



Taddle Creek Diabetes Education Program Referral Form

790 Bay Street, Suite 508. Box 65 Toronto, ON, M5G 1N8

Tel: (416) 204-1256 Fax: (416) 204-1712

Taddle Creek

Family Health Team

Diabetes Education Program

Name: _____

Address: _____

City: _____ Postal Code: _____

Primary Phone #: _____

Sex: ☐ Male ☐ Female

Date of Birth (dd/mm/yyyy) : ____/____/____

OHIP #: _____ VC: _____ ☐ No OHIP

Email: _____

Does the client identify with any of these challenges? (check all that apply):

- ☐ non-insured (refugee, new immigrant)
- ☐ mental health challenges (explain): _____
- ☐ problematic drug and/or alcohol use
- ☐ mobility issues
- ☐ developmental challenges
- ☐ financial barriers

Are translation services needed?

- ☐ No
- ☐ Yes - Language: _____

Referred for (check all that apply):

- ☐ Diabetes Self-Management Support
- ☐ Nutrition Counseling/Education
- ☐ Insulin initiation / dose adjustment ** see below

☐ Client is appropriate for group education

If not, please indicate why: _____

Diagnosis: ☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ Newly Diagnosed (within 6 months)

Medical History:

- ☐ Cardiovascular Disease
- ☐ Neuropathy
- ☐ PVD
- ☐ Dyslipidemia
- ☐ Previous GDM
- ☐ Smoker
- ☐ Foot/Wound Concerns
- ☐ Renal Disease
- ☐ Hypertension
- ☐ Retinopathy
- ☐ Other _____

Laboratory data Date: _____

☐ attach lab reports if preferred

FPG		TG		OGTT		ACR	
PG		LDL		0			
A1C		TC/HDL		2 hr		eGFR	

Medications

☐ attach med list if preferred

Current Diabetes Medications:

Other Medications/Allergies:

** Orders for Insulin Initiation and/or Titration **

☐ Diabetes Educator may teach client insulin dose adjustment:

Note: Must complete Diabetes Canada's Insulin Prescription (see pages 2-3) to act as an insulin/medical order and attach to this referral

Also can be found at: <https://guidelines.diabetes.ca/reduce-complications/insulin-prescription-tool>

☐ Diabetes Educator may provide insulin samples to patient as needed.

Note: Prescription must be provided to the patient or DEP by referring practitioner for insulin initiation and/or samples as Diabetes Educators (RN and/or RD) are unable to prescribe medications.

☐ Referring Practitioner: _____

Phone: _____ Fax: _____

☐ Primary Care Provider: _____
(If different than referring)

Phone: _____ Fax: _____

Insulin Prescription

Choose insulin(s) from one of the columns and then complete the dosing and titration column.

Prescriber's Name:

Address:

Tel:

Fax:

Patient's Name:

Address:

Tel:

