

Staff information leaflets for diabetic patients requiring insulin undergoing surgery

What to do with your patient's insulin before surgery

Insulins	Day prior to admission	Day of surgery	
		Patient for am surgery	Patient for pm surgery
Once daily (evening) (eg. Lantus or levemir, Insulatard, Humulin I, Insuman Basal)	No dose change*	No morning insulin due	No morning insulin due
Once daily (morning) (eg. Lantus or levemir, Insulatard, Huulin I, Insuman)	No dose change	Check blood sugar on admission Give usual dose on admission*	Give usual morning dose if eating breakfast*
Twice daily (eg. Novomix 30, Humulin M3, Humalog Mix 25, Humalog Mix 50, Insuman Comb 25, Insuman Comb 50, twice daily Levemir, twice daily Lantus)	No dose change	Check blood sugar on admission Give half the usual dose on admission* Plan to restart normal insulin with evening meal	Give half of usual morning dose Plan to restart normal insulin with evening meal
Twice daily- separate injections of short acting and intermediate acting (eg. Novorapid, Humulin S, Apidra, animal neutral) (eg. Insulatard, Humulin I, Insuman, animal isophane)	No dose change	Check blood sugar on admission Calculate the total dose of both morning insulins and give half as intermediate acting only in the morning Plan to restart normal insulin with evening meal	Calculate the total dose of both morning insulins and give half as intermediate acting only in the morning Plan to restart normal insulin with evening meal
3,4, or 5 injections daily	No dose change	Basal bolus regimens: Do not give the morning and lunchtime short acting insulins Take the basal dose as normal * Premixed AM insulin: Give half the usual morning dose and omit lunchtime dose	Take usual morning insulin dose Do not take lunchtime dose

*if patient normally wakes up overnight with a BM <6 reduce the normal dose by one third