

## **Bedtime Insulin: Levemir**

- Your doctor wants you to start taking insulin at bedtime so that your diabetes and your blood sugar levels will be better controlled.
- Your blood sugar goals are:
  - 4.0 mmol/L to 7.0 mmol/L before meals and bedtime
  - $\leq 10.0$  mmol/L two hours after eating a meal

### **Important information about this insulin**

- The insulin you are starting is called Levemir.
- Levemir is a long-acting insulin.
- It lasts in the body from 16 – 23 hours (dose dependent)
- You take it at the same time every evening.
- When you are taking Levemir, you may not need to have a bedtime snack.

### **Getting started with Levemir**

1. Start with **10 units of Levemir at bedtime**.
2. Test your blood sugar every morning before breakfast.
3. Increase your bedtime insulin (Levemir) by **1 unit every night** until your before-breakfast blood sugar level is less than 5.5 mmol/L.
4. Test your blood sugar at one other time during the day
5. Write down your blood sugar levels on the record sheet provided.
6. Stop increasing the insulin and call your diabetes team if you have more than two episodes of hypoglycemia (blood sugar less than 4.0 mmol/L) in one week.
7. When your record sheet is full: fax, e-mail, or telephone in your results.

### **Storage of insulin**

- Keep your insulin pen at room temperature.
- Keep unopened Levemir in the refrigerator.

### **Low blood sugar**

- Low blood (hypoglycemia) occurs when your blood sugar level goes below 4.0 mmol/L.
- You may feel shaky, sweaty, tired, irritable, or confused.
- If you think your blood sugar is low, test your blood sugar.
- If it is low, eat six small candies (like Life Savers), or have a small cup of juice.

## Blood Sugar Record Sheet

Date	Blood sugar level (mmol/L)							
Measure- ment time	Before breakfast	After breakfast	Before lunch	After lunch	Before supper	After supper	Before bed	Levemir
Blood sugar goal	4.0–7.0	≤10.0	4.0–7.0	≤10.0	4.0–7.0	≤10.0	4.0–7.0	
								10 units

**When your record sheet is full, choose one of the following:**

Fax it to: \_\_\_\_\_ at: (    ) \_\_\_\_\_

Email it to: \_\_\_\_\_ at: \_\_\_\_\_

Call: \_\_\_\_\_ at: (    ) \_\_\_\_\_

**Bring this sheet with you to your next appointment!**