

NAME:	
DATE OF BIRTH:	
HEALTH CARD NUMBER:	

I live with **TYPE 1 DIABETES** which means that **INSULIN** treatment must **NOT** be discontinued or interrupted, in order to prevent the development of Diabetic Ketoacidosis (DKA). If I am unable to eat and drink, please ensure I am treated with insulin (intravenously or by continuing my basal insulin).

My usual diabetes insulin treatment is with:

_____ (basal) _____ units at _____ (time) and _____ units at _____ (time)

and

_____ (mealtime):	with fixed doses	OR	using an insulin: carb ratio
	_____ units at breakfast		1 unit for _____ g at breakfast
	_____ units at lunch		1 unit for _____ g at lunch
	_____ units at dinner		1 unit for _____ g at dinner

I also use a correction factor 1 unit for _____ mmol/L above _____ (target glucose level).

My total daily dose of insulin is _____ units per day (skip if you do not know).

My weight is _____ kg or _____ lbs.

My usual diabetes team is:

NAME	PHONE

My next of kin:

NAME	PHONE

If I am admitted to the hospital **and able to eat**, the following orders may be helpful:

- 1800 calorie diabetic diet (60g of carbohydrates with each meal).
- Capillary blood glucose readings 4x per day (prior to each meal and at bedtime).
- Continue my usual basal insulin, if possible* using the same dose that I take at home, initially.
- Continue my usual mealtime insulin, if possible* using a dose similar to what I take at home.
 - **If my appetite is poor**, reduce the mealtime insulin dose by 50%.
 - Add/subtract the following number of units to the dose if my blood glucose level before the meal is outside the target range (4-10mmol/l).

Disclaimer: While this communication was developed with advice of practicing endocrinologists, it does not replace the personalized medical advice that is provided in a hospital setting.

Total Daily Dose \leq 0.6 units/kg/day		OR	Total Daily Dose $>$ 0.6 units/kg/day	
Pre-meal glucose (mmol/L)	Mealtime insulin correction dose (units) to be added to or subtracted from my usual mealtime insulin		Pre-meal glucose (mmol/L)	Mealtime insulin correction dose (units) to be added to or subtracted from my usual mealtime insulin
<4	Reduce by 2 units (and eat)		<4	Reduce by 2 units (and eat)
4-9.9	0 units		4-9.9	0 units
10-12.9	+1 unit		10-11.9	+2 units
13-15.9	+2 units		12-13.9	+3 units
>16	+3 units		14-15.9	+4 units
			>16	+5 units

Note: Review insulin doses daily and revise if target glucose values are not achieved (see resources below).

***Alternative insulins** – if it is not possible to continue my usual brand of insulin, the following indicates which alternative insulin brands could be substituted, and any dose adjustment that may be required.

- *Alternative Mealtime Insulin Brands:*
 - The following insulins can be considered equivalent and can be substituted at the **SAME** dose:

Apidra	FiAsp	Humalog	Novorapid
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- *Alternative Basal Insulin Brands:*
 - The following insulins can be considered equivalent and can be substituted at the **SAME** dose:

Basaglar	Lantus	Tresiba	Toujeo
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 - If switching **FROM** Levemir to one of the insulins above, the dose of long acting insulin may need to be **reduced** by 20%.
 - If switching **TO** Levemir from one of the insulins above, the dose of long acting insulin may need to be **increased** by 20%.
 - If NPH is to be used as a basal insulin, consider dividing the dose between breakfast and bedtime and checking capillary blood glucose (finger stick) at 3am.

Resources / Other information:

- [Basal Bolus Insulin Therapy: http://www.bbit.ca/](http://www.bbit.ca/)

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