STEP 1: Choose Insulin Type

BASAL Long-acting analogues (Clear)	<input type="checkbox"/> Basaglar™ <input type="checkbox"/> Cartridge <input type="checkbox"/> Kwikpen® (prefilled)	<input type="checkbox"/> Levemir® <input type="checkbox"/> Cartridge <input type="checkbox"/> FlexTouch® (prefilled) <input type="checkbox"/> Tresiba® <input type="checkbox"/> FlexTouch® 100 U/mL (prefilled) <input type="checkbox"/> FlexTouch® 200 U/mL (prefilled)	<input type="checkbox"/> Lantus® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> SoloSTAR® (prefilled) <input type="checkbox"/> Toujeo® <input type="checkbox"/> SoloSTAR® (prefilled) <input type="checkbox"/> DoubleSTAR® (prefilled)	<input type="checkbox"/> Semglee® <input type="checkbox"/> prefilled pen
Intermediate-acting (Cloudy)	<input type="checkbox"/> Humulin® N <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> Kwikpen® (prefilled)	<input type="checkbox"/> Novolin® ge NPH <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial		
PRANDIAL (BOLUS) Rapid-acting analogues (Clear)	<input type="checkbox"/> Humalog® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> Kwikpen® (prefilled) <input type="checkbox"/> Humalog® 200 units/mL <input type="checkbox"/> Kwikpen® (prefilled)	<input type="checkbox"/> Fiasp® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> FlexTouch® (prefilled) <input type="checkbox"/> NovoRapid® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> FlexTouch® (prefilled)	<input type="checkbox"/> Apidra® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> SoloSTAR® (prefilled) <input type="checkbox"/> Admelog™ <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> SoloSTAR® (prefilled) <input type="checkbox"/> Trurapi™ <input type="checkbox"/> Cartridge <input type="checkbox"/> SoloSTAR® (prefilled)	<input type="checkbox"/> Kirsty™ <input type="checkbox"/> prefilled pen
Short-acting (Clear) Give 30 minutes before meal.	<input type="checkbox"/> Humulin® R <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial	<input type="checkbox"/> Novolin® ge Toronto <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial		
PREMIXED Premixed analogues (Cloudy)	<input type="checkbox"/> Humalog® Mix25™ <input type="checkbox"/> Cartridge <input type="checkbox"/> Kwikpen® (prefilled) <input type="checkbox"/> Humalog® Mix50™ <input type="checkbox"/> Cartridge <input type="checkbox"/> Kwikpen® (prefilled)	<input type="checkbox"/> NovoMix® 30 <input type="checkbox"/> Cartridge		
Premixed regular (Cloudy) Give 30 minutes before meal.	<input type="checkbox"/> Humulin® 30/70 <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial	<input type="checkbox"/> Novolin® ge 30/70 <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> Novolin® ge 40/60 <input type="checkbox"/> Cartridge <input type="checkbox"/> Novolin® ge 50/50 <input type="checkbox"/> Cartridge		
PEN DEVICE Required if insulin cartridges selected.	<input type="checkbox"/> HumaPen® Savvio™ <input type="checkbox"/> HumaPen LUXURA® HD	<input type="checkbox"/> NovoPen® 4 <input type="checkbox"/> NovoPen Echo® <input type="checkbox"/> NovoPen® 5	<input type="checkbox"/> AIISTAR™	

STEP 2: Dosing & Titration

Starting dose: _____ units at _____ Increase dose by _____ units every _____ until fasting blood glucose has reached the patient's individual target of _____ mmol/L.
Starting dose: _____ units ac breakfast _____ units ac lunch _____ units ac supper
Starting doses: _____ units ac breakfast _____ units ac supper Increase breakfast dose by _____ units every day until pre-supper blood glucose has reached the target of _____ mmol/L. Increase pre-supper dose by _____ units every day until fasting blood glucose has reached the target of _____ mmol/L. Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if hypoglycemia occurs.

OTHER SUPPLIES	<input type="checkbox"/> Pen needles (if using a pen): <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm <input type="checkbox"/> 6mm <input type="checkbox"/> 8mm OR <input type="checkbox"/> At discretion of pharmacist <input type="checkbox"/> Glucose test strips <input type="checkbox"/> Lancets <input type="checkbox"/> Insulin Syringe (if using vials) <input type="checkbox"/> Ketone Strips <input type="checkbox"/> Glucagon <input type="checkbox"/> Nasal Glucagon
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QUANTITY and REPEATS	Insulin Mitte: _____ boxes Repeats x _____	Supplies Mitte: _____ boxes Repeats x _____
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Signature: _____ Print Name: _____ Date: _____ License #: _____

Insulin Initiation and Titration Suggestions for Type 2 Diabetes

People starting insulin should be counseled about the prevention, recognition and treatment of hypoglycemia.

The following are suggestions for insulin initiation and titration. Clinical judgment must always be used as the suggestions may not apply to every patient.

Basal Insulin (only) as an add-on to Antihyperglycemic Agents

(Basaglar™, Lantus®, Levemir®, Semglee®, Toujeo™, Tresiba®, Humulin® N, Novolin® ge NPH)

- Target fasting blood glucose (BG) of 4-7 mmol/L. The fasting BG target can be changed to 4-5.5 mmol/L if not achieving adequate overall glycemic control.
- Most patients will need 40-50 units a day to achieve target but there is no maximum dose.
- Start at a low dose of 10 units at bedtime (may start at lower dose [0.1 -0.2 units/kg] for lean patients [<50 kg]).
- If using Tresiba®, the dose can be increased by 2-4 units every week until fasting BG target is achieved.
- If using other basal insulin, patient should self-titrate by increasing the dose by 1 unit every 1 night until fasting BG target is achieved.
- If fasting hypoglycemia occurs, the dose of bedtime basal should be reduced.
- Basaglar™, Metformin and the secretagogue are usually maintained when basal insulin is added.
- If daytime hypoglycemia occurs, reduce the oral antihyperglycemic agents (especially secretagogues).
- Lantus®, Levemir®, Semglee®, Toujeo™ or Tresiba® can be given at bedtime or in the morning.

