

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:**
 - A) Increase the blood glucose
 - B) Decrease the blood glucose
 - C) Have no effect on the blood glucose

- 2b. **Decreasing your insulin dose should:**
 - A) Increase the blood glucose
 - B) Decrease the blood glucose
 - C) Have no effect on the blood glucose

3. **Why do our insulin needs change?**
 - A) Gym class, sport, parties
 - B) Illness, stress, hormones
 - C) Different seasons, growth
 - D) All of the above

4. **Insulin is absorbed at a faster and more consistent rate from the:**
 - A) Buttocks C) Legs
 - B) Abdomen D) Arms

5. **What is the recommended A1C value for you (considering your age)?**
 - A) Less than or equal to 7.0% C) Less than 8.0%
 - B) Less than or equal to 7.5% D) 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?**
 - A) Morning rapid-acting insulin (Humalog® or NovoRapid® [aspart])
 - B) Bedtime intermediate-acting insulin (Humulin® N or Novolin® NPH)
 - C) Bedtime long-acting insulin (Levemir® or Lantus®)
 - D) B or C

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

(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?

- A) Morning intermediate-acting insulin (Humulin® N or Novolin® NPH)
- B) Lunch rapid-acting insulin (Humalog®, NovoRapid® [aspart], or Apidra®)
- C) Bedtime long-acting insulin (Levemir® or Lantus®)
- D) A or B

6d. If your blood glucose was too high or too low before night snack, what insulin would be working and need to be adjusted?

- A) Morning intermediate-acting insulin (Humulin® N or Novolin® NPH)
- B) Supper rapid-acting insulin (Humalog®, NovoRapid® [aspart], or Apidra®)
- C) Bedtime long-acting insulin (Levemir® or Lantus®)
- D) B or C

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?

- A) Increase your morning rapid-acting insulin.
- B) Increase your bedtime Humulin® N to lower your morning blood glucose.
- C) 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?

- A) Decrease the rapid-acting insulin
- B) Increase the Novolin® NPH
- C) Decrease the Novolin® NPH
- D) 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?

- A) Decrease the Novolin® NPH by 20 to 50%
- B) Decrease the Novolin® NPH by 10 to 20%
- C) Decrease the Novolin® NPH by 0 to 10%
- D) 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?

- A) Use a larger breakfast ratio (try 1:25)
- B) Use a smaller breakfast ratio (try 1:15)
- C) Keep the ratio at 1:20 for a few more days