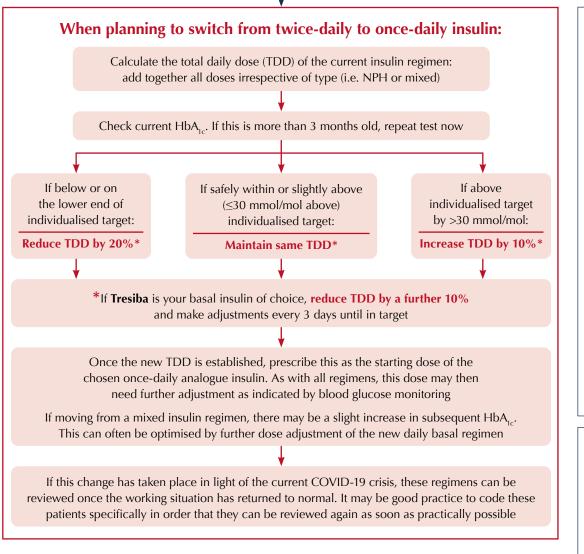


COVID-19: How to switch from twice-daily to once-daily basal insulin

In light of the current COVID-19 pandemic, there has become a need to re-evaluate the insulin regimens of people in care and residential homes and those who require district nursing visits for insulin administration. This need has arisen in order to reduce contact and therefore reduce risk of contamination, and also to address the current increase in demand for community nursing services. Many older and frail people remain on twice-daily insulin regimens: either twice-daily NPH insulin or mixed insulin. As people become increasingly frail, it is good practice to review their insulin regimen in order to reduce the risk of hypoglycaemia and daily glycaemic variability. Where once a twice-daily regimen was necessary to achieve their individual targets, as frailty increases it may be more appropriate and safer to use a once-daily basal regimen.



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About this series

The aim of the "How to" series is to provide readers with a guide to clinical procedures and aspects of diabetes care that are covered in the clinic setting.

Important notes:

This guide is intended to assist with insulin management in people with **type 2 diabetes**, not type 1 diabetes.

Insulin initiation and adjustment should only be undertaken and overseen by healthcare professionals with the relevant expertise and training.

Recommended daily analogue insulins:

- Abasaglar[®] (glargine)
- Lantus[®] (glargine)
- Semglee[®] (glargine)
- Toujeo[®] (glargine 300 units/mL)
- Tresiba® (degludec)

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