

Patient Insulin Adjustment Guide 1 Partners Healthcare System

Name _____ Insulin Adjustment Provider _____
Preferred Contact Method with adjustment provider
(check one)
 ___ Patient Gateway
 ___ Phone _____
Date _____ Other _____

Your fasting (before breakfast) blood sugar TARGET RANGE is _____

Starting Dose

- Please start taking (Lantus/NPH) _____ units at 10 PM or at _____. It is important that you take your insulin at about the same time every day.
- Check your blood sugar every morning before breakfast (fasting)

Adjusting Insulin

- Look over your fasting blood sugar readings from the last 2 days.
- If both readings are above your target range (as noted above), increase your dose by 2 or _____ units.
- Take the new dose for the next two nights.
- If your fasting blood sugar is above your target for 2 mornings in a row, increase the number of units of insulin you are taking by 2 or _____ units until your fasting blood sugar is in your target range.
- If you have required no insulin dose adjustment for 2 weeks, a scheduled visit or message to your provider is advised
- Contact your insulin adjustment provider if you have reached an insulin dose of 40 units or _____ units and your target has not yet been met.

Low Blood Sugar

- If you feel symptoms of low blood sugar such as sweating and shaking, **test your blood sugar right away.**
- If your blood sugar is below 80 and you have having low blood sugar symptoms:
 1. Treat with 15 grams of a simple carbohydrate:
 ½ cup of fruit juice **or** 1 cup skim or 1% milk **or** 3 packets regular sugar,
 or 3 – 4 commercially available glucose tablets.
 2. Wait 15 minutes and check your blood sugar again.
 3. If it is still low (below 80), treat again with carbohydrates
 4. Stop increasing your insulin dose and call the office on that same day for instructions.
 5. If unable to reach your provider that day, decrease your next insulin dose by 4 or _____ units until you receive further instructions.

Patient Insulin Adjustment Guide 2 Partners Healthcare System

Name _____

Date: _____

Insulin Adjustment Provider _____

Preferred contact method with Adjustment Provider (check one)

Patient Gateway

Phone _____

Other _____

Your fasting (before breakfast) blood sugar TARGET RANGE is _____

- Your starting dose of _____ insulin is _____ units
- Take your insulin at _____
- Take your insulin at about the same time every day.
- For any questions, contact your Insulin Adjustment Provider _____
- You will increase your insulin dose by _____ units at a time as explained below
- Do not increase dose above _____ units a day without contacting your Adjustment Provider

Your glucose result

Day 1

Day 2

If both of your blood sugars are greater than _____, then add _____ units to your daily insulin dose.

If either of your blood sugars is less than _____, continue with same dose of insulin
Daily dose of insulin for the next two days is _____ units.

Day 3

Day 4

If both of your blood sugars are greater than _____, then add _____ units to your daily insulin dose.

If either of your blood sugars is less than _____, continue with same dose of insulin
Daily dose of insulin for the next two days is _____ units.

Day 5

Day 6

If your both of your blood sugars are greater than _____, then add _____ units to your daily insulin dose.

If either of your blood sugars is less than _____, continue with same dose of insulin
Daily dose of insulin for the next two days is _____ units.

Day 7 and beyond: continue with similar pattern and record daily doses in log book