

**AUTHORISATION TO TITRATE
INSULIN DOSE (CHSA DIABETES)
SERVICE
(MR-ATID)**

Site:

Affix patient identification label in this box

UR No:
Surname:
Given Name:
Second Given Name:
D.O.B: Sex:

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NOT FOR REPRODUCTION

REFERRING SPECIALIST PHYSICIAN / GENERAL PRACTITIONER / ENDOCRINOLOGIST

Name: Clinic name:

Address:

The service offers support for insulin titration in the ambulatory setting. A credentialed diabetes educator[^] can provide this service to the above named patient and communicate progress to you on a regular basis. Please complete the relevant sections of this form and fax to:

Attention: Credentialed Diabetes Educator:

Fax:

Type of diabetes: **Type 1** **Type 2** **Gestational Diabetes Mellitus** (please circle)

Any additional notes:

Signature of Credentialed Diabetes Educator: **Date:**

[^] A credentialed diabetes educator (CDE) has post graduate training in diabetes management and meets the credentialing requirements of the Australian Diabetes Educators Association to achieve the competency required.

**Section below must be completed by the referring
Specialist physician, general practitioner or endocrinologist as the prescriber.**

For all three (3) insulin adjustment orders

Consider lower starting dose and smaller increments when starting, if frail aged or impaired renal function.

▲ BG targets published by NHMRC (2009) suggest target fasting BG 6 - 8mmol/L. Alternative targets are required for women during preconception and pregnancy and for people with long term diabetes and cardiovascular complications.

Basal insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)

Oral diabetes medications (name, dose and timing)

Target mean fasting blood glucose (mmol/L) <i>or pre evening meal blood glucose for morning dose</i>	Insulin dose adjustment (NPS protocol 2008)	Alternate insulin dose#	Frequency of insulin dose adjustment: once weekly / twice weekly <i>(please circle)</i>
> 10	Increase by 4 units		Prescriber follow up 2 weeks, 1 month, 3 months <i>(please circle)</i>
8 - 10	Increase by 2 - 4 units		Other:
6 - 8▲	No change or increase by 2 units		Authorisation Review Date Date:
4 - 6▲	No change or decrease by 2 units		
< 4	Decrease by 2 - 4 units		

Signature of prescriber: **Date:**

Gestational diabetes – commence 4 units isophane insulin nocte. Discuss with diabetes specialist.

Type 1 diabetes – commence 0.5 to 1.0 units/kg glargine insulin nocte. Discuss with diabetes specialist.

Type 2 diabetes – commence 10 units glargine or isophane insulin nocte (or mane). Continue oral diabetes medication/s.

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Bolus insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)

Oral diabetes medications (name, dose and timing)

Target mean pre meal (next meal) and/or 2 hour post meal blood glucose (mmol/L)	Insulin dose adjustment (NPS protocol 2008)	Alternate insulin dose#	Frequency of insulin dose adjustment: once weekly / twice weekly <i>(please circle)</i>
> 10	Increase by 2 units		Prescriber follow up 2 weeks, 1 month, 3 months <i>(please circle)</i>
8 - 10	Increase by 1 - 2 units		Other:.....
6 - 8▲	No change		Authorisation Review Date Date:
4 - 6▲	No change or decrease by 2 units		
< 4	Decrease by 2 - 4 units		

Signature of prescriber: **Date:**

Gestational diabetes – commence 4 units rapid acting insulin before meal/s. Monitor 2 hour post prandial blood glucose level and target mean 2 hour post meal as per ADIPS recommendations. Discuss with diabetes specialist.

Type 1 diabetes – commence 4 units rapid acting insulin before meal/s. Monitor blood glucose pre meal and/or 2 hour post prandial as directed. Discuss with diabetes specialist.

Type 2 diabetes – commence 4 units rapid acting insulin before meal/s. Monitor blood glucose pre meal and/or 2 hour post prandial as directed, continue Metformin, consider titrating down sulphonylurea as glycaemic control improves.

Pre-mixed insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)

Oral diabetes medications (name, dose and timing)

Target mean fasting blood glucose and/or pre evening meal (mmol/L)	Insulin dose adjustment (NPS protocol 2008)	Alternate insulin dose#	Frequency of insulin dose adjustment: once weekly / twice weekly <i>(please circle)</i>
> 10	Increase by 4 units		Prescriber follow up 2 weeks, 1 month, 3 months <i>(please circle)</i>
8 - 10	Increase by 2 units		Other:.....
6 - 8▲	No change		Authorisation Review Date Date:
4 - 6▲	Decrease by 2 units		
< 4	Decrease by 4 units		

Signature of prescriber: **Date:**

Type 2 diabetes – If pre evening meal blood glucose is high, use 10 units mane as commencement dose. Fasting and pre-evening meal blood glucose is high, use 10 units twice daily as commencement dose, continue metformin, consider titrating down sulphonylurea as glycaemic control improves.