

**Supplemental Table S2.** Algorithm for Transition from Continuous Intravenous Insulin Infusion to Multiple Subcutaneous Insulin Injection

Criteria for conversion from continuous intravenous (IV) insulin infusion to basal bolus subcutaneous (SC) insulin are as follows:

- Serum bicarbonate level  $\geq 15$  mEq/L.
- Patient begins eating regular meals.
- Blood glucose level is stable with the rate of  $< 5$  U/hr of insulin infusion.

Blood sugar was checked before each injection of SC insulin.

Calculate the average IV insulin infusion rate in the last 12 hours to obtain the mean hourly rate and multiply by 24 to get the total daily insulin requirement.

If you could not calculate 24-hour insulin dose from the last 12 hours of infusion rate, you could assume daily insulin requirement from the weight of patients (0.5–0.8 U/kg/day).

Halve this 24-hour insulin dose to obtain the long-acting SC insulin analog dose and total daily rapid-acting SC insulin analog dose.

Split the total daily rapid-acting SC insulin analog dose into three equal dose and give the rapid-acting SC insulin before each meal.

If long-acting basal insulin has not yet started, administer the long-acting SC insulin analog 2 hours before the first meal and discontinue IV insulin and IV glucose infusions.

If hyperglycemia occurred, a correction dose of rapid-acting SC insulin was administered according to an algorithm (very sensitive).

- If  $140 < \text{blood glucose} \leq 180$  mg/dL, 1 units of short acting insulin were added.
- If  $180 < \text{blood glucose} \leq 220$  mg/dL, 2 units of short acting insulin were added.
- If  $220 < \text{blood glucose} \leq 260$  mg/dL, 4 units of short acting insulin were added.
- If  $260 < \text{blood glucose} \leq 300$  mg/dL, 6 units of short acting insulin were added.
- If  $300 < \text{blood glucose} \leq 350$  mg/dL, 8 units of short acting insulin were added.
- If  $350 < \text{blood glucose} \leq 400$  mg/dL, 10 units of short acting insulin were added.
- If  $400 < \text{blood glucose}$ , 12 units of short acting insulin were added.

If hyperglycemia occurred despite administration of correction dose, follow another algorithm which add 2 U on the algorithm (sensitive).