

Insulin Titration Guidelines- ADULT

Table 1: Type 1 and Type 2 diabetes (Exception: *Diabetes in Pregnancy and Pre-Conception* see Table 2)
If patient's values are OUTSIDE the listed target range, adjust insulin according to this table

Target Population	If patient's values are OUTSIDE of these Self-Monitored Glucose (SMG)Targets (mmol/L):	and patient's Current Insulin Requirements are:	Adjust insulin by: * + « ^
Functional Independent (CFS 1-3) Type 1 or Type 2 DM: <ul style="list-style-type: none"> on insulin or secretagogue 	Before meal /Fasting: 4.0-7.0 (4.0-5.5 if safe and A1C ≤ 7%) 2 hr post meal: 5.0-10.0 (5.0-8.0 if safe and A1C ≤ 7%)	Less than 10 units per day	Up to 20% or 1 unit per 1-2 days until target met
		Between 10 – 20 units per day	Up to 20% or 2 units per 1-2 days until target met
		Greater than 20 units per day	Up to 20% per 1-2 days until target met
<ul style="list-style-type: none"> recurrent severe hypoglycemia or hypoglycemia unawareness 	Before meal /Fasting: 6.0-9.0 2 hr post meal: below 14.0		
Functionally dependent (CFS 4-5) Type 1 or Type 2 DM: <ul style="list-style-type: none"> on insulin or secretagogue 	Before meal /Fasting: 5.0-8.0 2 hr post meal: below 12.0		
Frail and/or with Dementia (CFS 6-8) Type 1 or Type 2 DM: <ul style="list-style-type: none"> on insulin or secretagogue 	Before meal /Fasting: 6.0-9.0 2 hr post meal: below 14.0		
End of Life/Terminally Ill Type 1 or Type 2 DM: <ul style="list-style-type: none"> on insulin or secretagogue 	Individualized targets Avoid symptomatic hypoglycemia and hyperglycemia		

*Patient taking degludec (Tresiba®): adjust degludec insulin dose every 4 days or once weekly

+Patients using Insulin Pump Therapy: the health care professional shall consider the technology the patient is using for insulin pump therapy when providing insulin adjustment advice to the patient

«Refer to Section 8: Special considerations for patients who require adjustment advice within topics listed in Section 8

^Prevention of hypoglycemia and/or frequent hypoglycemia (3 or more episodes in a week) may require a larger percentage decrease (up to 50% of the total daily dose of insulin)

This table applies to pre-mix insulin adjustments as well as basal and bolus insulin adjustments

Consider total daily dose and review proportion of basal and bolus insulin for an approximate 50% basal dose and 50% bolus dose

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Table 2: Gestational diabetes (GDM) & Type 1 and Type 2 diabetes in pregnancy including Pre-Conception

*If patient's values are **OUTSIDE** the listed target range, adjust insulin according to this table*

Target Population	<i>If patient's values are OUTSIDE of these Self-Monitored Glucose (SMG) Targets (mmol/L):</i>	<i>and patient's Current Insulin Requirements are:</i>	Adjust insulin by:
Preconception, Pre-existing T1 or T2 DM	Before meal /Fasting: 4.0-7.0 (4.0-5.5 if safe and A1C ≤ 6.5%) 2 hr post meal: 5.0-10.0 (5.0-8.0 if safe and A1C ≤ 6.5%)	Less than or equal to 20 units per day	Bolus insulin: 1-2 units per meal per day until target met Basal insulin: 1-2 units each night until target met
Pregnant, Pre-existing diabetes T1 or T2 DM	Before meal /Fasting: 3.7-5.3 1 hr post meal: less than 7.8 2 hr post meal: less than 6.7 A1C ≤ 6.5%, ideally ≤ 6.1% if possible		Greater than 20 units per day
Pregnant, Gestational Diabetes (GDM)	Before meal /Fasting: less than 5.3 1 hr post meal: less than 7.8 2 hr post meal: less than 6.7 Authorized Prescriber established individual targets		
Contact authorized prescriber if patient with GDM requires initiation of insulin (e.g. addition of basal or bolus insulin).			

Reference: Diabetes Canada Clinical Practice Guidelines Expert Committee. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. Can J Diabetes. 2018;42 (Suppl 1):S1-S325.