Dosing and Titration Example

Starting dose 10 units at bedtime.

Increase dose by 1 unit every 1 night until fasting blood glucose has reached the target of 4-7 mmol/L.

Basal + Bolus Insulins

- When basal insulin added to antihyperglycemic agents is not enough to achieve glycemic control, bolus (prandial) insulin should be added before meals. The regimens below incorporate bolus (prandial) insulin. There is the option of only adding bolus insulin to the meal with the highest postprandial BG as a starting point for the patient who is not ready for more injections.
- Typically, insulin secretagogues are stopped and only metformin is continued when bolus (prandial) insulin is added.
- For current basal insulin users, maintain the basal dose and add bolus insulin with each meal at a dose equivalent to 10% of the basal dose. For example, if the patient is on 50 units of basal insulin, add 5 units of bolus insulin with each meal.
- For new insulin users starting a full Basal + Bolus regimen, calculate Total Daily Insulin dose (TDI) as 0.3 to 0.5 units/kg, then distribute as follows:
 - 40% of TDI dose as basal insulin (Basaglar™, Lantus®, Levemir®, Semglee®, Humulin® N, Novolin®ge NPH) at bedtime. If using Toujeo™ or Tresiba®, may give morning or bedtime.
 - 20% of TDI dose as prandial (bolus) insulin prior to each meal.
 - Rapid-acting insulin analogues (Admelog™, Apidra®, Fiasp®, Humalog®, Kirsty™, NovoRapid®, Trurapi™) should be given 0-10 minutes before eating.
 - Short-acting insulin (Humulin® R, Novolin® ge Toronto) should be given 30 minutes before eating.
- An alternative distribution is 50% basal insulin (at bedtime) and 50% bolus insulin (distributed among the meals of the day).
- Adjust the dose of the basal insulin to achieve the target fasting BG level (usually 4-7 mmol/L).
- Adjust the dose of the bolus (prandial) insulin to achieve postprandial BG levels (usually 5-10 mmol/L) or pre-prandial BG levels for the subsequent meal (usually 4-7 mmol/L).

Dosing Example (100kg person)

Total daily insulin = 0.5 units/kg:
0.5 x 100kg (TDI)
• TDI = 50 units

Basal insulin = 40% of TDI:
40% x 50 units
• Basal bedtime = 20 units

Bolus insulin = 60% of TDI:
60% x 50 units
• Bolus = 30 units
= 10 units with each meal

Premixed Insulin Before Breakfast and Before Dinner

(Humalog® Mix25™, Humalog® Mix50™, NovoMix® 30, Humulin® 30/70, Novolin®ge 30/70)

- Target fasting and pre-supper BG levels of 4-7 mmol/L.
- Most patients with type 2 diabetes will need 40-50 units twice a day to achieve target but there is no maximum dose.
- Start at a low dose of 5 to 10 units twice daily (before breakfast and before supper).
- Patient can gently self-titrate by increasing the breakfast dose by 1 unit every day until the pre-supper BG is at target.
- Patient can gently self-titrate by increasing the supper dose by 1 unit every day until the fasting BG target is at target.
- Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs.
- Premixed analogue insulins (Humalog® Mix25™, Humalog® Mix50™, NovoMix® 30) should be given 0 to 10 minutes before eating.
- Premixed regular insulins (Humulin® 30/70, Novolin® ge 30/70) should be given 30 minutes before eating.
- Continue Metformin and consider stopping secretagogue.

Dosing and Titration Example

10 units ac breakfast , 10 units ac supper.

Increase breakfast dose by 1 unit every 1 day until pre-supper blood glucose has reached the target of 4-7 mmol/L (usual target).

Increase supper dose by 1 unit every 1 day until fasting blood glucose has reached the target of 4-7 mmol/L (usual target).

Selection of Pen Needle

- Forum for Injection Technique (FIT) Canada recommends that 4, 5, and 6mm needles are suitable for all people with diabetes regardless of BMI. In addition, there is no clinical reason for recommending needles longer than 8mm. Initial insulin therapy should start with the shorter needle length (Berard L, et al. FIT Forum for Injection Technique Canada. Recommendations for Best Practice in Injection Technique. 4th edition 2020).