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
Interm-ediate	1-1.5 hr	4-14 hr	24 hr
Long-A-cting	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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