CLAIMS

What is claimed is:

1. A non-transitory computer readable medium having stored therein instructions executable by a computing device to cause the computing device to perform functions comprising:

receiving information associated with a glucose measurement value of a patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on-board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

2. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to perform the functions in the order of:

receiving information associated with a glucose measurement value of the patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on-board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

3. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating a confirmation of a last insulin dose given subcutaneously to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient , or combinations thereof, based at least in part on the confirmation of the last insulin dose given subcutaneously to the patient.

4. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based on the GFR of the patient.

5. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating a total daily dosage amount for the patient of short-acting insulin and long-acting insulin; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the total daily dosage amount for the patient of short-acting insulin and long-acting insulin.

6. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage

recommendation, the required long-acting or intravenous subcutaneous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating drugs administered to the patient.

7. The non-transitory computer readable medium of claim 1, wherein the anticipated nutrition intake for the patient includes information indicating a timing and rate of a feeding tube.

8. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating whether a postprandial emesis has occurred; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating whether a postprandial emesis has occurred.

9. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating intravenous (IV) therapy provided to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating IV therapy provided to the patient.

10. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating total parenteral nutrition (TPN) provided to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating TPN provided to the patient.

11. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving underlying patient-specific control variables for the patient determined based, at least in part, on (i) a therapy provided for the patient and (ii) an observed patient-specific response to the therapy;

based, at least in part, on the underlying patient-specific control variables for the patient, determining an amount of insulin used per day by the patient and an insulin sensitivity factor; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the amount of insulin used per day by the patient and the insulin sensitivity factor.

12. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

determining the recommended amount of carbohydrates to be administered to the patient when a value of the short-acting insulin-on-board is negative.

13. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

determining the short-acting subcutaneous insulin dosage recommendation when the patient is anticipated to consume a quantity of carbohydrates.

14. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

determining the correction subcutaneous insulin dosage recommendation when the glucose measurement value of the patient is not within a target range.

15. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

decreasing the short-acting subcutaneous insulin dosage recommendation when the long-acting insulin-on-board is more than the required long-acting subcutaneous insulin dosage.

16. A method for determining a patient therapy, the method comprising:

receiving information associated with a glucose measurement value of the patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on-board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

17. The method of claim 16, further comprising:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the

patient, or combinations thereof, based, at least in part, on the information indicating drugs administered to the patient.

18. The method of claim 16, further comprising

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the GFR of the patient.

19. A system for determining a patient therapy, the system comprising:

at least one processing unit;

memory storing instructions executable by the at least one processing unit for carrying out functions, the functions comprising:

receiving information associated with a glucose measurement value of the patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on-board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, or an intravenous insulin dosage recommendation to be administered to the patient;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition

intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, or combinations thereof to be administered to the patient.

20. The system of claim 19, wherein the instructions are executable to further perform functions of:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, and the required long-acting subcutaneous or intravenous insulin dosage for the patient based on the information indicating drugs administered to the patient.

21. The system of claim 19, wherein the instructions are executable to further cause the at least one processing unit to perform functions comprising:

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the GFR of the patient.

22. A non-transitory computer readable medium having stored therein instructions executable by a computing device to cause the computing device to perform functions comprising:

providing a graphical user interface (GUI) to display information divided based on a category of input, the categories including information:

associated with a glucose measurement value of a patient;

associated with anticipated nutrition intake for the patient;

indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

indicating a confirmation of a nutrition intake for the patient; and

indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on-board, determining at least one of a short-acting subcutaneous insulin dosage recommendation or a correction subcutaneous insulin dosage recommendation to be administered to the patient;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous insulin dosage; and

providing on the GUI a display of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous insulin dosage recommendation, and the correction subcutaneous insulin dosage recommendation to be administered to the patient.

23. A non-transitory computer readable medium of claim 22, wherein the instructions are executable to further cause the computing device to perform functions comprising:

providing on the GUI a startup screen including selectable protocols, wherein the selectable protocols include a glucose measurement schedule, an insulin therapy schedule, and a nutritional plan; and

providing the categories of input based, at least in part, on at least one protocol selected.

WHAT IS CLAIMED IS:

1. A non-transitory computer readable medium having stored therein instructions executable by a computing device to cause the computing device to perform functions comprising:

receiving information associated with a glucose measurement value of a patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on- board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

2. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to perform the functions in the order of:

receiving information associated with a glucose measurement value of the patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on- board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

3. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating a confirmation of a last insulin dose given subcutaneously to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based at least in part on the confirmation of the last insulin dose given subcutaneously to the patient.

4. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based on the GFR of the patient.

5. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating a total daily dosage amount for the patient of short- acting insulin and long-acting insulin; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the total daily dosage amount for the patient of short-acting insulin and long-acting insulin.

6. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting or intravenous subcutaneous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating drugs administered to the patient.

7. The non-transitory computer readable medium of claim 1, wherein the anticipated nutrition intake for the patient includes information indicating a timing and rate of a feeding tube.

8. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

receiving information indicating whether a postprandial emesis has occurred; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating whether a postprandial emesis has occurred.

9. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating intravenous (IV) therapy provided to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating IV therapy provided to the patient.

10. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving information indicating total parenteral nutrition (TPN) provided to the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage, or combinations thereof, for the patient based, at least in part, on the information indicating TPN provided to the patient.

11. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

receiving underlying patient-specific control variables for the patient determined based, at least in part, on (i) a therapy provided for the patient and (ii) an observed patient-specific response to the therapy;

based, at least in part, on the underlying patient-specific control variables for the patient, determining an amount of insulin used per day by the patient and an insulin sensitivity factor; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the amount of insulin used per day by the patient and the insulin sensitivity factor.

12. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

determining the recommended amount of carbohydrates to be administered to the patient when a value of the short-acting insulin-on-board is negative.

13. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to cause the computing device to further perform functions comprising:

determining the short-acting subcutaneous insulin dosage recommendation when the patient is anticipated to consume a quantity of carbohydrates.

14. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

determining the correction subcutaneous insulin dosage recommendation when the glucose measurement value of the patient is not within a target range.

15. The non-transitory computer readable medium of claim 1, wherein the instructions are executable to further cause the computing device to perform functions comprising:

decreasing the short-acting subcutaneous insulin dosage recommendation when the long-acting insulin-on-board is more than the required long-acting subcutaneous insulin dosage.

16. A method for determining a patient therapy, the method comprising: receiving information associated with a glucose measurement value of the patient; receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on- board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, an intravenous insulin dosage recommendation, a recommended amount of carbohydrates to be administered to the patient, or combinations thereof;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and

the required long-acting subcutaneous or intravenous insulin dosage; and

outputting an indication of at least one of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the recommended amount of carbohydrates to be administered to the patient, or combinations thereof.

17. The method of claim 16, further comprising:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the information indicating drugs administered to the patient.

18. The method of claim 16, further comprising

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the GFR of the patient.

19. A system for determining a patient therapy, the system comprising: at least one processing unit;

memory storing instructions executable by the at least one processing unit for carrying out functions, the functions comprising:

receiving information associated with a glucose measurement value of the patient;

receiving information associated with anticipated nutrition intake for the patient;

receiving information indicating a short-acting insulin-on-board for the patient, wherein

short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on- board, determining at least one of a short-acting subcutaneous insulin dosage recommendation, a correction subcutaneous insulin dosage recommendation, or an intravenous insulin dosage recommendation to be administered to the patient;

receiving information indicating a confirmation of a nutrition intake for the patient;

receiving information indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous or intravenous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage; and

outputting the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous or intravenous insulin dosage recommendation, the intravenous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, or combinations thereof to be administered to the patient.

20. The system of claim 19, wherein the instructions are executable to further perform functions of:

receiving information indicating drugs administered to the patient including one or steroids and antibiotics; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, the intravenous insulin dosage recommendation, and the required long-acting subcutaneous or intravenous insulin dosage for the patient based on the information indicating drugs administered to the patient.

21. The system of claim 19, wherein the instructions are executable to further cause the at least one processing unit to perform functions comprising:

receiving information indicating demographics of the patient;

receiving information indicating a serum creatinine level of the patient;

determining a glomerular filtration rate (GFR) of the patient based, at least in part, on the demographics and the serum creatinine level of the patient; and

determining at least one of the short-acting subcutaneous insulin dosage recommendation, the correction subcutaneous insulin dosage recommendation, , the intravenous insulin dosage recommendation, the required long-acting subcutaneous or intravenous insulin dosage for the patient, or combinations thereof, based, at least in part, on the GFR of the patient.

22. A non-transitory computer readable medium having stored therein instructions executable by a computing device to cause the computing device to perform functions comprising:

providing a graphical user interface (GUI) to display information divided based on a category of input, the categories including information:

associated with a glucose measurement value of a patient;

associated with anticipated nutrition intake for the patient;

indicating a short-acting insulin-on-board for the patient, wherein short-acting insulin-on-board is associated with an amount of short-acting insulin that remains in the patient due to a prior insulin administration;

indicating a confirmation of a nutrition intake for the patient; and

indicating a long-acting insulin-on-board for the patient, wherein long-acting insulin-on-board is associated with an amount of long-acting insulin that remains in the patient due to a prior insulin administration;

based, at least in part, on the information associated with the glucose measurement value of the patient, the anticipated nutrition intake for the patient and the short-acting insulin-on- board, determining at least one of a short-acting subcutaneous insulin dosage recommendation or a correction subcutaneous insulin dosage recommendation to be administered to the patient;

based, at least in part, on the information associated with the long-acting insulin-on-board for the patient, the glucose measurement value of the patient, and the confirmation of the nutrition intake for the patient, determining a required long-acting subcutaneous insulin dosage for the patient;

adjusting the short-acting subcutaneous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous insulin dosage; and

providing on the GUI a display of the required long-acting subcutaneous insulin dosage, the adjusted short-acting subcutaneous insulin dosage recommendation, and the correction subcutaneous insulin dosage recommendation to be administered to the patient.

23. A non-transitory computer readable medium of claim 22, wherein the instructions are executable to further cause the computing device to perform functions comprising:

providing on the GUI a startup screen including selectable protocols, wherein the selectable protocols include a glucose measurement schedule, an insulin therapy schedule, and a nutritional plan; and

providing the categories of input based, at least in part, on at least one protocol selected.

24. The non-transitory computer readable medium of claim 1, wherein said adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage commendation based on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage is performed using an insulin effect curve.

25. The non-transitory computer readable medium of claim 24, wherein the insulin effect curve is a GFR corrected insulin effect curve.

26. The method of claim 16, wherein adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage is performed using an insulin effect curve.

27. The method of claim 26, wherein the insulin effect curve is a GFR corrected insulin effect curve.

28. The system of claim 19, wherein adjusting the short-acting subcutaneous insulin dosage or intravenous insulin dosage recommendation based, at least in part, on a difference between the long-acting insulin-on-board and the required long-acting subcutaneous or intravenous insulin dosage is performed using an insulin effect curve.

29. The system of claim 28, wherein the insulin effect curve is a GFR corrected insulin effect curve.