

TEAR-OFF SHEET

## Dosing titration for insulin analogs

BG levels for 3 consecutive days (fasting, prandial, or bedtime)	Adjust basal insulin dose (U)	Adjust rapidly acting insulin dose (U/injection)
≥180 mg/dL	+8	+3
160-180 mg/dL	+6	+2
140-160 mg/dL	+4	+2
120-140 mg/dL	+2	+1
100-120 mg/dL	+1	Maintain dose
80-100 mg/dL	Maintain dose	-1
60-80 mg/dL <sup>a</sup>	-2	-2
<60 mg/dL <sup>a</sup>	-4	-4

BG, blood glucose; FBG, fasting blood glucose.

<sup>a</sup>If any single blood glucose measurement is in this range, make the appropriate reduction in insulin dose.

For elevated FBG levels, adjust only the basal insulin dose.

For elevated preprandial BG at lunchtime, adjust breakfast rapid-acting insulin dose.

For elevated preprandial BG at dinnertime, adjust lunchtime rapid-acting insulin dose.

For elevated bedtime BG, adjust dinnertime rapid-acting insulin dose.

Reprinted with permission from Edelman S, et al. A practical approach for implementation of a basal-prandial insulin therapy regimen in patients with type 2 diabetes. *Osteopath Med Primary Care*. 2007;1:9.