Check HbA1c

If BG less than 4 → Refer to Hypoglycemia Protocol

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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

Use 0.5-1.0 u/kg if insulin resistant

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

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

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

2017

Check HbA1c

If BG less than 4 → Refer to Hypoglycemia Protocol

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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

Eating

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

Bolus

NPO

- No bolus as not eating

Eating

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

Insulin Correction

NPO

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

Eating

- If no secretagogue, may add Insulin Correction ac meals

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

Titrate

NPO

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

Eating

- Consider titrating dose of oral Rx
- If BG greater than 8 mmol/L despite maximal oral Rx → consider insulin therapy as on reverse

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

Type 2 DM: Oral or Non-Pharmacological Treatment

2017