

Position Statement: Insulin Dose Adjustment and Diabetes Self-Management Education

Dietitians work with patients and clients with diabetes in a variety of settings, with a variety of acuity levels. It is the College of Dietitians of Alberta's position that it is within dietitian "scope of practice" to teach and/or manage insulin dose adjustments as part of diabetes self-management education, when dietitians are competent to do so, as part of interprofessional practice. This education may include, but is not limited to, self-monitoring of blood glucose, making appropriate food and nutrition choices, incorporating an exercise regimen, using medications as recommended/prescribed and insulin dose adjustment. Dietitians must practice insulin dose and timing adjustments within the limits of their individual competence and in compliance with the College of Dietitians of Alberta's *Standards of Practice* and *Code of Ethics*, current evidence-informed clinical practice guidelines and standards (1,2) and, if applicable, employer policies and/or guidelines.

Under the *Registered Dietitians and Registered Nutritionists Profession Regulations*, the Practice Statement indicates that RDs may do the following:

- a) assess nutritional status and develop, implement, and evaluate food and nutrition strategies and interventions to promote health and treat illness
- e) provide restricted activities authorized by the regulations.

As a component of diabetes care, in the context of a complete assessment of nutrition and related health needs, dietitians assess the carbohydrate content of food and beverage intake and work with clients to adjust the amounts consumed to work toward achieving the client's blood glucose goals. Physical activity, lifestyle and health/wellness factors are also considered. Dietitians also generally interpret and adjust treatment (evaluate electronic blood work or Continuous Glucose Monitoring Device records, teach clients/patients to self-administer insulin injections, perform invasive procedures such as insertion of devices), when adhering to provider or organization approved protocols (2) and when working in compliance with authorized College of Dietitians of Alberta restricted activities, Standards and Guidelines.

While healthcare providers play an important role in delivery of self-management education, patients/clients are largely responsible for the majority of their own diabetes management (1). Improvements in A1C, blood glucose and quality of life, as well as a decreased requirement for insulin can be achieved when individuals with Type 1 or Type 2 diabetes receive education on matching insulin to carbohydrate content of meals and snacks (1) and to interpret their blood glucose levels to make appropriate insulin dose changes.

Insulin is a schedule 2 drug, and may be sold at a pharmacy on a non-prescription basis. It must be retained behind the counter, where there is no public access and no opportunity for patient

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self-selection. As a schedule 2 drug, insulin doses can be self-determined. It is within the scope of practice of dietitians to recommend and manage insulin in collaboration with the client and interprofessional team. Insulin dose adjustments are recommended as part of diabetes self-management and it has been shown to improve quality of life and diabetes control by empowering clients to make informed choices (1)

Dietitians with the competence to adjust insulin dosages and timing may teach clients to self-adjust if the client has the ability and interest to self-manage. Not all clients are able to self-adjust and therefore for these clients, competent RDs may adjust insulin dosages in collaboration with the client or on the client's behalf.

It is the expectation of all dietitians that they perform only those tasks they are competent to perform, and that insulin management teaching and/or dose adjustment be done in collaboration with the client and the interprofessional team. Dietitians are encouraged to consider the following when working with clients on self-management and/or performing insulin dose adjustment with or on behalf of clients:

- RDs must ensure they have the appropriate education, practical training, experience and/or mentorship to provide safe, competent diabetes care. Dietitians must feel competent and confident in the care they provide.
- RDs must practice client-centredness. Care should be provided in the timeliest manner by the most appropriate professional in the best setting for any given client. The RD is often the best person to provide care based on the needs of the client with diabetes.
- The care setting and presence or absence other skilled professionals working in this area may impact your educational strategy and/or educational content. Most often, insulin dose adjustment and self-management education is done by dietitians in a diabetes-focused setting.
- RDs must have the appropriate support. Employers have the right to determine whether a given role is or is not within the RD job description. Members of the interprofessional team are often in support of RDs working to full scope and may assist and promote the RD's role in client-centred care.

Created: November 2020

Adapted with permission from College of Dietitians of British Columbia, Position Statement: Dietitians' Scope of Practice for Insulin Dose Adjustment (2017), and from College of Dietitians of Manitoba Practice Direction 16.19 Diabetes Self-Management Education by RDs (2018).



