

## **Type 1 diabetes rules**

### **Never stop your basal insulin**

Even when you are not eating your body needs insulin every minute of the day. This insulin is called “basal insulin” which is trickled into your bloodstream to control the amount of sugar your liver and muscles make and to prevent ketone production. If ketone production becomes excessive a life-threatening state known as diabetic keto-acidosis (DKA) may occur.

Basal insulin may be administered via

- 1) insulin pump (tubed pumps may be disconnected for up to an hour during sporting events) or
- 2) shots: typically one per day of long-acting insulins such as glargine, degludec or detemir or two shots per day of intermediate-acting insulin such as NPH
- 3) intravenously: this is often done in hospital in critically ill T1s or post-op.

If somebody else is taking responsibility for your insulin, ensure that they understand that basal insulin should never be stopped. Ensure that your loved ones know this as well. Ironically the biggest risk to your basal insulin being stopped is during hospitalization, particularly at the time you are transferred from one hospital to another or during transfer to or from intensive care. If you are hospitalized, do not hesitate to ask every doctor caring for you for reassurance that your basal insulin will never be stopped: your doctor will not be offended.

The best way to prevent DKA is to test your sugar frequently, or much better, wear a CGM at all times (and share your feed with your doctor if you are hospitalized or sick) and take appropriate action if your sugar is running high.

### **Follow sick day management if your sugars are high and you feel unwell**

Sick day management is all about increasing your due diligence if your sugar is consistently > 11 mM (200 mg/dL), particularly if you feel sick. Read the sick day management handout now. It means testing your sugar frequently (every 15-30 minutes until trending down, and then less frequently), taking additional insulin and consuming fluids, ideally salty fluids until your sugars are stable.

### **Carry a back-up safety kit at all times**

However you take your insulin and test your sugar, you should always have a back-up for lost or damaged diabetes paraphernalia (insulin, pen, syringes, tester, pump, smartphone etc) and for low sugar. See Insulin pump failure for further info, and if you are Looping see this article which discusses emergency back-up kit ideas for people on Automated Insulin Delivery (AID) or artificial pancreas systems (APS).

Short URL = <https://bit.ly/Type1rules>