Community Care Access Centre (CCAC): 310-CCAC

Screening, Diagnosis, Prevention

Cornwall Community Hospital	613-936-4615
Glengarry Memorial Hospital	613-525-2222 ext 120
Hawkesbury & District General Hospital	613-632-1111 ext 482
Winchester Memorial Hospital	613-774-2422-6765 ext 6765
Ottawa Hospital Endocrine & Diabetes Centre	613-738-8400 ext 88333
CHEO-Centre for Healthy Active Living	613-260-1477
Champlain Healthline	www.Champlainhealthline.ca

Diabetes Education Services

Akwesasne	613-575-2341
Centre de santé communautaire de l'Estrie	
Alexandria	613-525-5544
Bourget	613-487-1802
Cornwall	613-937-2683
Crysler	613-987-2683
Embrun	613-443-3888
Seaway Valley CHC	613-936-0306 ext 263
Cornwall Community Hospital	613-936-4615
Hawkesbury & District General Hospital	613-632-1111 ext 482
Glengarry Memorial Hospital	613-525-2222 ext 120
CHEO	613-737-7600 ext 3719

Internet resources

Stand Up to Diabetes	
Diabetes Patient Passport	1-800-668-9938
Canadian Diabetes Association	613-938-7497
CDA Professional Resources	
Eat Right Ontario	1-877-510-5102
www.champlainhealthline.ca	
Champlain CVD Prevention Network	613-798-5555 ext 18054
Living Healthy Champlain	613-562-6262 ext 1699
	1-877-240-3941
Quality Improvement & Innovative Partnership	

In Home Services — www.champlainhealthline.ca

Champlain CCAC	310-CCAC
Champlain Healthline	www.champlainhealthline.ca
Juvenile Diabetes Research Foundation	613-244-4818
Disabled Persons Community Resources	613-724-5886

Diabetes Specific Services

Canadian Diabetes Association	
Ottawa Office	613-521-1902
Cornwall Office	613-938-7497
Juvenile Diabetes Research Foundation	
Ottawa office	613-244-4818
Diabetes Regional Coordination Centre	613-233-4443 ext 2118

Chronic Disease Risk Management

Personal Alarm Systems (CCAC)	310-CCAC
Hypertension Clinic - University of Ottawa	613-761-5429
Lipid Clinic - University of Ottawa	613-761-5257
Ottawa Cardiovascular Centre	613-738-1584
Ottawa Hospital Foustanelles Endo Clinic	
Intensive Insulin Therapy	613-738-8400 ext 88333
HTN Ambulatory Clinics	
Cornwall	613-933-3572
Hawkesbury	613-632-1111 ext 389
Community Based program CHAP	
Cornwall	613-932-3451

Nephrology

Ottawa Hospital	613-722-7000

Weight Management

Ottawa Hospital Weight Management Clinic	613-761-5101
Bariatric Medical Institute	613-730-0264

Foot Care

Foot Care Champlain Region	
Foot Care - Prescott/Russell	
Foot Care - Stormont/Dundas/Glengarry	

Physical Activity

Heart Wise Exercise Programs	613-798-5555 ext 18691
Francoforme	613-798-5555 ext 19270
Eastern Ontario Health Unit	613-933-1375

Smoking Cessation

University of Ottawa Heart Institute	1-866-399-4432
Eastern Ontario Health Unit	613-933-1375
Quit Smoking Program	1-800-267-7120
Hawkesbury Out-Patient Program	613-632-1111 ext 168
Smokers Helpline	1-877-513-5333

