

Your Community Health Centre

## Smiths Falls Site

2 Gould Street, Unit 118 Smiths Falls, ON, K7A 2S5 Ph: 613-284-2558 or 1-877-321-4500 **Fax: 613-284-2591** Website: <u>www.rideauchs.ca</u> Brockville Site 100 Strowger Boulevard, Suite 107 Brockville, ON, K6V 5J9 Ph: 613-498-1555 Fax: 613-498-9922 Website: www.rideauchs.ca

Date:

## **Referral Form**

Thank you for referring your patient to Rideau Community Health Services Diabetes Education Program (RCHS DEP). Our educators (registered nurse or registered dietitian) will triage each referral to offer your patient either, group-based or individual diabetes education, based on the information provided, as well as patient preference.

Address Home Ph # Date of Birth _DD-MM HC # uration of Diabetes: agnosis: □ Type 2 Diabetes	□ Type 1 Diabete 75 g OGTT <u>&gt; 1</u> 1.1 mmol/l	Office Location       Phone #       Phone #       Fax #       years       s     Prediabetes
Home Ph # Date of Birth _DD-MM HC # uration of Diabetes: agnosis: Type 2 Diabetes	Cell # YYYY_ E-Mail Version Code E New Diagnosis □ □ Type 1 Diabete 75 g OGTT <u>&gt;</u> 11.1 mmol/I	Phone #        Fax #        years       s     Prediabetes
Date of Birth _DD-MM HC # uration of Diabetes: agnosis: Type 2 Diabetes	VYYY_ E-Mail Version Code E New Diagnosis Type 1 Diabete 75 g OGTT <u>&gt;</u> 11.1 mmol/l	Fax # xpiry Date years s  Prediabetes
HC # aration of Diabetes: agnosis: Type 2 Diabetes	Version Code E □ New Diagnosis   □ □ Type 1 Diabete 75 g OGTT <u>&gt;</u> 11.1 mmol/I	xpiry Date
agnosis:	□ New Diagnosis   □ □ Type 1 Diabete 75 g OGTT <u>&gt;</u> 11.1 mmol/l	years Prediabetes
agnosis: □ Type 2 Diabetes	□ Type 1 Diabete 75 g OGTT <u>&gt; 1</u> 1.1 mmol/l	s 🗆 Prediabetes
Type 2 Diabetes	75 g OGTT <u>&gt; </u> 11.1 mmol/l	
	75 g OGTT <u>&gt; </u> 11.1 mmol/l	
3G > 7.0 mmol or 2 hr	-	
	owing documents with t	
	dications, pertinent med	\CR, Creatinine, eGFR, FBG, OGTT dical or social history
	alcations, pertinent met	
omments:		
	Titration to be done by p	
		tion counseling to be done by RCHS DEP educators
	Insulin Type	Dosing and Titration
Basal	Basaglar	
		Starting dose:
		units at:  □ bedtime  □ a.m.  □ other
	□ N/NPH	
	□ Toujeo	Titrate dose by 1-2 unit(s) every 1-3 days/night(s) until FBG is 4-7 mmol/L.
	Tresiba 100 u/ml Tresiba 200 u/ml	
Palua	Tresiba 200 u/ml	Starting dasa
	<ul> <li>Apidra</li> <li>Fiace</li> </ul>	Starting dose: units ac breakfast units ac lunch units ac supper.
	□ Fiasp	
	<ul><li>Humalog</li><li>Humalog 200</li></ul>	Titrate dose by 1-2 units until 2 hr pc BG is 5-10 mmol/L.
	<ul> <li>Novorapid</li> </ul>	Start 1unit of rapid per 15 grams of Carbohydrate eaten (1/15 ratio) with meals/snacks.
		Adjust CHO ratio until 2 hr pc BG is 5-10 mmol/L.
	Other	correction dose: 1 unit per every 2 mmol/L of ac meal BG greater than 7.0.
		Titrate dose by 1-2 units until 2 hr pc BG is 5-10 mmol/L.
remixed	Novomix30	Starting doses:
	Humalog Mix25	units ac breakfast.
	Humalog Mix50	units ac supper.
		Titrate supper dose by 1-2 units every 1-3 days until FBG is 4-7 mmol/L.
	Other	Titrate breakfast dose by 1-2 units every 1-3 days until ac supper BG is 4-7 mmol/L.
njectable Antihyperglycemic	Please specify:	Provide education management and injection technique
Agents		
Prescription given to	client	o bring insulin/supplies to RCHS DEP appointment
Allow Diabetes Educa	ator to dispense insulin sa	amples, or injectable glycemic agents, for teaching and financial need.

I consent that RCHS DEP Educators counsel the referenced client based on the order above.

Physician/Nurse Practitioner Signature: \_\_\_\_\_

Date: