

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Royal Children's Hospital, Melbourne, Australia, Clinical Practice Guideline on Diabetes Mellitus, [Internet, cited 2/3/2018], available from <a href="https://www.rch.org.au/clinicalguide/guideline_index/Diabetes_mellitus/">https://www.rch.org.au/clinicalguide/guideline_index/Diabetes_mellitus/</a>	VIII	Medical indications patient is ready for transition, timing of subcutaneous insulin injection
Optimal prandial timing of bolus insulin in diabetes management: a review, D. Slattery, S. Amiel & P. Choudhary, Diabetic Medicine, 2017, Volume 35 Issue 3, p. 306-316	V	Insulin Aspart most commonly used for prandial control, insulin injections most effective 15-20 minutes before eating, injections postprandial lead to higher risk of hypoglycemia
Diabetic ketoacidosis, A. Kitbchi & L. Nematollahi, BMJ Best Practice, November 2017	IV	Subcutaneous insulin should be given 1-2 hours before stopping IV insulin, Criteria for resolution: bicarb >18, pH>7.30, anion gap <10, blood sugar <11.1
NovoRapid, MIMS Australia, revised June 2017	VII	Onset of action 10-20 mins. Max effect 1-3 hours. Duration 3-5 hours. Most closely mimics normal physiological mealtime response when given immediately before meal
Lantus, MIMS Australia, revised November 2017	VII	Steady effect. Duration 24 hours
Actrapid, MIMS Australia, revised August 2012	VII	Onset 30 mins. Max effect 2.5-5 hours. Duration 8 hours
Insulins: Comparative Information, Australian Medicines Handbook, 2018	VII	NovoRapid onset 15 mins, 1 hour to peak, duration 4-5 hours. Lantus onset 1-2 hours, no peak, duration 24 hours. Actrapid (neutral) onset 30 mins, 2-3 hours to peak, duration 6-8 hours. Levemir (insulin detemir) onset 3-4 hours, 9 hours to peak, duration 12-24 hours.