Self Management Programs

Living Healthy Champlain	613-562-6262 ext 1699
	1-877-240-3941

Respite Services / Caregiver Support

Champlain CCAC	310-CCAC
Champlain Healthline	www.champlainhealthline.ca

Rehabilitation Services

Rehabilitation Integrated Transition Tracking System	
RITTS program	www.ritts.ca

Transportation Assistance

Transportation - Accessible	
Transportation - Volunteer & Non-Accessible	

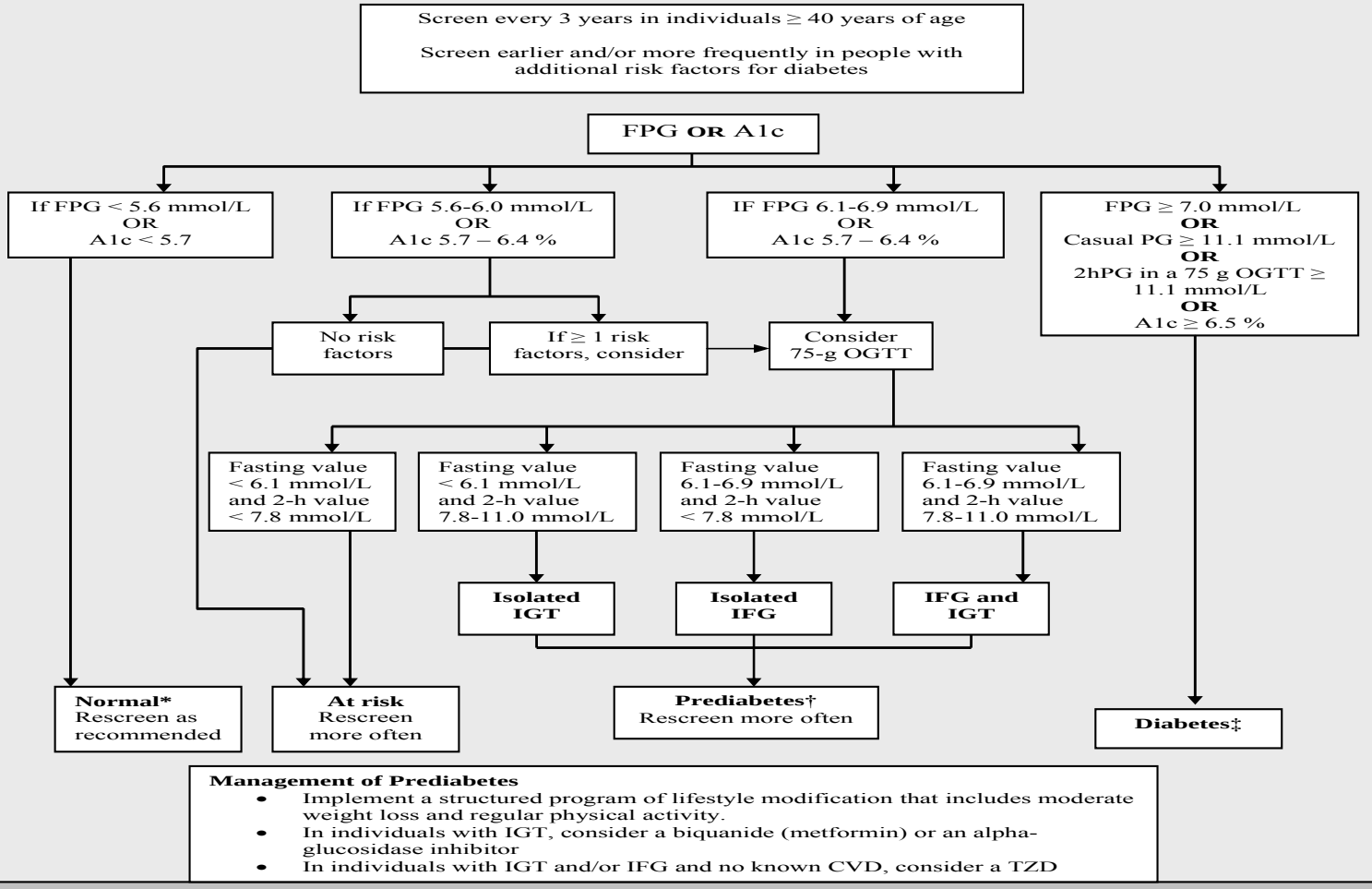
Food Assistance, Nutritional Support, Food Banks

