Play or Apple App Store. Side effects should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0800 023 2573). Calls may be monitored for training purposes. By reporting side effects, you can help provide more information on the safety of this medicine.



Storage

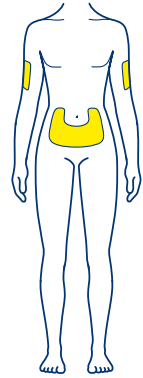
- Make sure your child's Fiasp® insulin is kept out of the sight and reach of children
- Do not use your child's insulin after its expiry date. The date stated refers to the last day of that month
- Keep your child's insulin in the fridge at 2–8°C until first use. Keep it away from the freezing element
- Do not freeze your child's insulin
- Depending on your child's injecting device, you may not need to keep their in-use insulin in the fridge after the first use. Please refer to the Package Leaflet: Information for the patient enclosed with your child's insulin for specific storage instructions, including how to protect it from light

Always dispose of the needle immediately after each injection using a sharps bin. Never store your pen with the needle attached. Keep your sharps bin in a safe place so it's not a risk to other people and is out of the sight and reach of children. Sharps bins must not be disposed of in household waste. Discuss with your healthcare professional the procedure for disposing of sharps bins in your area.

Tips

Here are some things to remember when injecting your child's dose:

- When injecting under the skin, make sure there is no air trapped in the needle. Please see your child's injectable device instructions for more information
- Do not directly inject into a vein or muscle
- Your child's healthcare professional will have advised you on the best places to inject your child's insulin. These can be the front of their waist (abdomen) or their upper arms
- Remember to change the place within the area where you inject each day. This can help reduce the chance of developing lumps and indentations under the skin
- Tell your child's healthcare professional if you notice any skin changes



When injecting your child's dose:

- Insert the needle into your child's skin as described by your child's doctor or nurse. Be sure you can see the dose counter when doing this
- Press and hold down the dose button, watching as the dose counter returns to 0
- Continue to press the dose button while keeping the needle under your child's skin for at least 6 seconds
- After 6 seconds, remove the needle from your child's skin and release the dose button



Useful words to know

Term	Description
Anaphylaxis	A life-threatening reaction that happens very quickly and needs treatment straight away. It usually affects the airways, breathing and circulation.
Bolus insulin	A bolus insulin is fast-acting, unlike a basal insulin which is long-acting. This means bolus insulin helps lower blood glucose levels after mealtimes.
Blood glucose	The measurement of how much glucose is in your blood.
Glucose	The main type of sugar in the blood. It is also the major energy source for the body.
Hyperglycaemia	When your blood glucose levels are too high.
Hypoglycaemia	When your blood glucose levels are too low (below 4 mmol/l).
Insulin	A hormone produced by an organ in the body called the pancreas. It helps regulate the amount of glucose in your blood.
Lipoatrophy	If you inject insulin at the same place, the fatty tissue may shrink. This can be avoided by rotating the injection site.
Lipohypertrophy	If you inject insulin at the same place, the fatty tissue may thicken. This can be avoided by rotating the injection site.

If you need more information

If you have any questions or need anything explaining further, please contact your doctor, nurse or local pharmacist. They will be able to support you with any queries you may have and, if necessary, advise you on who to contact for more information.

www.novonordisk.co.uk

Novo Nordisk have been working in diabetes since 1923. To find out more about our work, please visit our website.

circular
FOR **zero**

We are adopting a circular mindset, designing products that can be recycled or re-used, reshaping our business to minimise consumption and waste, and working with suppliers who share our ambition. We call this Circular for Zero.



This booklet is produced and funded by Novo Nordisk Limited, with registered offices at 3 City Place, Beehive Ring Road, Gatwick, West Sussex, RH6 0PA.

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