

Action
Promotes cellular uptake of glucose
Converts glucose into glycogen
Stops release of fats
Stops release of fats
Stops gluconeogenesis
Starts producing glycogen & fat
Converts amino acids into proteins
Converts fatty acids into triglycerides
Moves Potassium into cells

Indication
Type 1, 2, or gestational diabetes
(DOC in pregnancy due to limited adverse effects and inability to cross placenta)

Cautions
Elderly
Renal patients b/c insulin can accumulate

Contraindications
hold medication if blood glucose <50

Routes of Administration	
Timing:	varies depending on type of insulin
SubQ	all types
IV/IM	only regular insulin (short acting)
Insulin pump	only rapid acting
Inhaled	only rapid acting

Administration Timing Guide			
Types	Onset	Peak	Duration
Rapid	10-20 min	0.5-2 hr.	3-5 hr
Short	30-60 min	2.5 hr	6-12 hr
Intermediate	1-1.5 hr	4-14 hr	24 hr
Long-Acting	60-70 min	None	24 hr

Patient Education
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

Drug Interactions	
Beta Blockers	mask signs of hypoglycemia
Steroids	decrease effectiveness of insulin
Alcohol	Can cause increased or decreased blood glucose levels
MAOIs	
Thiazide	

Adverse Effects
Hypoglycemia
Lipodystrophy
Hypokalemia
DKA



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