Eat Right Ontario Speak to a dietitian	1-877-510-5102
Cornwall Food Bank	
Agape Food Bank	613-938-9297
St. Vincent de Paul	613-932-0756
Winchester Food Bank	
Dundas County Food Bank	613-774-0188
Morrisburg Food Bank	613-543-0065
Hawkesbury Central Food Bank	613-636-0666
Meals Delivery Services	
Frozen Meals	

Financial Assistance

Canadian Diabetes Association	1-800-361-0796
Syringes for Seniors	1-800-268-6021
Trillium Drug Program	1-800-268-1154
Lilly Canada Cares Insulin Assistance Program	1-888-479-7587
MoHLTC Assistive Device Program	1-800-268-6021
Disability Tax Credit Certificate	Form T2201

Screening for type 2 diabetes in adults



*If, despite a normal FPG, an OGTT is subsequently performed & the 2hPG value is 7.8-11.0 mmol/L, a diagnosis of isolated IGT is made.
†Prediabetes = isolated IFG, isolated IGT, IFG and IGT.
‡A confirmatory laboratory glucose test (either an FPG, a casual PG or a 2hPG in a 75-g OGTT or A1c) must be on another day in all cases in the absence of unequivocal hyperglycemia accompanied by acute metabolic decompensation.

2hPG = 2 hour plasma glucose
IGT = impaired glucose tolerance I
FPG = fasting plasma glucose
FG = impaired fasting glucose
OGTT = oral glucose tolerance test
PG = plasma glucose

Diabetes screening algorithm has been adjusted to reflect the ADA & CDA guidelines to date by Dr. Phyllis Hierlihy MD, FRCPC and Dr. Janine Malcolm MD, FRCPC, Assistant Professor of Medicine, Division of Endocrinology, University of Ottawa. Endocrine Specialist Co-leads at the Diabetes Regional Coordination Centre in Champlain.

INSULIN PRESCRIPTION

PRESCRIBER'S NAME:

ADDRESS:

TEL: Fax:

PATIENT'S NAME:

ADDRESS:

Choose insulin(s) from one of the columns AND complete the "Dosing and Titration"

	INSULIN TYPE*			DOSING AND TITRATION
BASAL • **Long-acting analogues** (Clear)		❑ **Levemir®** ❑ Cartridge	❑ **Lantus®** ❑ Cartridge ❑ Vial ❑ SoloSTAR®	Starting dose: _____ units at bedtime Increase dose by _____ units every _____ nights until fasting blood glucose has reached the target of _____ mmol/L
• **Intermediate-acting** (Cloudy)	❑ **Humulin® N** ❑ Cartridge ❑ Vial ❑ KwikPen™	❑ **Novolin®ge NPH** ❑ Cartridge ❑ Vial		
BOLUS • **Rapid-acting analogues** (Clear) **GIVE IMMEDIATELY BEFORE MEAL**	❑ **Humalog®** ❑ Cartridge ❑ Vial ❑ KwikPen™	❑ **NovoRapid®** ❑ Cartridge ❑ Vial Limited Use ❑ 388 (type 1 DM) ❑ 389 (type 2 DM)	❑ **Apidra®** ❑ Cartridge ❑ Vial ❑ SoloSTAR®	Starting doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper
• **Short-acting** (clear) ** GIVE 30 MINUTES BEFORE MEAL **	❑ **Humulin® R** ❑ Cartridge ❑ Vial	❑ **Novolin®ge Toronto** ❑ Cartridge ❑ Vial		
PREMIXED • **Premixed analogues** **GIVE IMMEDIATELY BEFORE MEAL**	❑ **Humalog® Mix25®** ❑ Cartridge ❑ KwikPen™ ❑ **Humalog Mix50®** ❑ Cartridge ❑ KwikPen™	❑ **NovoMix® 30** ❑ Cartridge		Starting doses : _____ units ac breakfast _____ units ac supper Increase breakfast dose by _____ units every _____ days until presupper blood glucose has reached the target of _____ mmol/L Increase presupper dose by _____ units every _____ days until fasting blood glucose has reached the target of _____ mmol/L Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs
• **Premixed regular** ** GIVE 30 MINUTES BEFORE MEAL **	❑ **Humulin® 30/70** ❑ Cartridge ❑ Vial	❑ **Novolin®ge 30/70** ❑ Cartridge ❑ Vial ❑ **Novolin®ge 40/60** ❑ Cartridge ❑ **Novolin®ge 50/50** ❑ Cartridge		
PEN DEVICE Required if cartridges selected. Pen should match insulin brand.	❑ HumaPen® Luxura™ ❑ HumaPen® Memoir™	❑ NovoPen® 4	❑ ClikSTAR®	
OTHER SUPPLIES	❑ **Pen needles** (if using pen) _____ ❑ **Glucose test strips** _____ ❑ **Lancets** _____ ❑ **Insulin syringes** (if using vial) _____			
QUANTITY + REPEATS	**INSULIN** Mitte: _____ boxes Repeats x _____		**SUPPLIES** Mitte: _____ boxes Repeats x _____	

