

Diabetes Prevention Trial - Type 1 INSULIN INFUSION FLOW-SHEET

Subject ID #: Subject Initials: Testing Location Code:
F M L (use codes provided by DMU)

Physician's signature: _____

Name of person completing form (please print): _____

Concentration of insulin infusion: 10 Units/500cc 25 Units/500cc
 Subject weight: kg Initial infusion rate: ml/hr
 Incremental increase rate: _____ cc/hr Incremental decrease rate: _____ cc/hr
 Maximal basal rate: _____ cc/hr Minimal basal rate: _____ cc/hr
 Total number of hours of infusion: hrs Number of interruptions during infusion:

Day 1 Date of Insulin Infusion: / /
M M D D Y Y

Time	Blood Glucose	Insulin Rate	Comments
02:00			
04:00			
06:00			
08:00 B*			
08:30			
09:00			
09:30			
10:00			
11:00			
12:00 L*			
12:30			
13:00			
13:30			
14:00			
15:00			
16:00			
17:00 D*			
17:30			
18:00			
18:30			
19:00			
20:00 SK*			
20:30			
21:00			
22:00			
24:00			

Interim Glucose Values
(i.e. checked at intervening time points due to symptoms of hypoglycemia or other reasons)

Time	Blood Glucose	Insulin Rate	Comments

* B=Breakfast L=Lunch D=Dinner SK=Snack

Infusion rate adjusted due to BG 50-59 mg/dL? (0=no 1=yes, adjusted down)
 Infusion interrupted due to BG <50 mg/dL? (0=no 1=yes) If yes, number of times:
 Did a seizure or loss of consciousness occur? (0=no 1=yes, submit Adverse Event Form) If yes, number of times:
 Did symptoms which required administration of IV glucose occur? (0=no 1=yes, submit Adverse Event Form)
 Type of glucose analyzer used: _____

Note: Infusion to be interrupted if BG < 50 mg/dL

DMU Use Only - Day 1

Number of glucose episodes 50-59 mg/dL:
 Number of glucose episodes 40-49 mg/dL:
 Number of glucose episodes <40 mg/dL:
 Date rcvd: _____

Day 2 Date of Insulin Infusion: / /
M M D D Y Y

Time	Blood Glucose	Insulin Rate	Comments
02:00			
04:00			
06:00			
08:00 B*			
08:30			
09:00			
09:30			
10:00			
11:00			
12:00 L*			
12:30			
13:00			
13:30			
14:00			
15:00			
16:00			
17:00 D*			
17:30			
18:00			
18:30			
19:00			
20:00 SK*			
20:30			
21:00			
22:00			
24:00			

Interim Glucose Values
 (i.e. checked at intervening time points due to symptoms of hypoglycemia or other reasons)

Time	Blood Glucose	Insulin Rate	Comments

* B=Breakfast L=Lunch D=Dinner SK=Snack

Infusion rate adjusted due to BG 50-59 mg/dL? (0=no 1=yes, adjusted down)
 Infusion interrupted due to BG <50 mg/dL? (0=no 1=yes) If yes, number of times:
 Did a seizure or loss of consciousness occur? (0=no 1=yes, submit Adverse Event Form) If yes, number of times:
 Did symptoms which required administration of IV glucose occur? (0=no 1=yes, submit Adverse Event Form)
 Type of glucose analyzer used: _____

Note: Infusion to be interrupted if BG < 50 mg/dL

DMU Use Only - Day 2

Number of glucose episodes 50-59 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes 40-49 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes <40 mg/dL:	<input type="text"/> <input type="text"/>

Day 3 Date of Insulin Infusion: [][] / [][] / [][]
 M M D D Y Y

Time	Blood Glucose	Insulin Rate	Comments
02:00			
04:00			
06:00			
08:00 B*			
08:30			
09:00			
09:30			
10:00			
11:00			
12:00 L*			
12:30			
13:00			
13:30			
14:00			
15:00			
16:00			
17:00 D*			
17:30			
18:00			
18:30			
19:00			
20:00 SK*			
20:30			
21:00			
22:00			
24:00			

Interim Glucose Values
 (i.e. checked at intervening time points due to symptoms of hypoglycemia or other reasons)

Time	Blood Glucose	Insulin Rate	Comments

* B=Breakfast L=Lunch D=Dinner SK=Snack

Infusion rate adjusted due to BG 50-59 mg/dL? (0=no 1=yes, adjusted down)
 Infusion interrupted due to BG <50 mg/dL? (0=no 1=yes) If yes, number of times: [][]
 Did a seizure or loss of consciousness occur? (0=no 1=yes, submit Adverse Event Form) If yes, number of times: [][]
 Did symptoms which required administration of IV glucose occur? (0=no 1=yes, submit Adverse Event Form)
 Type of glucose analyzer used: _____

Note: Infusion to be interrupted if BG < 50 mg/dL

DMU Use Only - Day 3	
Number of glucose episodes 50-59 mg/dL:	[][]
Number of glucose episodes 40-49 mg/dL:	[][]
Number of glucose episodes <40 mg/dL:	[][]

Day 4 Date of Insulin Infusion: / /

M M
D D
Y Y

Time	Blood Glucose	Insulin Rate	Comments
02:00			
04:00			
06:00			
08:00 B*			
08:30			
09:00			
09:30			
10:00			
11:00			
12:00 L*			
12:30			
13:00			
13:30			
14:00			
15:00			
16:00			
17:00 D*			
17:30			
18:00			
18:30			
19:00			
20:00 SK*			
20:30			
21:00			
22:00			
24:00			

