Insulin Dose Adjustment CHALLENGE – ALL AGES - PREPUMPER

To help us assess your understanding of how to manage insulin dose adjustments, please complete the following questions. Review your answers with the diabetes health care team and obtain a copy of the answer sheet.

1. Insulin lowers blood glucose:  ○ True  ○ False

2a. Increasing your insulin dose should:
   ○ Increase the blood glucose
   ○ Decrease the blood glucose
   ○ Have no effect on the blood glucose

2b. Decreasing your insulin dose should:
   ○ Increase the blood glucose
   ○ Decrease the blood glucose
   ○ Have no effect on the blood glucose

3. Why do our insulin needs change?
   ○ Gym class, sport, parties
   ○ Illness, stress, hormones
   ○ Different seasons, growth
   ○ All of the above

4. Insulin is absorbed at a faster and more consistent rate from the:
   ○ Buttocks
   ○ Abdomen
   ○ Legs
   ○ Arms

5. What is the recommended A1C value for you (considering your age)?
   ○ Less than or equal to 7.0%
   ○ Less than 7.5%
   ○ Less than or equal to 7.0%
   ○ Less than 8.0%
   ○ Less than 9.0%

6a. If your blood glucose was too high or too low before breakfast, what insulin would be working and need to be adjusted?
   ○ Morning rapid-acting insulin (Humalog® or NovoRapid® [aspart])
   ○ Bedtime intermediate-acting insulin (Humulin® N or Novolin® NPH)
   ○ Bedtime long-acting insulin (Levemir® or Lantus®)
   ○ Choice 2 or 3

6b. If your blood glucose was too high or too low before lunch, what insulin would be working and need to be adjusted?
   ○ Morning rapid-acting insulin (Humalog® or NovoRapid® [aspart])
   ○ Bedtime intermediate-acting insulin (Humulin® N or Novolin® NPH)
   ○ Bedtime long-acting insulin (Levemir® or Lantus®)
   ○ Choice 2 or 3

(see other side)
6c. If your blood glucose was too high or too low before supper, what insulin would be working and need to be adjusted?
- Morning intermediate-acting insulin (Humulin® N or Novolin® NPH)
- Lunch rapid-acting insulin (Humalog®, NovoRapid® [aspart], or Apidra®)
- Bedtime long-acting insulin (Levemir® or Lantus®)
- Choice 1 or 2

6d. If your blood glucose was too high or too low before night snack, what insulin would be working and need to be adjusted?
- Morning intermediate-acting insulin (Humulin® N or Novolin® NPH)
- Supper rapid-acting insulin (Humalog®, NovoRapid® [aspart], or Apidra®)
- Bedtime long-acting insulin (Levemir® or Lantus®)
- Choice 2 or 3

7. Your usual insulin dose is:
   - Breakfast: Humulin® N 10 units, Humalog® 6 units;
   - Supper: Humalog® 2 units;
   - Bedtime: Humulin® N 4 units

   For the past week, your blood glucose has been high before breakfast and lunch but okay before supper and bedtime. What should you do?
   - Increase your morning rapid-acting insulin.
   - Increase your bedtime Humulin® N to lower your morning blood glucose.
   - Increase your morning Humulin® N or lunch rapid-acting insulin to lower your before supper blood glucose.

8. You have a swimming class from 9:00 to 10:00 a.m. on Saturday morning. Your usual insulin before breakfast is: Novolin® NPH 12 units; Rapid-acting insulin 5 units. What adjustment would you make?
   - Decrease the rapid-acting insulin
   - Increase the Novolin® NPH
   - Decrease the Novolin® NPH
   - Increase the rapid-acting insulin

9. You have a soccer practice after supper from 6:00 to 7:00 p.m. You are having delayed lows at 2:00 a.m. on nights you play soccer. Your bedtime dose of Novolin® NPH is 9 units. How would you adjust the insulin?
   - Decrease the Novolin® NPH by 20 to 50%
   - Decrease the Novolin® NPH by 10 to 20%
   - Decrease the Novolin® NPH by 0 to 10%
   - Do not adjust the insulin

10. You use a 1:20 insulin-to-carbohydrate ratio at breakfast, but your blood glucose is always high 2 hours after you eat and before lunch? What should you do?
    - Use a larger breakfast ratio (try 1:25)
    - Use a smaller breakfast ratio (try 1:15)
    - Keep the ratio at 1:20 for a few more days