



**Wolverhampton  
Diabetes Care**

# What Care to Expect

## Insulin Start Up and Review Protocol

### Type 2 DM

Failed maximal dose combination oral hypoglycaemic agents

Other compelling reason for insulin

Consider continuing Metformin in combination with insulin in T2DM if obese with BMI >30kg/m<sup>2</sup>

### Type 1 Diabetes

Promptly upon diagnosis

All patients with acute onset, weight loss, and ketonuria should be considered to have T1DM irrespective of age.

**All to start twice daily pre-mixed insulin regime  
Refer to specialist diabetes team, T1DM urgently.**

Insulin start up education programme +/- review/new diabetes education programme.

Assessment for appropriate injection device drives choice of insulin.

Start dose is 0.5 u/kg split 2/3 and 1/3 morning / evening;  
Roughly 16 units am + 8 units pm if <60kg or 20 units am + 10 units pm if >60kg

The objective is an independent / self managing patient within 3 months of start up and at subsequent regular review.

Dose adjustment by step titration programme at 4 -7 day intervals to achieve metabolic outcomes. Patients should be trained to be self adjusting.

Metabolic targets are pre -meal blood glucose 4-7 mmol/l, freedom from hypoglycaemia, HbA1c <7%.

Consider restarting Metformin in T2DM if weight gain >3% and / or Insulin dose >2U/kg with >7% HbA1c

3 - 6 monthly routine reviews of diet, lifestyle, diabetes knowledge, self management, metabolic outcomes including hypoglycaemia. Patient concerns and self management issues addressed.

Many patients on twice daily insulin can be managed partially or totally in primary care

← Satisfactory

← Unsatisfactory

← Resolved

← Intensified review specialist diabetes team.

**Consider more intensified / complex insulin regimes**

Regime conversion will not resolve poor control due to concordance or compliance issues