

[Community Care Access Centre \(CCAC\): 310-CCAC](#)

[Champlainhealthline.ca](#)

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

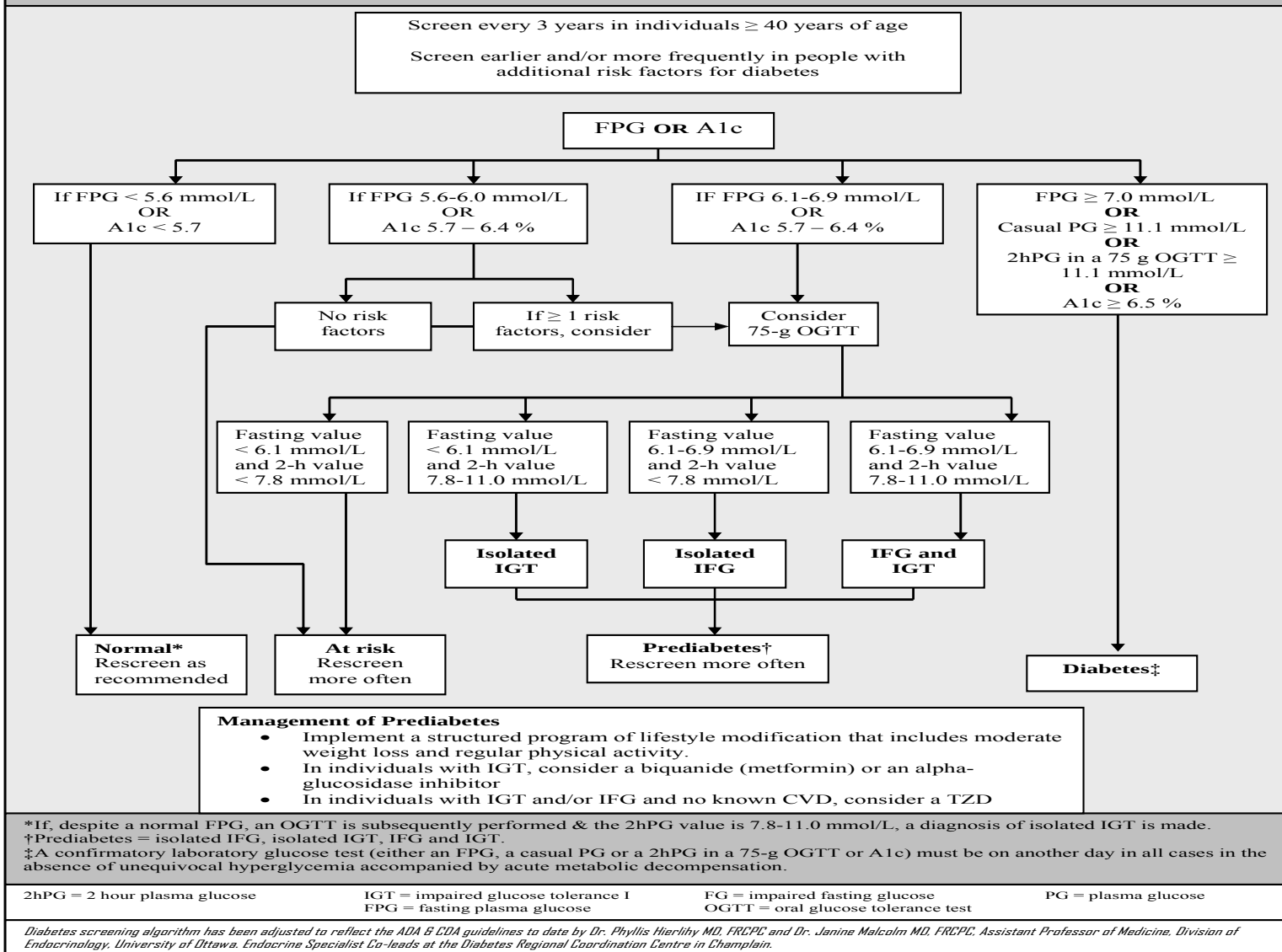
[Trillium Drug Program](#) 1-800-268-1154

[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





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) - Intermediate-acting (Cloudy)	☐ Humulin® N ☐ Cartridge ☐ Vial ☐ KwikPen™	☐ Levemir® ☐ Cartridge ☐ Novolin®ge NPH ☐ Cartridge ☐ Vial	☐ 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
BOLUS - Rapid-acting analogues (Clear) **GIVE IMMEDIATELY BEFORE MEAL** - Short-acting (clear) **GIVE 30 MINUTES 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
PREMIXED - Premixed analogues **GIVE IMMEDIATELY BEFORE MEAL** - Premixed regular **GIVE 30 MINUTES BEFORE MEAL**	☐ Humalog® Mix25® ☐ Cartridge ☐ KwikPen™ ☐ Humalog Mix50® ☐ Cartridge ☐ KwikPen™ ☐ Humulin® 30/70 ☐ Cartridge ☐ Vial	☐ NovoMix® 30 ☐ Cartridge ☐ Novolin®ge 30/70 ☐ Cartridge ☐ Vial ☐ Novolin®ge 40/60 ☐ Cartridge ☐ Novolin®ge 50/50 ☐ 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
PEN DEVICE Required if cartridges selected. Pen should match insulin brand.	☐ HumaPen® Luxura™ ☐ HumaPen® Memoir™	☐ NovoPen® 4	☐ ClickSTAR®	
OTHER SUPPLIES	☐ Pen needles (if using pen) _____ ☐ Insulin syringes (if using vial) _____	☐ Glucose test strips _____	☐ Lancets _____	
QUANTITY + REPEATS	INSULIN Mitte: _____ boxes Repeats x _____	SUPPLIES Mitte: _____ boxes Repeats x _____		

June 2010

Signature: _____

Date: _____

Print Name: _____

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 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 metformin 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
= $40\% \times 40$ units
Basal bedtime = 16 units
Bolus insulin = 60% of TDI
= $60\% \times 40$ 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

