

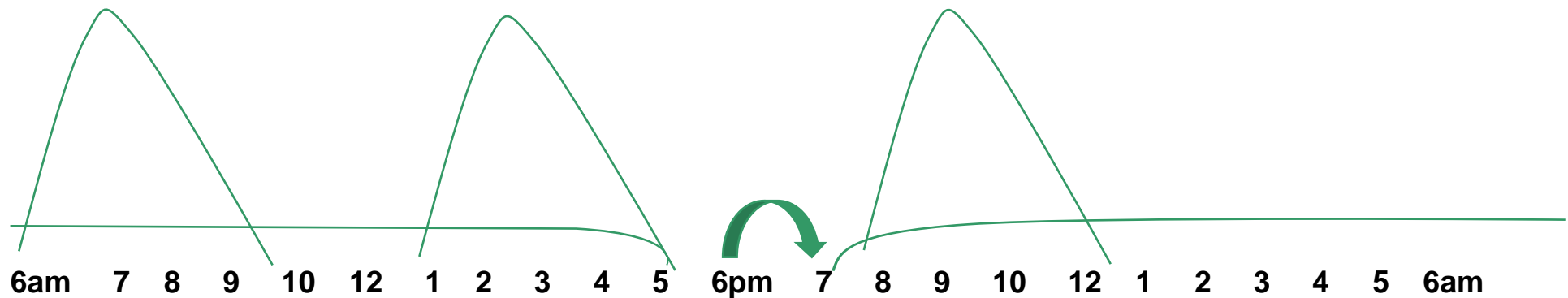
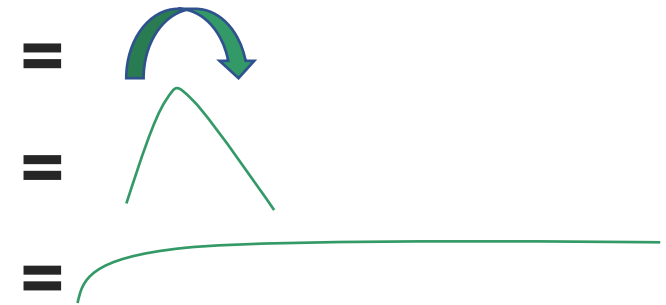


Plotting your exercise time and insulin

Exercise in the evening

Fast-Acting Analogue Insulin

Long-Acting Analogue



Paul exercises between 6 and 7pm.

He has fast-acting analogue insulin at 6am, 1pm and 8pm to cover meals.

So this means he has no fast-acting insulin working when he exercises, and his long-acting insulin will be finished.

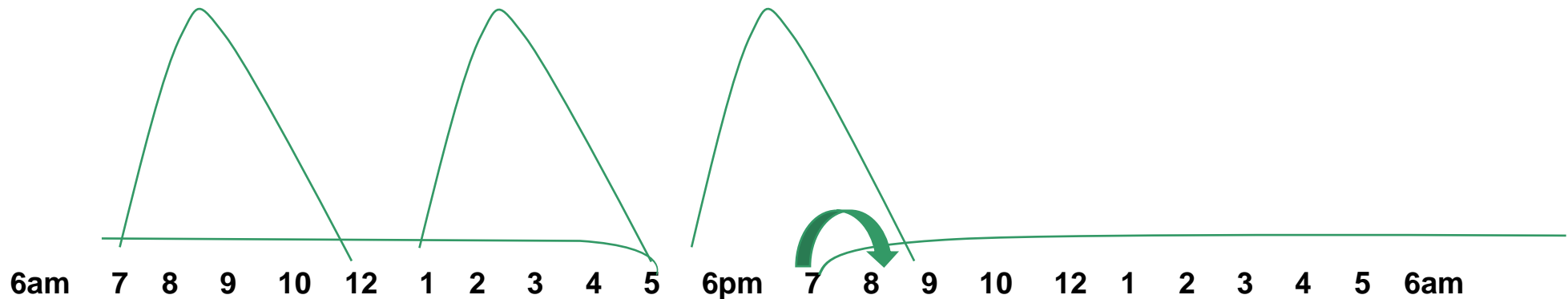
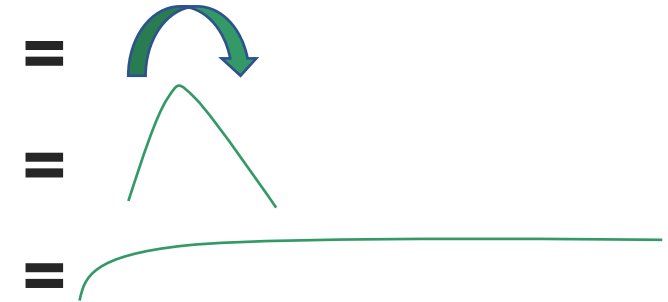
Paul has no insulin on board so he only needs to account for the effect that the physical activity will have on his blood glucose levels.



Exercise in the evening

Fast-Acting Analogue Insulin

Long-Acting Analogue



Jane exercises between 7 and 8pm.

She has fast-acting analogue insulin at 7am, 1pm and 6pm to cover meals.

So this means she has her fast-acting insulin from 6pm working when she exercises, and the long-acting analogue will be finished.

