

Link HC Insulin Initiation/Titration Medical Referral

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Client Details

Date of Referral:

Last Name:

First Name:

Title:

Date of Birth:

Address:

Post Code:

Phone/Mobile:

Type of Diabetes: Type 1 / Type 2 / Other (specify)

Pathology / Medical Exam Results

HbA1c (within last month) % Date:

Fasting/Random BGL: mmol/L Date:

Other relevant results: *(Please attach pathology lab reports)*

Instructions/ Adjustments to current diabetes medications and or steroids

Insulin Therapy Requested

Name of Insulin	Starting Dose	Frequency/Time
1.		
2.		
3.		

CDE guidelines for adjustment as per scale below*

Basal (peakless) insulin / Premix Insulin

Average FBGL	Dose Adjustment	Average FBGL	Dose Adjustment
> 10	↑ by 2- 4 units	6- 6.9	No Change
8- 9.9	↑ by 2- 4 units	4- 5.9	↓ by 2 units
7- 7.9	No change or ↑ by 2 units	< 4	↓ by 2- 4 units

Prandial insulin titration - RACGP guidelines to be followed. I am aware the Credentialed Diabetes Nurse Educator will adjust the above patient's insulin doses and review their BGLs according to the orders I have provided to assist in the management and stabilisation of the patient's diabetes.

Referring Doctor's name:

Referring Doctor's signature:

Date:

- * 1. If insulin has not commenced within 8 weeks from date of referral, the CDE will confirm orders before initiation
- 2. See RACGP General Practice Management of type 2 diabetes 2016-18 for full adjustment guidelines
- 3. The GP/Specialist will be contacted by the CDE in the event of recurring hypo/hyperglycaemia or other cause for concern
- 4. There will be no increase to insulin dose if BGL is <4mmol/L at any time in the preceding week
- 5. This instruction is valid for the period of

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