



Government of South Australia
SA Health

AUTHORISATION TO TITRATE INSULIN DOSE (MR-ATID)

Hospital/Site:

Affix patient identification label in this box

UR No:
Surname:
Given Name:
Second Given Name:
D.O.B: Sex/Gender:

REFERRING ENDOCRINOLOGIST / SPECIALIST PHYSICIAN / GENERAL PRACTITIONER

Name: Clinic name:
Address: Contact number:

The service provides insulin titration in the ambulatory setting. A credentialed diabetes educator[^] provides this service and communicates progress to you on a regular basis. Please complete the relevant sections of this form and fax to:

Attention: Credentialed Diabetes Educator:

Fax:

Type of diabetes: **Type 1** **Type 2** **Gestational Diabetes Mellitus** (please circle)

Any additional notes:

Signature of Credentialed Diabetes Educator: **Date:**

[^] A credentialed diabetes educator (CDE) has post graduate training in diabetes management and meets the credentialing requirements of the Australian Diabetes Educators Association to achieve the competency required.

Section below must be completed by the referring Endocrinologist, specialist physician or general practitioner.

For all three (3) insulin adjustment orders

Consider lower starting dose and smaller adjustment increments in the aged or in impaired renal function.

▲ Glucose targets are to be individualised. Refer to the guidelines published by the National Diabetes Services Scheme in collaboration with the Australian Paediatric Endocrine Group, Royal Australian College of General Practitioners and the Australian Diabetes in Pregnancy Society.

Diabetes medications

Name, dose, time/s and route:

Basal insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)


Mean fasting glucose (mmol/L) <i>or pre evening meal glucose (mmol/L) for morning dose (over previous two days)</i>	Insulin dose adjustment (RACGP Management of type 2 diabetes: A handbook for general practice 2020)	Alternate insulin dose#	Frequency of insulin dose adjustment: weekly / twice weekly (please circle)
Equal to or greater than 10.0	Increase by 4 units		Prescriber follow up 2 weeks, 1 month, 3 months (please circle)
8.0 - 9.9	Increase by 2 - 4 units		Other:
7.0 - 7.9▲	No change or increase by 2 units		Authorisation Review Date
6.0 - 6.9▲	No change		Date:
4.0 - 5.9▲	No change or decrease by 2 units		
Less than 4.0	Decrease by 2 - 4 units		

Signature of prescriber: **Date:**

Type 1 diabetes – commence 0.5 to 1.0 units/kg basal insulin nocte. Discuss with endocrinologist / medical specialist.

Type 2 diabetes – commence 10 units basal insulin nocte (or mane). Continue all oral diabetes medication/s.

Gestational diabetes – commence 4 units basal or intermediate acting insulin nocte. Discuss with endocrinologist / medical specialist.



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Bolus insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)

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Two hour post prandial glucose (mmol/L) <i>(for three consecutive days)</i>	Insulin dose adjustment <i>(RACGP Management of type 2 diabetes: A handbook for general practice 2020)</i>	Alternate insulin dose#	Frequency of insulin dose adjustment: weekly / twice weekly <i>(please circle)</i>
Equal to or greater than 8.0	No change or increase by 2 units		Prescriber follow up 2 weeks, 1 month, 3 months <i>(please circle)</i>
6.0 - 7.9▲	No change		Other:
4.0 - 5.9▲	No change or decrease by 2 units		Authorisation Review Date Date:
Less than 4.0	Decrease by 2 - 4 units		

Signature of prescriber: **Date:**

Type 1 diabetes – commence 4 units rapid acting insulin before meal/s. Monitor glucose pre meal and/or 2 hour post prandial as directed. Discuss with endocrinologist / medical specialist.

Type 2 diabetes – commence 4 units rapid acting insulin before meal/s. Monitor glucose pre meal and/or 2 hour post prandial as directed, continue all oral diabetes medications, consider titrating down sulphonylurea as glycaemic control improves.

Gestational diabetes – commence 4 units rapid acting insulin before meal/s. Monitor 2 hour post prandial glucose level as per ADIPS recommendations. Discuss with endocrinologist / medical specialist.

Pre-mixed or Co-formulation insulin dose adjustment order

Current/Commencing insulin (name, dose and timing)

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Lowest glucose (mmol/L) fasting or preprandial <i>(previous three days)</i>	Insulin dose adjustment <i>(RACGP Management of type 2 diabetes: A handbook for general practice 2020)</i>	Alternate insulin dose#	Frequency of insulin dose adjustment: weekly / twice weekly <i>(please circle)</i>
Equal to or greater than 10.0	Increase by 6 units		Prescriber follow up 2 weeks, 1 month, 3 months <i>(please circle)</i>
8.0 - 9.9	Increase by 4 units		Other:
6.0 - 7.9▲	Increase by 2 units		Authorisation Review Date Date:
4.0 - 5.9▲	No change		
Less than 4.0	Decrease by 2 units		

Signature of prescriber: **Date:**

Type 2 diabetes – If pre evening meal glucose is high, use 10 units mane as commencement dose of pre-mixed or co-formulation insulin. If fasting and pre-evening meal glucose is high, use 10 units twice daily as commencement dose of pre-mixed insulin, continue all oral diabetes medications, consider titrating down sulphonylurea as glycaemic control improves. For co-formulation insulin, dose once a day with the largest carbohydrate meal.