

HOW TO TRANSITION INSULIN GTT TO SUBCUTANEOUS INSULIN IN A PATIENT WITH DKA

When can the Insulin gtt be dc'ed in a patient with DKA

- Anion Gap closed X2 and serum HCO₃ > 16
- Patient must be able to tolerate PO intake (*If patient requires tube feeds or TPN, DO NOT apply this algorithm*)

Principles:

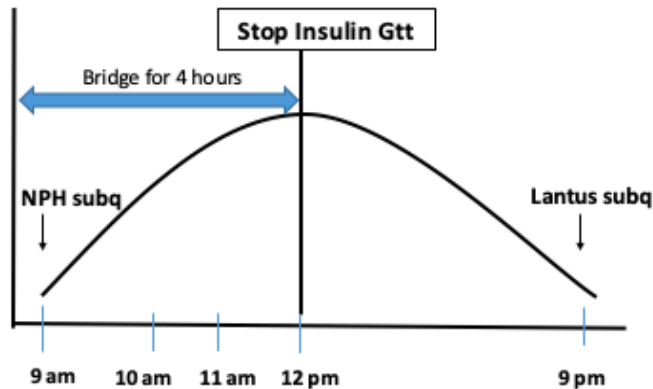
- DO NOT use lantus/glargine/basaglar to transition pt off insulin gtt
- WHY? Long-acting insulin does NOT have a peak insulin action, therefore when insulin gtt stopped (insulin half-life ~ 5 min), there may be no effective insulin action and the patient can relapse to DKA
- While patient is on an insulin gtt, they MUST REMAIN NPO
- Which type of insulin you can use to transition off gtt
 - o NPH (isophane)
 - Peak: 4-6 hours
 - Duration: 10-14 hours
 - o Regular Insulin
 - Peak: 2-4 hours
 - Duration: 6-8 hours
 - o Dose of NPH/Regular: 30-40% of calculated basal dose

Weight based dosing for total daily insulin requirements:

- Type 1 DM: 0.3-0.4 units/kg/day
- Type 2 DM: 0.5-0.6 units/kg/day
- Ex: T1DM weighs 100kg = 30 units total
 - o Lantus 15 units qHs, Aspart 5 units TIDAC
 - o NPH/Regular dose: 6 units

Scenarios:

- 1) Patient can be transitioned off insulin gtt between 9a-12pm
 - o Use: NPH (isophane) for transition
 - o When can the insulin gtt be stopped? **4 hours AFTER subq NPH insulin** administration
 - o Then start mealtime aspart TIDAC and bedtime lantus



- 2) Patient can be transitioned off insulin gtt between 1p-6pm
 - o Use: Regular insulin to transition
 - o When can the insulin gtt be stopped? **2 hours AFTER subq Regular insulin** administration
 - o Then start mealtime aspart TIDAC and bedtime lantus

