Basal / Long-Acting Insulin

Lantus, Toujeo & Abasalgar (insulin glargine) duration **24 hours**

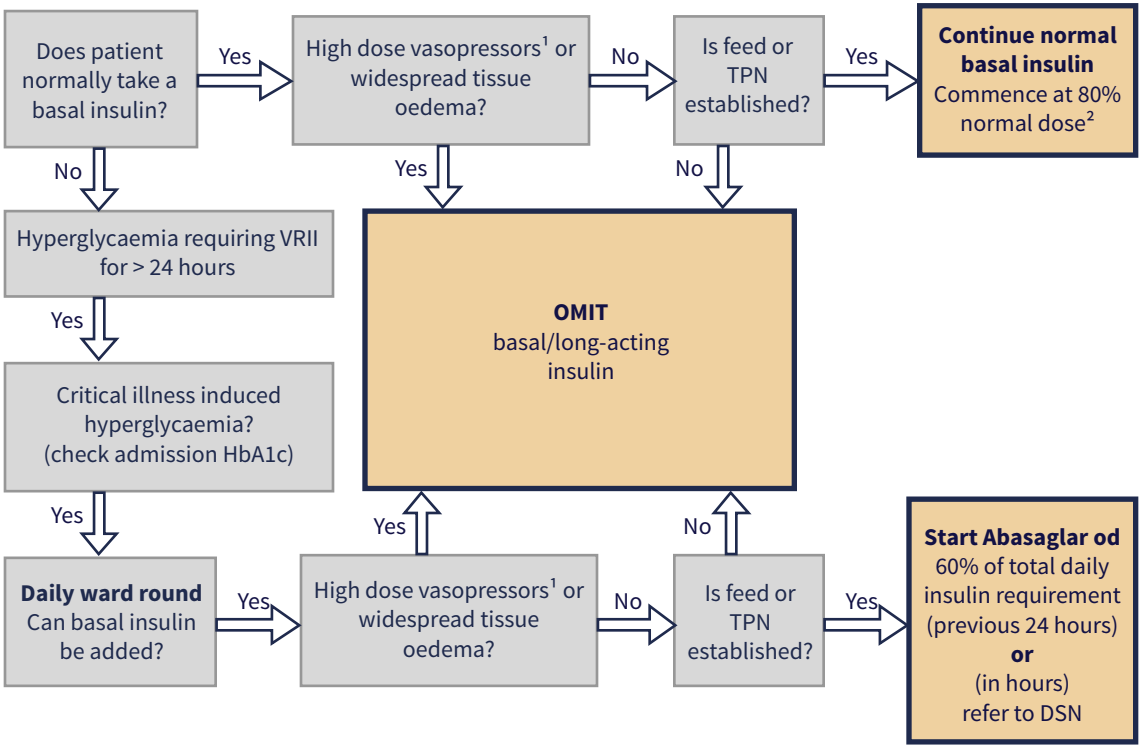
Levemir (insulin detemir) duration **12 - 24 hours**

Tesiba (insulin degludec) duration **24 hours**

Insulatard / Humulin I (isophane insulin) duration **24 hours**

Long acting insulins may be given once or twice daily via subcutaneous injection.

Action may be **prolonged in hepatic and renal impairment.**



Target range on subcutaneous insulin **6 - 10 mmol/L**

[1] Subcutaneous absorption affected by vasopressors, oedema and critical illness: **if patient is on high doses of noradrenaline/metaraminol, basal insulin should be omitted.**

[2] Accurate reporting of patient's pre-admission basal insulin dose may be difficult and compliance is often variable. For this reason **commence at 80% of reported dose** and increase over 48 hours when a blood glucose trend is established and calorie intake has increased. If any uncertainty regarding compliance or not clear what normal dose is start **Abasaglar 10 units od**.

Dose adjustments should be **gradual** (every 2-3 days) and ideally led by a Diabetes Specialist Nurse.

Basal insulin should be started with **caution in steroid-induced hyperglycaemia**, particularly in short courses of steroids. Contact Diabetes team if considering starting for medium or long-term courses and before discharge from Critical Care.

Basal insulin should be administered subcutaneously in tissue least affected by oedema and localised scarring or lipohypertrophy. The area with best absorption is assumed to be the abdomen but in cases where marked dependent oedema occurs, the upper arm may be preferable.