Basal
- Basal insulin may be provided as detemir or N (dosed twice daily) OR glargine (dosed once or twice daily)
- If Well Controlled → Home Dose
- Otherwise → Calculate TDD [weight (kg) x 0.3-0.5 units/kg/day]
  - Use ½ TDD: daily or divided into two equal doses

Bolus
- Use R/aspart/lispro tid ac meals
- NPO → No Bolus
- Reliable Diet → Continue Home Dose
- Well Controlled Glucose But Unreliable Diet → Reduce Home Dose by 25-50%
- Poor control, New Start OR ?Home Dose → use ½ TDD divided in three equal doses

Insulin Correction
- If NPO → Use R/aspart/lispro Correction Dose TID or q6h
- Otherwise → Add Correction Dose to Bolus Dose using same insulin as used for Bolus
  - Correction Dose – Based on Total Insulin units/day at Home and BG reading
    - For TDD 15-30: Expect 1 extra unit of rapid insulin to decrease BG by 4mmol/L
    - For TDD 31-50: Expect 1 extra unit of rapid insulin to decrease BG by 3 mmol/L
    - For TDD 51-80: Expect 1 extra unit of rapid insulin to decrease BG by 2 mmol/L
    - For TDD over 81: Expect 1 extra unit of rapid insulin to decrease BG by 1 mmol/L

Titrate
- Basal: ↑↓ dose by 10-20% q1-3 days for target fasting BG 5-10 mmol/L
- If Recurrent Insulin Correction → Add Correction to preceding meal Bolus Dose

Check HbA1c
- If BG less than 4 → Refer to Hypoglycemia Protocol

Type 1/Insulin-Treated Type 2/New Sustained ↑BG

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For TDD 15-30: Expect 1 extra unit of rapid insulin to decrease BG by 4mmol/L
For TDD 31-50: Expect 1 extra unit of rapid insulin to decrease BG by 3 mmol/L
For TDD 51-80: Expect 1 extra unit of rapid insulin to decrease BG by 2 mmol/L
For TDD over 81: Expect 1 extra unit of rapid insulin to decrease BG by 1 mmol/L

Use 0.5-1.0 u/kg if insulin resistant
Type 2 DM: Oral or Non-Pharmacological Treatment

**Basal**
- **NPO**
  - Discontinue all oral agents
  - If admit BG greater than 10, follow “NPO” pathway on reverse
  - If admit BG less than 10, no basal required yet

**Bolus**
- **NPO**
  - No bolus as not eating

**Insulin Correction**
- **NPO**
  - If NPO, use R/aspart/lispro Correction TID or q6h

**Correction Dose – Use Table on Reverse for Calculation or see order set**

**Eating**
- **NPO**
  - Basal: ↑↓dose by 10-20% q1-3 days for target fasting BG 5-10 mmol/L
  - Bolus: not required since not eating

- **Eating**
  - Continue oral Rx if no contraindications
  - Be cautious with metformin

- **Eating**
  - Continue oral Rx if no contraindications
  - Intake uncertain → Consider ↓dose of sulfonylurea by 25-50%

- **Eating**
  - If no secretagogue, may add Insulin Correction ac meals

**If BG less than 4 → Refer to Hypoglycemia Protocol**

**If well controlled at home → Restart home regimen as clinically appropriate**

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