# *Inpatient Protocol for Transition from I.V. to Basal/Bolus S.Q. Insulin*

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**GOALS: NPO or PO**
FPG 100-130 mg/dL
2h pp <180 mg/dL

1. **Calculate New Total Daily Dose when glucose has been the most stable <180 mg/dL for 4 hours**
2. **New Total Daily Dose (TDD) Insulin** = Total units of IV insulin required over 4 hours X 5
3. **Discontinue IV insulin 4 hours after basal injection**
4. **Start patient on pathway** below based on eating status
5. **Reevaluate Insulin requirements every 1-2 days**

**Patient not eating (NPO):**

Prandial Insulin = None
Basal Insulin = 50% TDD once daily
**Supplemental Insulin (see box below)**

**Patient is eating:**

Prandial Insulin = 15% TDD before each meal
Basal Insulin = 50% TDD once daily
**Supplemental Insulin (see box below)**

**Adjusting Basal Insulin Dose**[1]

| FPG (mg/dL) | Insulin Change |
|---|---|
| <100 | - 3 units |
| 100-130 | No Change |
| >130 | + 3 units |

**Adjusting Prandial Insulin Dose**[2]

- Adjust dose based on the next pre-meal glucose level

| | |
|---|---|
| <100 | Decrease dose by 10% |
| 100-180 | No Change |
| >180 | Increase dose by 10% |

**Supplemental Insulin Dose**

- Use in conjunction with basal +/- each prandial insulin dose

| BG | TDD <40 units/d | TDD ~ 40-80 units/d | TDD >80 units/d |
|---|---|---|---|
| <180 | 0 units | 0 units | 0 units |
| 180-249 | + 1 units | + 2 units | + 3 units |
| 250-299 | + 2 units | + 4 units | + 6 units |
| 300-349 | + 3 units | + 6 units | + 9 units |
| >349 | + 4 units | + 8 units | +12 units |

**Footnotes:**

[1] Blonde L, Merilainen M, Karwe V, Raskin P; TITRATE™ Study Group. Diabetes Obes Metab. 2009;11(6):623-631.

[2] https://www.aace.com/files/aace_algorithm.pdf