

Care Directive Title:	Insulin Dose Adjustment	
Applies To:	<p>Registered Nurses and Dietitians certified in insulin dose adjustment working in Diabetes Centres</p> <p>Registered Nurses and Dietitians certified in insulin dose adjustment, working in a Primary Health Care setting, and with Primary Health Care Program Manager approval</p> <p>Primary Health Care Program Managers</p>	
Approved:	Effective:	Next Review:
May 31, 2023	August 8, 2023	May 31, 2027
Sponsor:	<p>Senior Medical Director, Primary Health Care and Chronic Disease Management</p> <p>Director, Clinical Networks</p>	
Approval Authority:	Health Authority Medical Advisory Committee (HAMAC)	
Number: CD-PHC-050	Manual: Care Directives	

PURPOSE

This care directive (CD) provides the order for the Registered Nurse (RN), and Registered Dietitian (RD) certified in insulin dose adjustment working in Nova Scotia Health Diabetes Centres, or Primary Health Care settings to perform insulin dose adjustment.

Note: If this CD is to be implemented outside of a Diabetes Centre setting, Primary Health Care Program Manager approval is required.

COMPETENCY REQUIREMENTS

1. To obtain certification in insulin dose adjustment, the RN or RD must:
 - 1.1. Obtain **initial certification** for Insulin Dose Adjustment as outlined in the most recent [Diabetes Care Program of Nova Scotia \(DCPNS\) Insulin Dose Adjustment Guidelines](#).
 - 1.1.1. Obtain **additional certification** to adjust insulin for the following specialty populations:

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- Pregnancy,
 - Pediatrics, and
 - Insulin Pump.
- 1.2. Demonstrate competency in the skill as outlined by the [Diabetes Care Program of Nova Scotia \(DCPNS\)](#).
 - 1.3. Perform ongoing self-assessment of competence and develop a plan to address any identified deficit with immediate supervisor.
 - 1.4. Review this policy.
2. The RN must follow [NSCN Care Directives: Guidelines for Nurses](#).

POLICY STATEMENTS

1. If this Care Directive is to be followed outside of a Diabetes Centre, the Primary Health Care Program Manager in collaboration with DCPNS, must determine the appropriateness and applicability of this CD to their health care setting
2. The Primary Health Care Program Manager of the Diabetes Centre must ensure the DCPNS process is followed, as outlined in the [Diabetes Care Program of Nova Scotia \(DCPNS\) Insulin Dose Adjustment Guidelines](#).
3. Each Diabetes Centre is responsible for determining the specific process around patients without providers in their zone/local Diabetes Centre.
4. The RN/RD must assess and determine the appropriateness of implementing this CD.
 - 4.1. The RN/RD is authorized to adjust insulin doses for patients with or without a Most Responsible Health Care Provider (MRHCP) only when initial orders are written by an Authorized Prescriber (AP) and specify type, frequency, and starting dose of insulin, and an AP agrees to a collaborative relationship for insulin dose adjustment.
5. The RN/RD is **not** authorized to implement this CD if **any** of the following exclusion criteria exist:
 - The RN/RD does not have a Collaborative Relationship with the AP
 - There is no local process established to obtain initial insulin orders
 - The patient has self-referred to the Diabetes Centre, and there is no AP who agrees to collaborate on the care of the patient
 - Two years or longer have elapsed since the patient's last visit.
 - 5.1. If any exclusion criteria exist, the RN/RD must contact the Referring Provider/Collaborating (AP) for direction.
6. The RN/RD using clinical judgment, communicates with the AP as needed, regarding insulin dose changes and overall Diabetes management plan and as per local process.
7. Goals for blood glucose (BG) must comply with the current [Diabetes Canada \(DC\) Clinical Practice Guidelines](#) and be individualized for each patient.

8. The RN/RD must consult the Referring Provider/Collaborating AP for the following situations:
 - Difficult or complex circumstances, as determined by the RN/RD.
 - If a change in insulin type or frequency may be required.
 - New insulin orders must specify type, frequency, and starting dose of insulin.
 - If the patient's blood glucose is not improving despite adjustments to insulin or other components of the treatment plan.
9. An AP must be available for consultation in the event of complications or concerns.
10. Recommendations made by the RN/RD for insulin type, frequency, and starting dose, and insulin pump starts require an AP co-sign or written/electronic orders to enact.

