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| **Insulin** | **Day before going into hospital** | **Day of surgery** | |  |
| **Surgery in morning** | **Surgery in afternoon** | **If VRIII being used** |
| **Long-acting – morning**  **PERI-OPERATIVE ADJUSTMENT OF INSULIN PREPARATIONS (ADVICE FOR HEALTHCARE PROFESSIONALS)**  **(*for example:***  **Lantus,**  **Levemir,**  **Humulin I,**  **Tresiba,**  **Insulatard,**  **Insuman Basal,**  **Toujeo,**  **Abasaglar)** | Take as normal | Reduce insulin dose by 20%. | Reduce insulin dose by 20%.  Blood glucose will be checked on admission.  Resume normal insulin the morning after the surgery or procedure, if eating and drinking. | Continue at 80% of usual dose |
| **Long-acting –evening**  **(*for example:***  **Lantus,**  **Levemir,**  **Humulin I,**  **Tresiba,**  **Insulatard,**  **Insuman Basal,**  **Toujeo,**  **Abasaglar)** | **Lantus, Levemir, Tresiba,**  **Toujeo, Abasaglar:**  Reduce dose by 20%.  **Humulin I, Insulatard, Insuman Basal**  Take as normal | Resume normal insulin with evening meal if patient able to manage fluids and a snack after surgery.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | Resume normal insulin with evening meal if patient able to manage fluids and a snack after surgery.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | Continue at 80% of usual dose |
| **Twice or three times daily mix**  **(*for example:***  **Novomix 30, Humulin M3,**  **Humalog Mix 25,**  **Humalog Mix 50,**  **Insuman Comb 15,**  **Insuman Comb 25,**  **Insuman Comb 50)** | Take as normal | Take half normal dose in the morning.  Check blood glucose on admission. VRIII may be required until patient resumes diet.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required.  If patient able to manage fluids and a snack after surgery, resume normal dose with evening meal (or with lunch, if taking three times daily insulin). | Take half normal dose in the morning. If patient receiving three times daily mix insulin, omit lunchtime dose.  Check blood glucose on admission. VRIII may be required until patient resumes diet.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required.  If patient able to manage fluids and a snack after surgery, resume normal dose with evening meal. | Stop until eating and drinking normally |

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| **Insulin** | **Day before going into hospital** | **Day of surgery** | |  |
| **Surgery in morning** | **Surgery in afternoon** | **If VRIII being used** |
| **2, 3, 4 or 5 injections daily – any combination of background insulin combined with short-acting insulin at mealtimes**  **(“basal bolus” regimens)**  ***(for example***  **Long acting insulins:**  **Lantus,**  **Levemir,**  **Humulin I,**  **Tresiba, Insulatard,**  **Insuman Basal,**  **Toujeo,**  **Abasaglar**  **Short acting insulins:**  **Actrapid,**  **Novorapid,**  **Humalog,**  **Apidra,**  **Humulin S,**  **Insuman Rapid,**  **Fiasp,**  **Hypurin Porcine Neutral,**  **Hypurin Bovine Neutral)** | **Long acting insulin:**  **Morning** – Take as normal  **Evening** – Reduce dose by 20% for **Lantus, Levemir, Tresiba, Toujeo and Abasaglar** only.  For other-long acting insulins, take normal dose (Humulin I, Insulatard, Insuman Basal) | **Long-acting insulin:**  **Morning** - Reduce dose by 20%. Blood glucose will be checked on admission.  Resume normal insulin the morning after the surgery or procedure, if eating and drinking.  **Evening** – Resume normal insulin with evening meal if patient able to manage fluids and a snack after surgery.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | **Long-acting insulin:**  **Morning** – Reduce dose by 20%. Blood glucose will be checked on admission.  Resume normal insulin the morning after the surgery or procedure, if eating and drinking.  **Evening** - Resume normal insulin with evening meal if patient able to manage fluids and a snack after surgery.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | Continue long acting background insulin at 80% of usual dose |
| **Short acting insulin:** take as normal day before surgery. | **Do not** take short-acting insulin if no breakfast is eaten.  If patient able to manage fluids and a snack after surgery, restart short-acting insulin with lunch.  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | Take usual morning dose of short-acting insulin if breakfast is eaten. **Do not** take lunchtime dose.  If patient able to manage fluids and a snack after your surgery, restart short-acting insulin with evening meal  For more prolonged surgery or if post-operative nausea and vomiting, monitor blood glucose – VRIII may be required. | Stop until eating and drinking normally |

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