Type 2 Family Directed Insulin weaning Instructions

Patient Name: _____ **Patient DOB:**_____ **Patient M#**_____

Check Blood sugars:

Before Breakfast	Before Lunch	Before Dinner	Before Bedtime

Metformin (500mg tablet)

This is the schedule for your tablet medication. Please follow this schedule in order to prevent nausea and abdominal pain.

Remember to take with food. Continue metformin dose increase regardless of blood sugars.

_____ (date of discharge) - 1 tablet in evening with dinner

_____ - 1 tablet in morning with breakfast & 1 tablet in evening with dinner

_____ - 1 tablet in morning with breakfast & 2 tablets in evening with dinner

_____ - 2 tablets in morning with breakfast & 2 tablets in evening with dinner

Current Doses:	Review all blood sugars for the last week every _____	**Food insulin:** _____ Give 1: _____ for all carbs	**At every daytime blood sugar, check use correction below.** Correction Factor: 1 unit for 25mg/dL > 150mg/dL 149 mg/dL and below - 0 unit 150 to 174 mg/dL - 1 unit 175 to 199 mg/dL - 2 units 200 to 224 mg/dL - 3 units 225 to 249 mg/dL - 4 units 250 to 274 mg/dL - 5 units --> Check for ketones! 275 to 299 mg/dL - 6 units --> Check for ketones! 300 to 324 mg/dL - 7 units --> Check for ketones! 325 to 349 mg/dL - 8 units --> Check for ketones! 350 to 374 mg/dL - 9 units --> Check for ketones! 375 to 399 mg/dL - 10 units --> Check for ketones! 400 mg/dL and above - 11 units --> Check for ketones! *Maximum correction factor: 11 units	**Basal Insulin:** _____ **Give _____units at _____PM**
Date:	**If 7 or more blood sugars 150 or more Continue doses above.**	**If fewer than 7 blood sugars 150 or more:** **Change food insulin to:** _____		**Basal Insulin:** _____ **Give _____units at _____PM**
Date:	**If 7 or more blood sugars 150 or more Continue doses above.** ***Call clinic before 4pm today to check in with clinic. 682-885-7960**	**If fewer than 7 blood sugars 150 or more:** **STOP food insulin** **Continue to use Correction factor for all blood sugars 150 or above.**		**Basal Insulin:** _____ **Give _____units at _____PM**
Date:		**No Food Insulin** **Continue to use Correction Factor**		**If fewer than 7 blood sugars 150 or more, then DECREASE Basal** **Give _____units at _____PM**
Date:	***Call clinic before 4pm today to check in with clinic. 682-885-7960**	No Food Insulin **Continue to use Correction Factor**		**If fewer than 7 blood sugars 150 or more, then DECREASE Basal** **Basal Insulin:** _____ **Give _____units at _____PM**
Date:		No Food Insulin **Continue to use Correction Factor**		**If fewer than 7 blood sugars 150 or more, then DECREASE Basal** **Basal Insulin:** _____ **Give _____units at _____PM**
Date:	***Call clinic before 4pm today to check in with clinic. 682-885-7960**	No Food Insulin **Continue to use Correction Factor**		**If fewer than 7 blood sugars are 150 or more then** **STOP Basal dose of insulin,** **Continue to use Correction factor if needed; until next appointment**

Physician: _____ **Diabetes Educator**: _____ **Date**:_____