

BASAL INSULIN THERAPY

PATIENT INFORMATION SHEET

INTRODUCTION:

This information sheet is designed for people with Type 2 Diabetes who will be initiating insulin therapy with a once-daily injection of basal insulin to help control high blood sugar levels.

- The thought of starting insulin can be scary. Most people find that giving insulin injections is not hard – in fact it is usually easier and less painful than checking your blood sugar. Most people also feel better when the blood sugar levels are controlled.
- The insulin dose is intentionally started at a low level, and increased based on blood sugar measurements obtained at home.
- The main risk of insulin therapy is low blood sugar (hypoglycemia). The risk of low blood sugar is low with basal insulin, but low blood sugar can occur. Please ask your doctor or diabetes educator if you would like more information about treating low blood sugar. You can download the handout “Treatment of Hypoglycemia” from www.boulderendo.com.
- *Please ask your doctor for help if you do not understand the information on this form, if you are having problems with low blood sugar values (hypoglycemia), or if you have other questions about insulin therapy or diabetes management.*

ORAL MEDICATIONS:

1. Continue only the diabetes medications that are marked.
2. Stop all other diabetes medications. If you have questions about whether or not to take a particular medicine, please check with your doctor.
3. Check the doses listed below carefully, as there may have been changes made to your dose.

	MEDICATION	PILL SIZE (MG)	MORNING	NOON	EVENING	BEDTIME
	METFORMIN (GLUCOPHAGE, GLUCOPHAGE XR)					
	TZD (ACTOS, AVANDIA)					

INSULIN STARTING DOSE:

LANTUS INSULIN (GLARGINE) _____ UNITS AT BEDTIME

LEVEMIR INSULIN (DETEMIR) _____ UNITS AT BEDTIME

- CHOOSE SITE FOR INJECTION – ABDOMEN, THIGH, OR BUTTOCKS
- USE SAME GENERAL SITE EACH DAY (DO NOT USE THIGH ONE DAY AND ABDOMEN NEXT DAY). IT IS RECOMMENDED TO VARY THE ACTUAL SITE OF INJECTION IN THE SITE YOU USE (FOR EXAMPLE, USE DIFFERENT SPOTS IN THE ABDOMEN EACH DAY)

BLOOD SUGAR CHECKS:

PLEASE CHECK YOUR BLOOD SUGAR DAILY, USING YOUR METER, AT THE FOLLOWING TIMES:

- BEFORE BREAKFAST
 BEFORE LUNCH
 BEFORE EVENING MEAL
 AT BEDTIME
 ANYTIME YOU SUSPECT YOUR BLOOD SUGAR IS LOW
 1-2 HOURS AFTER YOUR:
 BREAKFAST
 SUPPER
 LARGEST MEAL

****PLEASE GO TO THE NEXT PAGE****

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INSULIN DOSE ADJUSTMENTS:

Please follow the steps below to adjust your insulin dose at home. This will help you to reach recommended blood sugar levels much more quickly than when insulin adjustments are made only at your doctor visits.

1. Record your blood sugar each morning before you eat breakfast. This is your fasting blood sugar. The goal is to achieve a fasting blood sugar average that is between 70 and 110.
2. Pick a day of the week when you will make insulin adjustments (for example – every Friday). *If your fasting blood sugar is above 180, please make adjustments twice per week, every 3-4 days, until the fasting sugar is below 180.*
3. On the day you will make an adjustment, take the average of your fasting blood sugar from that day and the day before. Ask your doctor if you are not sure how to calculate this average.
4. Use the table below to figure out how to adjust your dose of insulin:

<i>Average Fasting Blood Sugar from Last 2 Days</i>	<i>Basal Insulin Adjustment</i>
Below 70	Call Your Doctor
70-110	No Change
111-120	Increase by 2 Units
121-140	Increase by 4 Units
141-180	Increase by 6 Units
181-200	Increase by 8 Units
Above 200	Increase by 10 Units

- Do not increase your insulin dose if you have had any blood sugar values below 60 in the last 7 days (you may resume making adjustments the following week if you do not have any more low blood sugar values)
5. You should continue to make weekly adjustments to your insulin dose according to the table. Many people need 30-70 units of basal insulin to reach the goal for fasting blood sugar. Some people need more or less than this average amount.
 6. Sometimes basal insulin alone does not work to control the blood sugar throughout the day. If your blood sugar does not appear likely to be controlled with basal insulin alone, your doctor may discuss adding rapid-acting insulin at one or more of your mealtimes.

COMMUNICATION WITH DOCTOR:

- CALL IF YOU HAVE MORE THAN ONE GLUCOSE BELOW 70, OR IF YOU HAVE ANY HYPOGLYCEMIA (LOW SUGAR) THAT YOU CANNOT TREAT BY YOURSELF
- RECORD YOUR GLUCOSE VALUES AND INSULIN DOSES AND FAX THESE TO THE CLINIC (303-586-5201) IN 1 WEEK. YOU MAY COPY AND USE THE FORM ON THE BACK AS NEEDED (KEEP A BLANK FORM TO COPY AS NEEDED)
- PLEASE SCHEDULE AN APPOINTMENT WITH YOUR DOCTOR IN ____ WEEKS

Boulder Endocrinology, PLLC Blood Glucose Values

To: Christopher R. Fox, MD
Fax #: 303-586-5201

From: _____
Phone: _____

Date _____	Breakfast		Lunch		Dinner		Bedtime	Notes
	Before	After	Before	After	Before	After		
Glucose								
Insulin								
Carbs								

Date _____								
Glucose								
Insulin								
Carbs								

Date _____								
Glucose								
Insulin								
Carbs								

Date _____								
Glucose								
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Note: Please keep one blank copy, and make copies of blank sheet as needed. Additional copies can be downloaded from www.boulderendo.com as needed.