INSULIN STABILISATION ORDER

INSULIN DOSE ADJUSTMENT

Diabetes360
PREVENT · IDENTIFY · OPTIMISE

Referral to Diabetes360 - Credentialled Diabetes Educators

Patient Name:_____

Patient Contact Number:_____

Date of Birth:_____

Referring Doctor: (Stamp)

Type of Diabetes

☐ Type 2 Diabetes

Other:_____

Target HbA1c:_____

Date of Diagnosis (if known):_____

Current Insulin Administration Method: ☐ Injections ☐ Currently using CGMS

INSULIN THERAPY ORDER

Type of Insulin	Starting Dosage	Time of Administration (eg. B'fast, lunch and/or dinner)	Frequency (eg. once, twice, three times daily)
Lantus (basal)			
Novorapid			
Apidra			
Humalog			
Actrapid			
Novomix (mixed)			
Other:			

TARGET BLOOD GLUCOSE RANGE

Fasting	Pre Prandial	Post Prandial	Before Bed	Other
(eg. 6-8 mmol/L)	(eg. 6-8 mmol/L)	(eg. 6-10 mmol/L)	(eg. 6-8 mmol/L)	

Size of unit adjustment (eg. 2 units OR up to 20% OR according to RACGP guidelines)	_____units **OR** up to _____% of prior insulin dose **OR** ☐ Titrate according to RACGP General practice management of Type 2 diabetes guidelines (appendix H)
Adjust Every (eg. 3 days)	_____day (s) **OR** _____week(s)

Credentialled Diabetes Educator ADEA

Viba Heyn BPharm, CDE
Chris Messina BPharm, AACPA, CDE

CALL: (07) 3154 2874
FAX: (07) 3397 6709
EMAIL: admin@diabetes360.com.au

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Recent Severe Hypoglycaemia	☐ Yes ☐ No	**Recent Hospitalisation**	☐ Yes ☐ No
Hypoglycaemia Unawareness	☐ Yes ☐ No		
Is current oral therapy to be continued as combination therapy?		☐ Yes ☐ No	

If yes, please state type of oral agent and dosage to continue:

_____ _____

_____ _____

_____ _____

If no, please state which oral agent is to be ceased:

_____ _____

_____ _____

_____ _____

Case Management For Patient Using Insulin Therapy *Please tick appropriate section(s) otherwise referral is INVALID*	
The referring doctor wishes the Credentialled diabetes educator to assist and teach self-management of ongoing insulin dose adjustment as indicated above.	☐ Yes ☐ No
The referring doctor wishes the Credentialled diabetes educator reduce the patients insulin dosage accordingly to avoid hypoglycaemia.	☐ Yes ☐ No
The referring doctor wishes the Credentialled diabetes educator adjust carbohydrate/insulin ratio for self-management of insulin therapy.	☐ Yes ☐ No
The referring doctor wishes the Credentialled diabetes educator commence the patient on a bolus advice calculator if the patient agrees or requests.	☐ Yes ☐ No
Prescribers Signature:_____ Date:_____	

Fax or email the completed request form to:

FAX: (07) 3041 5051

EMAIL: admin@diabetes360.com.au

CREDENTIALLED DIABETES EDUCATOR ADEA

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