www. Champlainhealthline.ca Primary Health Care Desktop Resource Guide ► Diabetes ► Ottawa

Community Care Access Centre (CCAC): 310-CCAC

Champlainhealthline.ca

Screening, Diagnosis, Prevention

Ottawa Hospital Foustanelles Endo Clinic	613-738-8400 ext 88333
High risk Diabetes & Pregnancy	613-761-4401
CHEO Paediatric DM Clinic	613-737-7600 ext 3719
Queensway-Carleton Hospital DM Clinic	613-721-4788 ext 2996
Montfort Hospital Diabetes Clinic	613-746-4621
Wabano Centre for Aboriginal Health	613-748-0657
CHEO-Centre for Healthy Active Living	613-260-1477
Champlain Healthline	www.champlainhealthline.ca

Education Services

Ottawa Community Diabetes Education Program	613-233-6655
Academic Family Health Team	613-761-4334
Healthy Lifestyle & Diabetes Outreach Program	613-798-5555 ext 17475(Civic),ext 17362 (Riverside)
Bruyere Academic FHT	613-241-1154 ext 361
Ottawa Hospital Endocrine and Diabetes Centre	613-738-8400 ext 88333
Wabano Centre for Aboriginal Health	613-748-0657
East Ottawa FHT	613-842-7960 ext 206

Internet resources

Stand Up to Diabetes	
Diabetes Patient Passport	1-800-668-9938
Canadian Diabetes Association	613-521-1902
CDA Professional Resources	
Eat Right Ontario	1-877-510-510-2
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

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

Updated November 15 ,2011

Diabetes Specific Services

Canadian Diabetes Association	
Ottawa Office	613-521-1902
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/Lipid Management

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
Somerset West CHC BP Clinic	613-238-8210

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 Ottawa	

Emergency Management

Emergency	911
The Ottawa Hospital	613-722-7000
Mental Health Crisis Line	1-866-996-0991

Physical Activity

Heart Wise Exercise Programs	613-798-5555 ext 18691
Francoforme	613-798-5555 ext 19270
City of Ottawa Special Needs	613-580-2424 ext 29300 or 29291

Smoking Cessation

University of Ottawa Heart Institute	
Quit Smoking Program	613-761-5464 1-866-399-4432
Ottawa Public Health	613-580-6744/1-866-426-8885
Smokers Helpline	1-877-513-5333

Self Management Programs

Living Healthy Champlain	613-562-6262 ext 1699 1-877-240-3941
Diabetes Patient Passport	1-800-668-9938

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

Para Transpo	613-244-1289
Blue Line Taxi	613-238-1111

Food Assistance, Nutritional Support, Food Banks

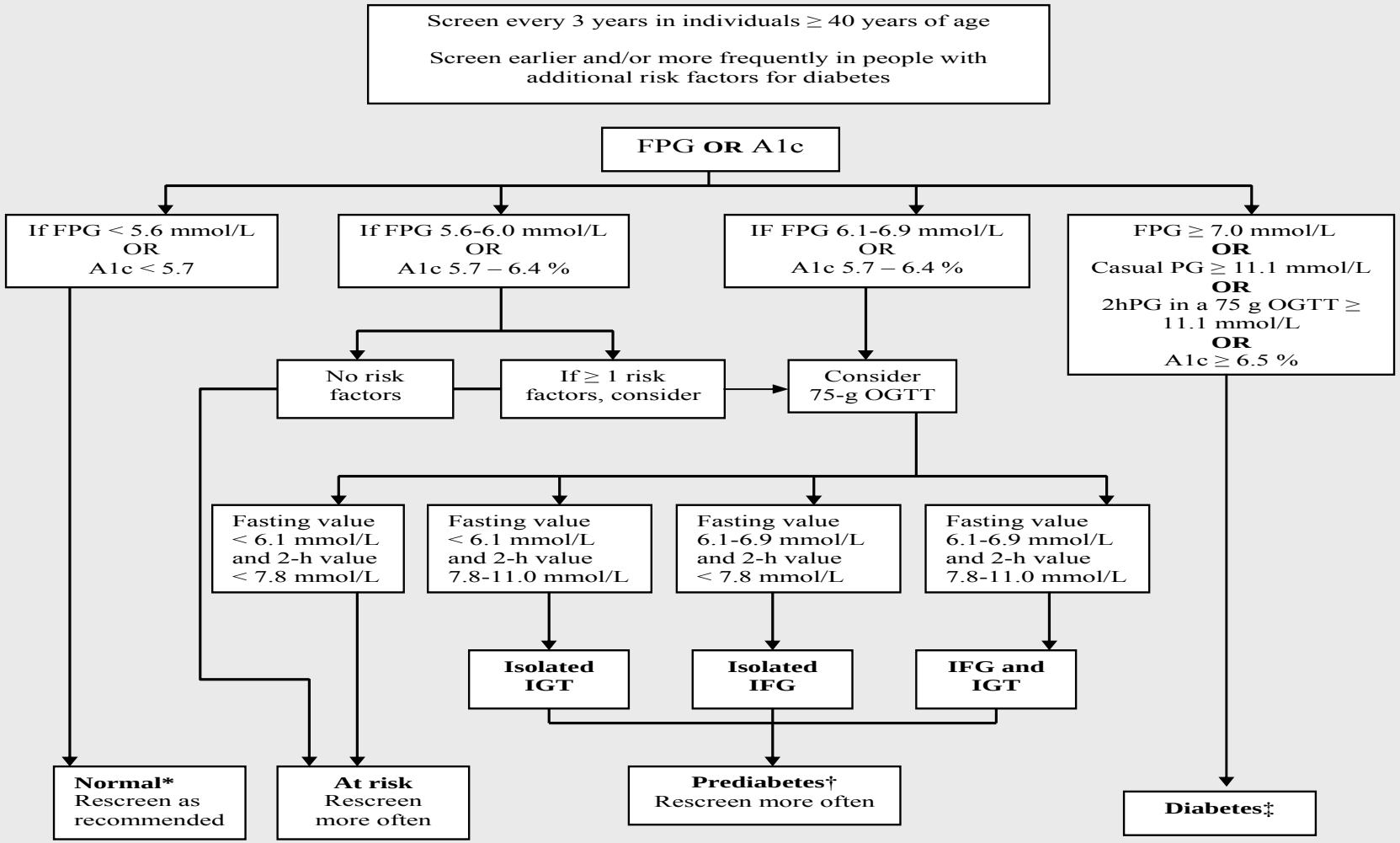
Eat Right Ontario Speak to a Dietitian	1-877-510-510-2
Ottawa Good Food Box	613-860-6767
City of Ottawa Food link	211
Eating on a Budget	613-580-6744
Meal Delivery Services	
Frozen Meals	

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
Eyeglasses & Home Support	613-560-6000
MoHLTC Assistive Device Program	1-800-268-6021
Disability Tax Credit Certificate	Form T2201

Related Assessment tools adjacent & on reverse

Screening for type 2 diabetes in adults



Management of Prediabetes

- Implement a structured program of lifestyle modification that includes moderate weight loss and regular physical activity.
- In individuals with IGT, consider a biquanide (metformin) or an alpha-glucosidase inhibitor
- In individuals with IGT and/or IFG and no known CVD, consider a TZD

*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 × 80
TDI = 40 units
Basal insulin = 40% of TDI
= 40% × 40 units
Basal bedtime = 16 units
Bolus insulin = 60% of TDI
= 60% × 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