

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 (DOC in pregnancy due to limited adverse effects and inability to cross placenta)	Types	Onset	Peak	Duration
Elderly	Rapid	10-20 min	0.5-2 hr.	3-5 hr
Renal patients b/c insulin can accumulate	Short	30-60 min	2.5 hr	6-12 hr
	Interme- diate	1-1.5 hr	4-14 hr	24 hr
	Long-A- cting	60-70 min	None	24 hr
Contraindications	Patient Education			
hold medication if blood glucose <50	Educated about sick day rules			
	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			

