

Getting Started with Insulin for Type 2 Diabetes

Your care team is recommending insulin to help manage your blood sugar. Beginning insulin should be a shared decision. Make sure you understand all your options, ask questions, and feel confident that this is a plan you and your care team chose together.

Two Main Types of Insulin

Long-Acting Insulin (Basal)

Helps keep your blood sugar stable between meals and overnight, even when you're not eating. Also called "basal," "fasting," or "background" insulin.

Typically dosed at night and is adjusted based on your morning (fasting) blood sugar levels.

Injection Timing



- **When:** Same time daily (within 2 hours).
- **If you forget:** Take dose within a few hours. *If later than that, skip and take your normal dose the next day.*

Fast-Acting Insulin (Bolus)

Covers meals and corrections for blood sugar. Also called "bolus," "rapid-acting," "pre-meal," or "prandial" insulin.

Typically taken before meals and is adjusted based on the food you eat and your blood sugar levels.

Injection Timing



- **When:** 15–20 min before eating. *It's okay to take it right when you start eating.*
- **If you forget:** Take up to 30–60 min after meal. *If later than that, skip and wait for next meal.*

You can take long-acting insulin with or right after fast-acting insulin. They work in different ways and don't interfere with each other.

Learn How to Get Started with Long-Acting Insulin

When you are starting insulin, long-acting insulin is typically prescribed first. This insulin is based on your fasting blood sugar and is **not related to your food intake**.

Scan the QR code or visit the link to learn more.

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Learn How to Get Started with Fast-Acting Insulin

Fast-acting insulin is usually started after long-acting insulin. Your doctor will recommend either:



Starting with One Meal

This method adds fast-acting insulin slowly. You'll start with just one meal —usually the largest one of the day.



All Meals at Once

This method starts fast-acting insulin for all meals.

Scan the QR code or visit the link to learn more.

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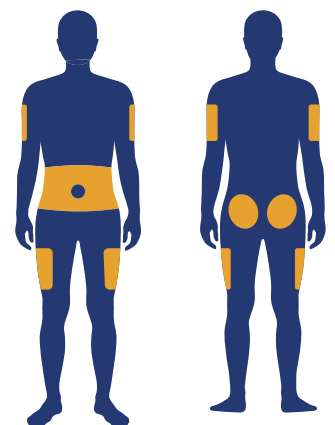
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Where to Inject Your Insulin

Many patients prefer to inject insulin in the abdomen. Talk to your care team about injecting into the fat in your arms, thighs or buttocks.

- **Stay about two inches away from your belly button**
- **Rotate your injection sites each time** — imagine there are clocks on either side of your belly button and choose a different "hour" for each dose
- **Inject into fatty tissue, not muscle** — you should be able to gently "pinch an inch"
- **Regularly check your skin for scar tissue** by feeling for firm or lumpy areas and avoid injecting there



Supplies You Need for Insulin Injections

Option 1

Prefilled Insulin Pens

Pros: Prefilled, portable, disposable, readable dosing dial.

Other supplies you will need:

- **Pen needles**
4, 5, or 8 millimeters in length; 29-32 gauge needle.
- **Alcohol swabs**
To clean the injection site and, if needed, the pen rubber seal.
- **Sharps container**
For safe disposal of used pen needles.

Option 2

Insulin Vials

Pros: Holds 3 times as much insulin as a pen. Often cheaper than a pen.

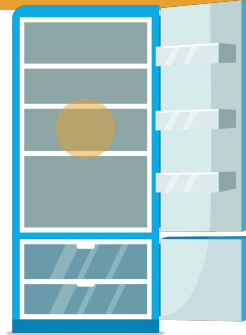
Other supplies you will need:

- **Syringes**
30, 50 or 100 units; 28-31 gauge needle; small markings for dosing.
- **Alcohol swabs**
To clean the injection site and the rubber stopper of the vial.
- **Sharps container**
For safe disposal of used syringes.

Insulin Storage

- **Unopened:** Store in refrigerator (36–46°F).
- **In Use:** Most can be kept at room temperature for up to 28 days. Check the brand, some last for longer.
- Never freeze or expose to extreme heat (like in your car or direct sunlight).
- Check expiration dates regularly.

Unopened Insulin



Store in middle of fridge in a closed container. *Tip: Remember no doors, no drawers.*

In Use Insulin



Store in pouch at room temp. *Tip: Write the date the insulin will expire on it with a sharpie when you start to use it.*

When to Check In & When to Call

Check In

Ask your care team about the plan for dose adjustment. Insulin doses are typically adjusted every few days to weekly until you reach your goal.



Call the Office:

- **If your blood sugar is less than 70 mg/dL**
Treat the low, then call. Low blood sugar can be dangerous.
- **If your blood sugar is over 350 mg/dL twice in a row.**
- **As directed by your care team.**

