**HOW TO TRANSITION INSULIN GTT TO SUBCUTANEOUS INSULIN IN A PATIENT WITH DKA**

**When can the Insulin gtt be dc’ed in a patient with DKA**
- Anion Gap closed X2 and serum HCO₃ > 16
- Patient must be able to tolerate PO intake (If patient requires tube feeds or TPN, DO NOT apply this algorithm)

**Principles:**
- DO NOT use lantus/glargine/basaglar to transition pt off insulin gtt
- WHY? Long-acting insulin does NOT have a peak insulin action, therefore when insulin gtt stopped (insulin half-life ~ 5 min), there may be no effective insulin action and the patient can relapse to DKA
- While patient is on an insulin gtt, they MUST REMAIN NPO
- Which type of insulin you can use to transition off gtt
  - NPH (isophane)
    - Peak: 4-6 hours
    - Duration: 10-14 hours
  - Regular Insulin
    - Peak: 2-4 hours
    - Duration: 6-8 hours
  - Dose of NPH/Regular: 30-40% of calculated basal dose

**Scenarios:**
1) Patient can be transitioned off insulin gtt between 9a-12pm
   - Use: NPH (isophane) for transition
   - When can the insulin gtt be stopped? **4 hours AFTER subq NPH insulin** administration
   - Then start mealtime aspart TIDAC and bedtime lantus

2) Patient can be transitioned off insulin gtt between 1p-6pm
   - Use: Regular insulin to transition
   - When can the insulin gtt be stopped? **2 hours AFTER subq Regular insulin** administration
   - Then start mealtime aspart TIDAC and bedtime lantus