June 2010

Signature: _____ Date: _____

Print Name: _____ License #: _____

http://www.ocfp.on.ca/local/files/Current%20Events/New%20Insulin%20Pad%20Teaching%20Slides%20Oct%202009.ppt

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 should always be used as the suggestions may not apply to every patient.

Basal Insulin added to Oral Antihyperglycemic Agents (Lantus®, Levemir®, Humulin® N, Novolin®ge NPH)

- Target fasting blood glucose (BG) of 4-7 mmol/L
- Most patients will need 40-50 units at bedtime 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))
- Patient should gently self-titrate by increasing the dose by 1 unit every night until fasting BG target of 4-7 mmol/L is achieved
- When fasting BG target is achieved, the patient should remain on that dose until reassessed by their diabetes team
- If fasting hypoglycemia occurs, the dose of bedtime basal should be reduced
- Metformin and the secretagogue are usually maintained when basal insulin is added
- If daytime hypoglycemia occurs, reduce the oral antihyperglycemic agents (especially secretagogues)
- Lantus® or Levemir® can be given at bedtime or in the morning

Basal + Bolus Insulins

- When basal insulin is not enough to achieve glycemic control, bolus insulin should be added before meals. 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.
- 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 with 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 (Lantus®, Levemir®, Humulin® N, Novolin®ge NPH) at bedtime
  - 20% of TDI dose as bolus insulin prior to each meal
- Rapid-acting insulin analogues (Apidra®, Humalog®, NovoRapid®) should be given immediately before eating
- Short-acting insulin (Humulin® R, Novolin®ge Toronto) should be given 30 minutes before eating
- 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 insulin to achieve postprandial BG levels (usually 5-10 mmol/L)
- Consider stopping the secretagogue when bolus insulin is added

Premixed Insulin before breakfast and before dinner (Humalog® Mix25®, Humalog Mix50®, NovoMix® 30, Humulin® 30/70, Novolin®ge 30/70, Novolin®ge 40/60, Novolin®ge 50/50)

- Target fasting and presupper 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 presupper BG is at target
- Patient can gently self-titrate by increasing the supper dose by 1 unit every day until the fasting BG is at target
- Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs
- When target BG levels are achieved, the patient should remain on that dose until reassessed by their diabetes team
- Premixed analogue insulins (Humalog® Mix25,® Humalog Mix50®, NovoMix® 30) should be given immediately before eating
- Premixed regular insulins (Humulin® 30/70, Novolin®ge 30/70 or 40/60 or 50/50) should be given 30 minutes before eating
- Continue the meformin and consider stopping the secretagogue

Basal Insulin 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 example (80kg person)

Total daily insulin = 0.5 units/kg
= 0.5 x 80
TDI = 40 units
Basal insulin = 40% of TDI
= 40% x 40 units
Basal bedtime = 16 units
Bolus insulin = 60% of TDI
= 60% x 40 units
Bolus = 24 units
= 8 units with each meal

Premixed insulin example

10 units ac breakfast
10 units ac supper

Increase breakfast dose by **1** unit every **1** day until presupper blood glucose has reached the target of **4-7** mmol/L

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

http://www.ocfp.on.ca/local/files/Current%20Events/New%20Insulin%20Pad%20Teaching%20Slides%20Oct%202009.ppt