Thames Valley Family Health Team

Medical Directive

Title	**Diabetes Education, Ordering Laboratory Investigations and Prescription of Supplies and Capillary Blood Glucose Monitoring in Non-Pregnant Adults with Diabetes**	**Assigned Number:**	**003A**
Activation Date:	**July 1, 2011**	**Review By:**	**December 2023**

Approval Signature & Date

Medical Director: _____ Date Reviewed: January 13, 2022

Clinical Services Director: _____ Date Reviewed: January 13, 2022

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Education and Ordering Laboratory Investigations for the Management of Type 2 Diabetes Mellitus in non-pregnant adults by Registered Pharmacists, Registered Nurse, Registered Practical Nurse and Registered Dietitian (RPh, RPN, RN, RD).

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

All active non-pregnant adult patients of the Thames Valley Family Health Team physicians who have Type 2 Diabetes and also those who have been identified as at risk of developing Type 2 Diabetes, identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Thames Valley Family Health Team RPhs, RDs, RNs, RPNs who have completed the required education components for this directive and feel competent in performing these interventions can implement this directive. Implementers must sign the Implementer Performance Readiness on HR Downloads.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Non-pregnant adult patients > 21 yo identified with Type 2 Diabetes
2. Non-pregnant adult patients > 21 yo identified as “at risk” for Type 2 Diabetes

Contraindications:	

1. Patients <21 yo or are identified having Type 1 Diabetes
2. No verbal consent obtained from the patient by the RPh, RPN, RN, or RD
3. Pregnancy and Lactation
4. Patients identified by the physician who are not candidates for management under this medical directive.

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Non-pregnant adult patients >21 yo of the Thames Valley Family Health Team Physicians
2. Verbal consent is obtained from the patient by the RPh, RN, RPN, or RD prior to implementation of care.

Guidelines for Implementing the Order/Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

- Appendix 1 – Prescription of Diabetic Supplies and Performance of Capillary Blood Glucose Monitoring at Point of Care

- Appendix 2 – Laboratory Tests in Adults with Diabetes

1. RPh, RPN, RN, or RD will educate, order laboratory investigations (Appendix 2) or diabetic supplies according to Appendix 1 – Prescription of Diabetic Supplies and Performance of Capillary Blood Glucose Monitoring at Point of Care.
2. RPN, RN or RD will perform capillary blood glucose monitor according to Appendix 1 Diabetes Education and Medical Management in Non-Pregnant Adults with Diabetes
3. RPh, RPN, RN, or RD will consult with the patient's family physician, on -call physician, or nurse practitioner if patients report any medical concerns, or any concerns arise from lab results.
4. Review patient chart for most recent laboratory investigations.
5. RPh, RPN, RN or RD will order the appropriate laboratory tests on the EMR, using Laboratory Tests in Adults with Diabetes (Appendix 2) *
6. RPh, RPN, RN or RD will instruct the patient as to the indications for the requisition and whether a fasting state is required for the test(s).
7. RPh, RPN, RN or RD will advise the patient to complete laboratory test at least on week prior to appointment with an interprofessional health care professional/physician.

- *Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

Documentation and Communication	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
1. Documentation in the patient medical records need to include name and number of the directive, name of the implementer (including credential(s)), and name of the physician/authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient responses should be documented in accordance with standard documentation practice. 3. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation. * • *Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*	
Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
1. The directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur. In the case the medical director identifies the need to change the medical directive, at least one (1) TVFHT member of the implementing discipline will be consulted. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the medical director. The medical director will review these concerns and consult with at least one (1) TVFHT member of the implementing discipline, before necessary changes are made. 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the medical director and a minimum of one (1) implementing RN.	
Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Authorize Approval Form	

Thames Valley Family Health Team	**Appendix 1: Prescription of Diabetic Supplies and Performance of Capillary Blood Glucose Monitoring at Point of Care**