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References:

1. Diabetes Canada. Clinical Practice Guidelines 2018. Retrieved December 10, 2019 at <http://guidelines.diabetes.ca/cpg>
2. Patricia Davidson, DCN, RDN, LDN, CDE, FAND; Tamara Ross, RD, LD, CDE, MLDE; Chimene Castor, EdD, RD, FAND. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Diabetes Care. JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS. 2018. Volume 118 Number 5.

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Insulin Dose adjustment and Diabetes Self-Management FAQ

1. *Are Dietitians allowed to adjust prescriptions for oral anti-hyperglycemic agents?*

No, not at this time. Dietitians must be clear that oral anti-hyperglycemic agents are schedule 1 drugs and require prescribing authority prior to adapting timing or dosages; formally adapting (considered “prescribing”) those schedule 1 medications is not yet authorized by the College at. Dietitians can continue to work with the interprofessional team when recommendations are in order.

2. *When will Dietitians be allowed to adjust anti-hyperglycemic agent prescriptions?*

The College of Dietitians of Alberta has a regulation amendment before government, which includes several new/evolving practice situations related to restricted activities. This regulation amendment requests the ability to authorize regulated members to adapt prescriptions (a restricted activity) for schedule 1 drugs (anti-hyperglycemic agents), specifically in diabetes settings. Once this regulation amendment is approved, Dietitians will be able to request authorization from the College to perform this restricted activity in certain settings.

3. *Are Dietitians allowed to initiate insulin orders?*

No. Initiating an order constitutes prescribing, which requires government approval and prescribing authority. Dietitians do not have authorization to prescribe an initial insulin prescription.

Dietitians may work with the interprofessional team, in collaboration with the patient/client to coordinate appropriate initial insulin prescriptions.

4. *As an insulin pump trainer in a private practice or publicly funded diabetes practice setting, prior to training a patient, the referring physician orders insulin and insulin pump teaching for the patient. Is training patients to use insulin pumps and providing insulin dose adjustment within dietitian scope of practice?*

Yes. Insulin dose adjustment is within the dietitian’s scope of practice, assuming the dietitian is competent, regardless of the mechanism use to administer the insulin dose, as long as the dose is self-administered by the patient.

5. *Can I administer insulin to my patients for the purpose of teaching?*

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No, not at this time. However, The College of Dietitians of Alberta has a regulation amendment before government, which includes several new/evolving practice situations related to restricted activities. This regulation amendment requests the ability to authorize regulated members to demonstrate injection (dry injection, no medication administered) with/on a patient for the purpose of teaching, specifically in diabetes settings. Once this regulation amendment is approved, Dietitians will be able to request authorization to perform this restricted activity in specific settings.

6. *Can I teach insulin administration to my patients using other teaching/demonstration methods?*

Yes, education and training insulin administration is within scope of practice

7. *Am I allowed to provide patients with free, pre-loaded insulin samples?*

Dietitians require authorization to distribute samples, according to the Registered Dietitian and Registered Nutritionist Regulations:

10(1)(g) “to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmaceutical Profession Act* and pursuant to a prescription, if required by the *Pharmaceutical Profession Act*.”

Therefore, if the dietitian is authorized to perform this restricted activity, then they may distribute insulin samples, when the insulin is prescribed by the physician, or other member of the interprofessional team

8. *Can I insert insulin pumps and continuous glucose monitoring devices?*

No, not at this time. However, The College of Dietitians of Alberta has a regulation amendment before government, which includes several new/evolving practice situations related to restricted activities. This regulation amendment requests the ability to authorize regulated members to assist the patient with insertion of these devices.

Dietitians may educate patients on insertion and use of insulin pumps and continuous glucose monitoring devices.

9. *Can dietitians collect capillary blood samples for blood glucose monitoring?*

It is recognized that in the context of a Registered Dietitian-client relationship, currently, RDs be performing capillary skin pricks and analyzing capillary blood levels under four

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main circumstances: i) to teach blood glucose self-management; ii) for random blood glucose checks to monitor progress; iii) for compliance with diet/insulin or other blood glucose lowering medications; and iv) for confirming hypo/hyperglycemia (CDO, 2014)

In a stable patient situation, performing a blood glucose check with a finger prick and a glucometer is considered within scope of practice.

Reference:

1. College of Dietitians of Ontario. Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing). 2014. Retrieved December 10, 2019 at:

<https://www.collegeofdietitians.org/resources/standards/competencies/standard-of-practice-collecting-blood-samples-thr.aspx>