Beware of the YoYo!

Sliding Scale Insulin use is a risk factor for hyper- and hypoglycemia

Introducing… BBIT!

Basal Bolus Insulin Therapy (BBIT) is a **safe** and **effective** way to replace insulin, replicating what the body does **naturally**.

Studies suggest that more patients meet diabetes **targets**, and have a **shorter stay** in hospital, when treated with BBIT.

Basal Bolus Insulin Therapy –
bringing a change to in-patient diabetes management.

2017

Basal

- Goal: to replace the background insulin the body makes naturally with Basal long acting insulin
- Typically glargine daily or N/detemir given qAM and qHS
- Basal doses are still **GIVEN** if the patient is NPO, but may need reduction and ask attending service

Bolus

- Goal: To replace natural mealtime insulin with Bolus rapid or short acting insulin to cover carb intake
- Typically R, aspart, or lispro tid AC meals
- Bolus insulin doses should be **HELD** if the patient is NPO, and REDUCED if intake is reduced.
- Bolus insulin doses should be **GIVEN** if the patient is eating to prevent high BG

Insulin Correction

- Goal: Correction doses are small adjustments given at meals as needed to bring BG to target
- Can be given if patient is NPO
- Typically R, aspart, or lispro given tid AC meals
- Combine Bolus & Correction so that patients receive only **ONE** injection ac meals

Tips

- Remind attending staff to **TITRATE** doses q1-3 days!
- If a patient is hypoglycemic (BG less than 4.0 mmol/L), use hypoglycemia protocol, treat with **15g of carb**‡ & call attending service!
- Remember Target BG: **5-10** mmol/L in hospital!

Target Blood Glucose:
5-10 mmol/L in hospital!

‡ 15g of Carbohydrate =
4 dextrose tabs
or
¾ cup of juice

	N	R	lispro/aspart	glargine	detemir
Onset	2 hrs	30 mins	5mins*	90 mins	90 mins
Peak	6-8 hrs	3-4 hr	1 hrs	N/A	N/A
Duration	12-14 hrs	8 hrs	2-3 hrs	24 hrs	16-24 hrs

* Bolus lispro & aspart should be given no more than 15 minutes before the meal – hypoglycemia can result if given sooner