



Thank you for downloading our PocketCards!
We have some resources we would like to share with you.

- **Diabetes Educator Course - Get Ready for CDE or BC-ADM - Earn up to 30 CEs**
 - San Diego, CA -Sept 2 - 4, 2015
 - Optional add on workshop: **Advanced Critical Assessment**

- **Diabetes Education Online Course Series**

Fundamentals to Advanced - Your journey starts here!

We are excited to announce that we have updated our **Online University** to better meet your learning needs. We have improved the learning path and added many new courses.

- **FREE Live Webcasts - check here to see our upcoming schedule**
- **Books and study tools** to help you succeed. Order yours today!



Thanks again for your efforts to improve diabetes care. To see and print your PocketCards, scroll to the next page.

www.DiabetesEd.net



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in Diabetes Education

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Insulin PocketCard™



15 years

| Action | | Insulin Name | Onset | Peak | Effective Duration | Considerations |
|---------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|-------------|--------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bolus | Rapid Acting Analogs | Aspart (Novolog) | 5 - 15 min | 30 - 90 min | < 5 hrs | Bolus insulin lowers after-meal glucose. Post meal BG reflects efficacy. Basal insulin controls BG between meals and nighttime. Fasting BG reflects efficacy. Side effects: hypoglycemia, weight gain. Typical dosing range: 0.5–1.0 units/kg body wt/day. Discard opened insulin vials after 28 days. |
| | | Lispro (Humalog) | | | | |
| | | Glulisine (Apidra) | | | | |
| | Short Acting | Regular | 30 - 60 min | 2 - 3 hrs | 5 - 8 hrs | |
| Regular Concentrated Insulin 500 units/mL reg insulin "U-500" | | 30 - 60 min | 2 - 3 hrs | Up to 24 hrs | | |
| Basal | Intermediate | NPH | 2 - 4 hrs | 4 - 10 hrs | 10 - 16 hrs | |
| | Long Acting | Detemir (Levemir) | 3 - 8 hrs | No peak | 6 - 24 hrs | |
| | | Glargine (Lantus) | 2 - 4 hrs | No peak | 24 hrs | |
| | | Glargine (Toujeo) - Concentrated Insulin. 300 units/mL in 1.5 mL Pen | 6 hrs | No peak | 24 hrs | |
| Basal + Bolus | Intermediate + short | Combo of NPH + Reg 70/30 = 70% NPH + 30% Reg 50/50 = 50% NPH + 50% Reg | 5 - 15 min | Dual peaks | 10 - 16 hrs | |
| | Intermediate + rapid | Novolog® Mix - 70/30 | 30 - 60 min | Dual peaks | 10 - 16 hrs | |
| | | Humalog® Mix - 75/25 or 50/50 | 5 - 15 min | | | |

Adapted from American Association of Clinical Endocrinologists Guidelines 2007. Because insulin action times can vary with each injection, time periods listed here are general guidelines only; please consult prescribing information for details.

Inhaled Insulin

A Diabetes PocketCard™
from Diabetes Education Services | **DiabetesEd.Net**

| Action | Insulin Name | Dose Range | Onset | Peak | Duration | Considerations |
|-----------------------------|---------------------------------------|--------------------------------------|---------|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bolus – Rapid-acting | Afrezza Inhaled regular human insulin | 4 and 8 unit cartridges before meals | 15 mins | 1 hr | 3 hrs | Assess lung function before starting. Avoid in chronic lung disease — acute bronchospasm risk . Side effects: hypoglycemia, cough, throat irritation. |

Injectables That Lower Glucose

| Class/Main Action | Name | Dose Range | Considerations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLP-1 Agonist “Incretin Mimetic” <ul style="list-style-type: none"> Increases insulin release with food Slows gastric emptying Promotes satiety Suppresses glucagon Lowers A1c 0.5 – 1.6% Wt loss of ~ 3lbs | exenatide (Byetta) | 5 or 10 mcg BID (renally excreted) | Side effects for all: Nausea, vomiting, weight loss, injection site reaction. Report signs of acute pancreatitis (severe abdominal pain, vomiting), stop med. Black box: Thyroid C-cell tumor warning for liraglutide, exenatide XR, albiglutide, and dulaglutide (avoid if family history of medullary thyroid cancer, notify MD of hoarseness, throat lump). |
| | exenatide XR (Bydureon) | 2mg 1x a week (renally excreted) | |
| | liraglutide (Victoza) | 0.6 - 1.8 mg daily | |
| | albiglutide (Tanzeum) | 30 and 50 mg 1x a week pen injector | |
| | dulaglutide (Trulicity) | 0.75 and 1.5 mg 1x a week pen injector | |
| Amylin Mimetic <ul style="list-style-type: none"> Slows gastric emptying Suppresses glucagon Promotes satiety Lowers A1c 0.5 – 1% | pramlintide (Symlin) | Type 1: 15 - 60 mcg; Type 2: 60 - 120 mcg immediately before major meals | For Type 1 or 2 on insulin. Black box warning: severe hypoglycemic risk 3 hrs post injection. Prevent hypoglycemia, decrease insulin dose when starting pramlintide. Side effects: nausea, weight loss. |

The information listed here are general guidelines only; please consult prescribing information for details.