

PATIENT DIABETES MEDICINE INSTRUCTIONS FOR ENDOSCOPY PROCEDURES

General:

- Patients who take daytime insulin should be booked as early as possible
- Patients who take medications which put them at risk of hypoglycemia (any sulfonylurea or insulin – see tables below) need to be able to check their blood glucose during the preparation phase of the endoscopy. Patients experiencing hypoglycemia should take either clear juice or glucose tablets (equivalent to 15 g glucose), even if you have been instructed to having nothing by mouth.
- For more on hypoglycemia and its treatment see <http://guidelines.diabetes.ca/cpg/chapter14>.

Preparation Phase:

- Efforts should be made to minimize extremes of blood glucose – both hyper- and hypoglycemia
- Efforts should be made to minimize dehydration, which can lead to hyperglycemia
- Patients should be taking some fluids with glucose (juice, regular soda, Boost / Ensure / Glucerna – if allowed) and some fluids without glucose (water, herbal tea).
- Patients on any sulfonylurea or insulin should check their blood glucose on rising on the morning of the procedure, and at 2-3hour intervals until their procedure and treat any blood glucose less than 5 mmol/L as mentioned above.

FOR SPECIFIC DRUG INSTRUCTIONS FOR THE DAY BEFORE AND THE DAY OF YOUR PROCEDURE, PLEASE REVIEW TABLES ON THE FOLLOWING PAGES AND FOLLOW THE INSTRUCTIONS THAT PERTAIN TO YOUR MEDICINE(S).

NON-INSULIN DRUGS (Oral medication)

If you are on more than one kind of non-insulin medication, or take both an insulin and non-insulin medication, please locate each drug name and follow the instructions for each medication.

Drug Class (risk of hypoglycemia)	Generic name	Trade name(s)	Instructions DAY BEFORE procedure	Instructions DAY OF procedure
Sulfonylurea (yes)	gliclazide	Diamicon Diamicon MR	Take as usual	Hold morning dose; take afternoon / evening dose (*)
	glyburide	Diabeta		
Biguanide	metformin	Glucophage Glumetza	Hold	Hold morning dose; take afternoon / evening dose
TZD	pioglitazone	Actos	Take as usual	Hold dose; take next day as usual
DPP-IV inhibitor	sitagliptin	Januvia Janumet	Take as usual	Hold morning dose; take afternoon / evening dose (*)
	saxagliptin	Onglyza Kombiglyze Qtern		
	linagliptin	Trajenta Jentadueto		
SGLT-2 inhibitor	cangliflozin	Invokana Invokamet	Hold	Hold dose; take next day as usual
	dapagliflozin	Forxiga Xigduo		
	empagliflozin	Jardiance Synjardy		
GLP-1 receptor analogues (injection)	liraglutide	Victoza Saxenda	Hold	Hold dose; take next day as usual
	exenatide	Byetta		
	dulaglutide	Trulicity	If weekly injection is due either day, omit that dose and resume immediately after the procedure; then continue usual weekly dosing schedule	
	semaglutide	Ozempic		

(*) if taken only once a day, omit dose day of procedure and resume next day; alternatively, if procedure is over early in the day, that day's dose could be taken with a late breakfast /early lunch.

INSULIN DRUGS

If you are on more than one kind of insulin, or take both an insulin and non-insulin medication, please locate each drug name and follow the instructions for each medication.

Insulin Class	Generic name	Trade name (s)	Instructions DAY BEFORE procedure	Instructions DAY OF procedure
Rapid acting (#)	aspart	Novo-Rapid FiAsp	Take appropriate amount with each carbohydrate (liquid) meal – if unsure start with 60% of usual meal-time dose	Hold morning dose; resume with next meal (lunch / supper)
	glulisine	Apidra		
	lispro	Humalog Humalog 200		
Fast acting	Regular	Humulin R Novolin Toronto Entuzity (^)		
Intermediate acting	NPH	Humulin N Novolin NPH	If taken in morning , take 60% of usual dose; if taken in evening (supper / bedtime) take 80% of usual dose	Hold morning dose; resume with next scheduled dose (supper / bedtime)
Mixed	Mixed	Humulin 30/70 Humalog Mix 25 Novolin 30/70 NovoMix 30		
Long acting	detemir	Levemir	Take 80% of usual dose at usual time	If taken in morning Hold until after procedure and take then; otherwise take usual dose at usual time
	glargine	Basaglar Lantus Toujeo		
	degludec	Tresiba 100 Tresiba 200		

(#) for patients on insulin pumps (usually using a rapid acting insulin only) maintain usual basal rate throughout, bolus appropriate amount with each carbohydrate (liquid) meal. Check blood glucose often. Review treatment of hypoglycemia.

(^) for patients on Entuzity, a discussion with your endocrinologist is recommended