PRINCIPLES AND VALUES

1. Current diabetes management focuses on optimal metabolic targets. Achieving the best possible glycemic levels require the active participation of the person with diabetes in adjusting their meal plan, physical activity routine, and insulin doses. This requires knowledge and skill acquisition and the motivation to carry out self-management practices.
2. The RN/RD certified in insulin dose adjustment, teaches and assists the patient to safely and competently adjust their insulin doses to achieve the most appropriate glycemic targets as per the Diabetes Canada Clinical Practice Guidelines.
 - The RN/RD ability to adjust insulin is a considerable asset to both the patient and referring AP.

PROCEDURE

1. Follow the current [Diabetes Care Program of Nova Scotia Insulin Dose Adjustment Guidelines](#).
2. Document the following in the patient's health record each time a recommendation is made:
 - Target blood sugars
 - Type and timing of insulin change
 - New dose recommended
 - Self-management instructions provided to the patient, and
 - Rationale for change.

REFERENCES

Diabetes Canada Clinical Practice Guidelines Expert Committee (2018). Diabetes Canada 2018 clinical practice guidelines for the prevention and management of Diabetes in Canada. *Canadian Journal of Diabetes*, 42(Suppl. 1), S1-S325.
<http://guidelines.diabetes.ca/docs/CPG-2018-full-EN.pdf>

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Diabetes Care Program of Nova Scotia (2020). *Insulin dose adjustment guidelines*.
<https://physicians.nshealth.ca/topics/primary-health-care/supporting-patients-manage-chronic-conditions/supporting-patients-2>

Nova Scotia College of Nursing. (2023). *Care directives. Guidelines for nurses*.
<https://cdn1.nscn.ca/sites/default/files/documents/resources/CareDirectives.pdf>

RELATED DOCUMENTS & RESOURCES

[Diabetes Canada Clinical Practice Guidelines](#)

[Diabetes Care Program of Nova Scotia](#) (Supporting Patients Living with Diabetes)

[Diabetes Care Program of Nova Scotia Insulin Dose Adjustment Guidelines](#)

[NSCN Care Directives: Guidelines for Nurses](#)

Appendices

Appendix A: Definitions

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Authorized Prescriber (AP)	<p>A health care professional permitted by legislation, their regulatory college, Nova Scotia Health, and practice setting (where applicable) to prescribe medications and treatments and order diagnostic tests within their scope of practice or employment.</p> <p>To have the authority to prescribe in Nova Scotia, the Authorized Prescriber must be a Regulated Health Care Professional, registered (in good standing), and practicing within the Nova Scotia Health/IWK Health/First Nations Health Service Delivery structure and has a Contractual Arrangement with, hold privileges with, or employed by Nova Scotia Health/IWK Health to provide health care services to Nova Scotians. Prescribers external to and have no contractual arrangement with Nova Scotia Health/IWK Health/First Nations Community Health Centre may not prescribe within Nova Scotia Health practice settings.</p>
Collaborative Relationship	When the RN/RD and the AP agree to work together to improve specific patient health outcomes.
Competency	The combined knowledge, skills, judgment, and attributes that are required of the Registered Nurse and Dietitian to practice ethically and safely in a certain role or setting.
Diabetes Centre	A team of certified diabetes educators (nurses and dietitians) who work with community primary care providers or specialists (endocrinologist/diabetologist, pediatricians, internist, obstetrician/gynecologist) to provide self-management support through group and individual education/counselling, assessment/development of treatment plans, problem solving, and skill development (example: insulin adjustment, meal planning, etc.)
Insulin Dose	Insulin dose recommendations include anticipatory and compensatory dose adjustment, correction bolus, basal insulin dose/rate, bolus/prandial insulin dose/ratio, insulin sensitivity factor, and insulin-to-carbohydrate ratio.
Most Responsible Health Care Provider (MRHCP)	The physician, clinical associate, or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.
Referring Provider	The health care provider who refers the patient to the Diabetes Centre.
Relevant Local Policy	Policies of the former district health authorities that are in effect until superseded by Nova Scotia Health policy.

Version History

Version:	Effective:	Approved by:	What's changed:
Original	2020-01-28	HAMAC	N/A
	2020-02-11	N/A	"Applies to" box modified
	2020-11-02	Senior Director, PHC Senior Medical Director, PHC and Chronic Disease Management	Extension for one year.
Standard Review	August 8, 2023	HAMAC	<ul style="list-style-type: none"> ○ Removal of term Diabetes Educator and replaced with RN/RD ○ Addition of Competency Requirements ○ Inclusion of process if patient does not have a primary care provider ○ Added documentation section
	2024-03-22		<ul style="list-style-type: none"> ○ Clarification: Removed 4.1 statement re: collaborative AP and referring AP
	2024-03-26		<ul style="list-style-type: none"> ○ Typo: Insulin definition; changed bolus/prandial rate to ratio.