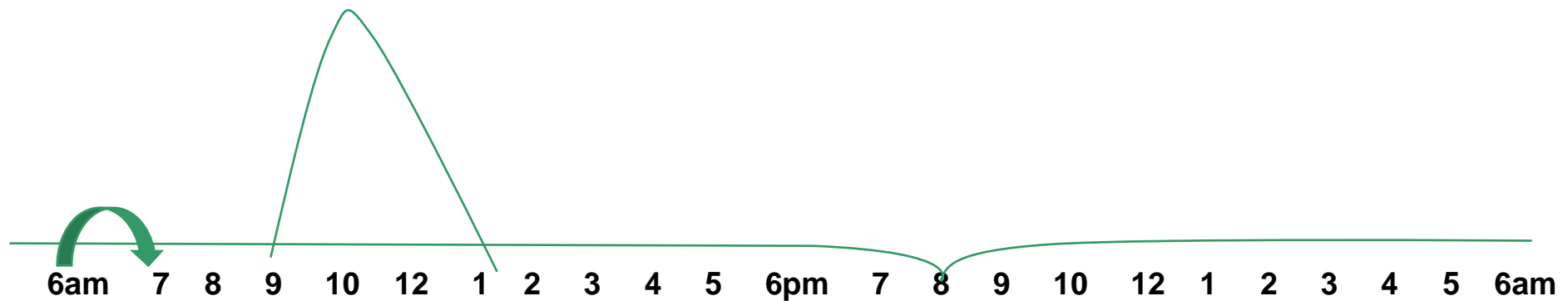
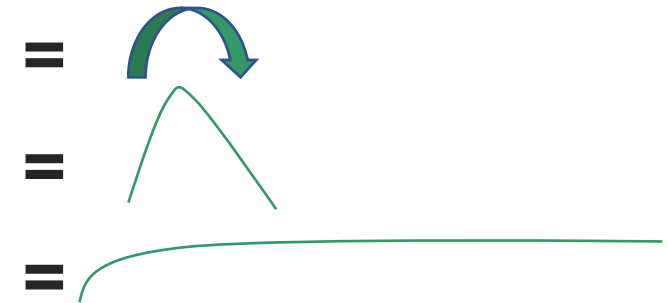
Jane has active fast-acting insulin in her system whilst exercising so she may be at risk of hypoglycaemia (especially if she did not adjust her mealtime insulin dose to account for exercising).



Exercise in the morning

Fast-Acting Analogue Insulin

Long-Acting Analogue



Sam exercises between 6 and 7am.

He has fast-acting analogue insulin at 9am after exercise to cover breakfast.

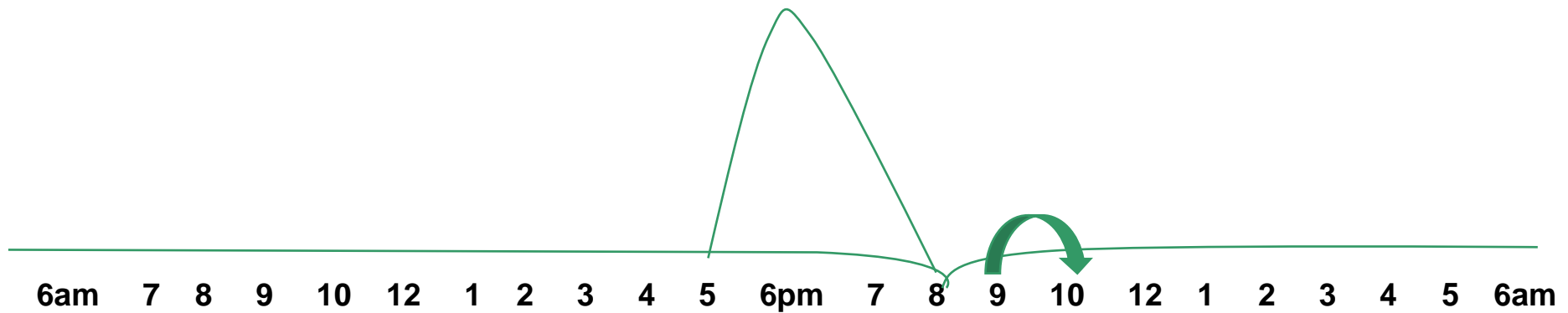
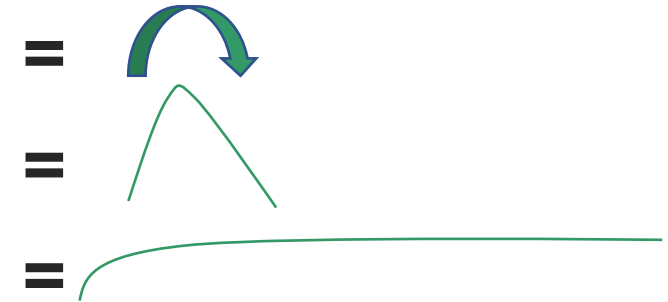
So this means he has no fast-acting insulin working when he exercises, but will have some long-acting analogue working.



Exercise after evening meal

Fast-Acting Analogue Insulin

Long-Acting Analogue



Susan exercises between 9 and 10pm.

She has fast-acting analogue insulin at 5pm to cover her evening meal and long-acting analogue working from 8pm.

So this means she has no fast-acting insulin working when she exercises and her long-acting analogue is starting.