

Action	Routes of Administration	Drug Interactions
Promotes cellular uptake of glucose	Timing: varies depending on type of insulin	Beta Blockers mask signs of hypoglycemia
Converts glucose into glycogen	SubQ all types	Steroids decrease effectiveness of insulin
Stops release of fats	IV/IM only regular insulin (short acting)	Alcohol Can cause increased or decreased blood glucose levels
Stops release of fats	Insulin pump only rapid acting	MAOIs
Stops gluconeogenesis	Inhaled only rapid acting	Thiazide
Starts producing glycogen & fat		
Converts amino acids into proteins		
Converts fatty acids into triglycerides		
Moves Potassium into cells		
Indication	Administration Timing Guide	Adverse Effects
Type 1, 2, or gestational diabetes	Types Onset Peak Duration	Hypoglycemia
(DOC in pregnancy due to limited adverse effects and inability to cross placenta)	Rapid 10-20 min 0.5-2 hr 3-5 hr	Lipodystrophy
	Short 30-60 min 2.5 hr 6-12 hr	Hypokalemia
	Inter-mediate 1-1.5 hr 4-14 hr 24 hr	DKA
	Long-A-cting 60-70 min None 24 hr	
Cautions	Patient Education	
Elderly	Educated about sick day rules	
Renal patients b/c insulin can accumulate	Educated about long-term complications of diabetes	
	Rotate administration sites to prevent lipodystrophy	
	Life-long treatment (T1D)	
	Wear a medical alert bracelet	
	Store unopened insulin in fridge	
	Discard insulin after 30 days of use	
Contraindications		
hold medication if blood glucose <50		

