

INSULIN INSTRUCTIONS

FOR PATIENTS WITH TYPE I DIABETES (patients whose bodies make no insulin)

Lantus: decrease the dose by 50% the night before your prep and the night before your exam.

Lente, NPH (neutral protamine hagedorn), and Ultralente: decrease your bedtime dose by 50% the night before you begin your prep and the night before your procedure.

Humalog and Novolog Regular: make your own adjustments, based on glucose and carbohydrate counting (for patients who are taking multiple daily doses, with short and rapid-acting insulins)

FOR PATIENTS WITH TYPE II DIABETES (patients whose bodies still make some insulin)

Actos, Avandamet, Avandia, Glucophage, Glucophage XR and Metformin: no changes in medication dosage or timing are needed.

Amaryl, Chlorpromide, Diabeta, Diabine, Glipizide, Glucotrol, Glucotrol XL, Glucovance, Glyburide, Glynase, Metaglip, Micronase, Tolbutamide, and Tolazamide.

- The day prior to the exam when on a liquid diet, take 50% of your usual dose.
- Take the usual dose when eating your first meal after the exam.

Prandin or Starlix

- Take your usual dose before the exam, provided you are getting adequate liquid calories.
- Do not take any on the morning of your exam.
- Resume your usual dose after the exam.

Lanus: decrease the dose by 50% the night before you begin your prep and the night before your exam.

Lente, NPH (Neutral protamine hagedorn), UltraLente, Humalog mix 75/25, Humalin 70/30, Novolog Flex 70/30 and Novolin 70/30

- Decrease your bedtime dose by 50% the night before you begin your prep, the morning of your prep and the night before your procedure.
- After your exam, decrease the first dose by 50% with your first meal.

Humalog and Novolog (regular): Make your own adjustments, based on glucose and carbohydrate counting (for patients who are taking multiple daily doses, with short and rapid-acting insulins).

Byetta, Exenatide, Januvia, Sitagliptin: Do not take these medicines on the prep day, take with your first regular meal after the procedure.

NOTE: This information is not intended to replace information from your physician. Patients for whom these guidelines do not seem to be appropriate please consult your primary care physician and/or Endocrinologist for specific instructions.