Table 1: Indications/Contraindications for Prescription of Diabetes Supplies

Controlled Acts and Procedures	Indications	Contraindications, Considerations, Process for Implementing Procedure
Prescribing diabetes supplies including glucometers, flash glucose monitoring systems, lancets, test strips for glucometers, percutaneous sensors, and needles for insulin pens.	• To assess glycemic control in response to oral antihyperglycemic agents, insulin and lifestyle management, quality control activities and patient teaching. • The results are used to determine if a patient is euglycemic, hyperglycemic or hypoglycemic so appropriate interventions and education can occur. • Needles for patients injecting insulin	• The patient or substitute decision maker refuses to monitor capillary blood glucose. • The patient is unable to monitor capillary blood glucose due to physical or cognitive limitations. • Consideration should be given to patients who are unable to monitor due to financial constraints • The length of needles should be determined according to the injection site and adiposity of the injection site. *

∗ FIT_Recommendations_3rd_Edition_2017.pdf (fit4diabetes.com)

Table 2: Indications/Contraindications for Performing Capillary Blood Glucose Monitoring at Point of Care

Controlled Acts and Procedures	Indications	Contraindications, Considerations, Process for Implementing Procedure
Perform Capillary Blood Glucose Monitoring point of care testing or flash glucose monitoring (e.g., Freestyle Libre)	• To assess glycemic control in response to oral antihyperglycemic agents, insulin and lifestyle management, quality control activities and patient teaching. • The results are used to determine if a patient is euglycemic, hyperglycemic or hypoglycemic so appropriate interventions and education can occur.	• The patient or substitute decision maker refuses to consent to the procedure. • The patient's fingers are sore or the skin on the fingertips is compromised or show signs of infection. • Gently apply pressure to the site with tissue/cotton ball until bleeding has subsided. Apply bandage if required.

Guidelines for Lancing Device Use for Capillary Blood Glucose Monitoring in Practices

Subject: Safety Precautions to Reduce Risk of Cross-Contamination When Using Lancing Devices

Use of a Practice Demo Glucometer

When a practice glucometer is used to test capillary blood sugars:

- A single-use disposable lancing device must be used
- The lancing device and test strip must be disposed of in a sharps' container
- The glucometer must be cleaned according to the manufacturer's directions between uses.
- Gloves must be worn by the health care professional because there is risk of contact with blood.

TVFHT will provide single-use disposable lancing devices upon request. Alternatively, the practice may choose to order their own single-use disposable lancing devices. Reusable lancing devices are not acceptable for multi-person use due to the risk of cross contamination from improper sanitation or misuse.

Education of Patient with a New Glucometer Kit

When a patient is being taught with a new glucometer kit that has never been used:

1. The lancing device, lancets, test strips, percutaneous sensors and glucometer may be used to instruct and demonstrate use if the kit will be given to the patient to take home.
2. The lancing device, lancets, test strips, percutaneous sensors and glucometer maybe shown to the patient, but may not be used to obtain a glucose reading if this patient will not be taking the kit home.

Thames Valley Family Health Team	**Appendix 2: Laboratory Tests in Adults with Type 2 Diabetes**

Prior to ordering laboratory tests, RPh, RPN, RN or RD will review patient record to ascertain

- When relevant laboratory tests were last ordered
- Refer patient to or consult with physician or nurse practitioner if there are concerns relating to previous laboratory results
- If any laboratory tests listed below are indicated to be ordered.

Laboratory Tests	Indication(s)
Creatinine/eGFR	• Annual screening or if eGFR<60, refer to or consult with physician or nurse practitioner to determine optimal interval for monitoring • Before initiating Metformin • 1-2 weeks after initiating or increasing ACE or ARB
HbA1C	• Approximately q3-4 months
ALT,	• Baseline required if known Liver Disease (example Fatty Liver disease or hepatitis) or Alcoholism
CK	• Patient reporting symptoms suspicious of rhabdomyolysis • Not to be used for screening prior to or after initiation of HMG-CoA reductase inhibitor
Na/K/Cl	• Before initiating or increasing diuretic therapy • Potassium only before and at 1-2 weeks after initiating or increasing ACE or ARB
B12	• Baseline if patient is taking Metformin • Every 2-3 years for those on Metformin * * Evaluation of vitamin B12 monitoring in patients on metformin in urban ambulatory care settings (nih.gov)
Lipid Panel (NON fasting) Total	• Annually or 6 weeks – 3 months after Lipid medication
Cholesterol/TG/LDL/HDL/TC:HDL	• A fasting sample will be needed if patients with a previous triglyceride level >= 4.5 mmol/L
Albumin/Creatinine Ratio-urine	• Annually