Interim Glucose Values
 (i.e. checked at intervening time points due to symptoms of hypoglycemia or other reasons)

Time	Blood Glucose	Insulin Rate	Comments

* B=Breakfast L=Lunch D=Dinner SK=Snack

Infusion rate adjusted due to BG 50-59 mg/dL? (0=no 1=yes, adjusted down)

Infusion interrupted due to BG <50 mg/dL? (0=no 1=yes) If yes, number of times:

Did a seizure or loss of consciousness occur? (0=no 1=yes, submit Adverse Event Form) If yes, number of times:

Did symptoms which required administration of IV glucose occur? (0=no 1=yes, submit Adverse Event Form)

Type of glucose analyzer used: _____

Note: Infusion to be interrupted if BG < 50 mg/dL

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DMU Use Only - Day 4	
Number of glucose episodes 50-59 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes 40-49 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes <40 mg/dL:	<input type="text"/> <input type="text"/>

Day 5 Date of Insulin Infusion: / /
 M M D D Y Y

Time	Blood Glucose	Insulin Rate	Comments
02:00			
04:00			
06:00			
08:00 B*			
08:30			
09:00			
09:30			
10:00			
11:00			
12:00 L*			
12:30			
13:00			
13:30			
14:00			
15:00			
16:00			
17:00 D*			
17:30			
18:00			
18:30			
19:00			
20:00 SK*			
20:30			
21:00			
22:00			
24:00			

Interim Glucose Values
 (i.e. checked at intervening time points due to symptoms of hypoglycemia or other reasons)

Time	Blood Glucose	Insulin Rate	Comments

* B=Breakfast L=Lunch D=Dinner SK=Snack

Infusion rate adjusted due to BG 50-59 mg/dL? (0=no 1=yes, adjusted down)

Infusion interrupted due to BG <50 mg/dL? (0=no 1=yes) If yes, number of times:

Did a seizure or loss of consciousness occur? (0=no 1=yes, submit Adverse Event Form) If yes, number of times:

Did symptoms which required administration of IV glucose occur? (0=no 1=yes, submit Adverse Event Form)

Type of glucose analyzer used: _____

Note: Infusion to be interrupted if BG < 50 mg/dL

DMU Use Only - Day 5	
Number of glucose episodes 50-59 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes 40-49 mg/dL:	<input type="text"/> <input type="text"/>
Number of glucose episodes <40 mg/dL:	<input type="text"/> <input type="text"/>

Insulin Infusion Rate Worksheet

Subject Weight	Insulin Concentration	Basal Rate 0.015 U/kg/hr	Incremental Increase Amount	Incremental Decrease Amount	Maximum Infusion Rate	Minimum Infusion Rate
kg	U/500 ml	ml/hr	ml/hr	ml/hr	ml/hr	ml/hr
12	10 units/500 ml	9.0	1	2	48	1.2
14	10 units/500 ml	10.5	2	4	56	1.4
16	10 units/500 ml	12.0	2	4	64	1.6
18	10 units/500 ml	13.5	2	4	72	1.8
20	10 units/500 ml	15.0	2	4	80	2.0
22	10 units/500 ml	16.5	2	4	88	2.2
24	10 units/500 ml	18.0	2	4	96	2.4
26	10 units/500 ml	19.5	2	4	104	2.6
28	10 units/500 ml	21.0	3	6	112	2.8
30	10 units/500 ml	22.5	3	6	120	3.0
32	10 units/500 ml	24.0	3	6	128	3.2
34	10 units/500 ml	25.5	3	6	136	3.4
36	10 units/500 ml	27.0	3	6	144	3.6
38	10 units/500 ml	28.5	3	6	152	3.8
40	10 units/500 ml	30.0	3	6	160	4.0
42	10 units/500 ml	31.5	4	8	168	4.2
44	10 units/500 ml	33.0	4	8	176	4.4
46	10 units/500 ml	34.5	4	8	184	4.6
48	10 units/500 ml	36.0	4	8	192	4.8
50	25 units/500 ml	15.0	2	4	80	2.0
52	25 units/500 ml	15.6	2	4	83	2.1
54	25 units/500 ml	16.2	2	4	86	2.2
56	25 units/500 ml	16.8	2	4	90	2.2
58	25 units/500 ml	17.4	2	4	93	2.3
60	25 units/500 ml	18.0	2	4	96	2.4
62	25 units/500 ml	18.6	2	4	99	2.5
64	25 units/500 ml	19.2	2	4	102	2.6
66	25 units/500 ml	19.8	2	4	106	2.6
68	25 units/500 ml	20.4	2	4	109	2.7
70	25 units/500 ml	21.0	3	6	112	2.8
72	25 units/500 ml	21.6	3	6	115	2.9
74	25 units/500 ml	22.2	3	6	118	3.0
76	25 units/500 ml	22.8	3	6	122	3.0
78	25 units/500 ml	23.4	3	6	125	3.1
80	25 units/500 ml	24.0	3	6	128	3.2
82	25 units/500 ml	24.6	3	6	131	3.3
84	25 units/500 ml	25.2	3	6	134	3.4
86	25 units/500 ml	25.8	3	6	138	3.4
88	25 units/500 ml	26.4	3	6	141	3.5
90	25 units/500 ml	27.0	3	6	144	3.6
95	25 units/500 ml	28.5	3	6	152	3.8
100	25 units/500 ml	30.0	3	6	160	4.0