

# FALL 2014 CDE BOOT CAMP

Preparing for  
CDE Exam

**LIVE  
WEBCASTS**

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5 Thursday Sessions  
October 2-30, 2014

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We have some resources we like to share with you.

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- [Diabetes Educator Course](#) - Get Ready for CDE or BC-ADM - Earn 27 CEs
  - Carmel, CA - April 8 - 10, 2015
  - San Diego, CA -Sept, 2015 (dates TBD)
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*Wally & Rainey*

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Action		Insulin Name	Onset	Peak	Effective Duration	Considerations
<b>Bolus</b>	Rapid Acting Analogs	Aspart (Novolog)	5 - 15 min	30 - 90 min	< 5 hrs	<b>Bolus</b> insulin lowers after-meal glucose. Efficacy reflected in post-meal BG.
		Lispro (Humalog)				
		Glulisine (Apidra)				
	Short Acting	Regular	30 - 60 min	2 - 3 hrs	5 - 8 hrs	<b>Basal</b> insulin controls BG between meals and HS. Efficacy reflected in fasting BG.
<b>Basal</b>	Intermediate	NPH	2 - 4 hrs	4 - 10 hrs	10 - 16 hrs	<b>Side effects:</b> hypoglycemia, weight gain. <b>Typical dosing</b> range: 0.5–1.0 units/kg body wt/day. Discard opened insulin vials after 28 days.
	Long Acting	Detemir (Levemir)	3 - 8 hrs	No peak	6 - 24 hrs	
		Glargine (Lantus)	2 - 4 hrs	No peak	20 - 24 hrs	
<b>Bolus + Basal</b>	Intermediate + rapid	Novolog® Mix 70/30 70/30 = 70% NPA + 30% aspart	5 - 15 min	Dual peaks	10 - 16 hrs	
		Humalog® Mix 75/25 = 75% NPL + 25% lispro 50/50 = 50% NPL + 50% lispro				
	Intermediate + short	Combo of NPH + Reg 70/30 = 70% NPH + 30% Reg 50/50 = 50% NPH + 50% Reg	30 - 60 min	Dual peaks	10 - 16 hrs	

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.

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## Inhaled Insulin

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

Action	Insulin Name	Dose Range	Onset	Peak	Duration	Considerations
<b>Bolus – Rapid-acting</b>	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 — bronchospasm risk. Side effects: hypoglycemia, cough, throat irritation.

## Injectables That Lower Glucose

Class/Main Action	Name	Dose Range	Considerations
<b>GLP-1 Agonist</b> “Incretin Mimetic” • 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, 10 mcg BID (renally excreted)	<b>Side effects for all:</b> Nausea, vomiting, weight loss, injection site reaction. Report signs of acute pancreatitis (severe abdominal pain, vomiting), stop med. <b>Black box:</b> 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 mg daily for 1 wk 1.2 mg daily for 1 wk then 1.8 mg daily (max dose)	
	albiglutide (Tanzeum)	30 and 50 mg 1x a week pen injector	
	dulaglutide (Trulicity)	0.75 and 1.5 mg 1x a week pen injector	
<b>Amylin Mimetic</b> • 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. <b>Black box warning:</b> 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.