# **ER Clinician Materials**

For **Your** Reference



ED Management of the Newly
Diagnosed patient with Type 2
Diabetes Who Requires
Insulin Therapy/No Admission

An Integrated Care Pathway of the Collaborative Care Network

# **Subject Matter Expert: Barbara Onumah, MD**

This is your practice Toolkit
Need more? Contact Renee Kilroy, CCN Director
rkilroy@luminishealth.org

### Scope

Outpatient management of the newly diagnosed patient with diabetes type 2 who needs insulin therapy

This Pathway is **NOT MEANT** to cover

- transitioning known type 2 diabetes patients from solely oral to injectable therapies or
- the newly diagnosed type 2 patient who does not need insulin therapy

# START HERE: Patient without active diagnosis of diabetes presents to the ER with glucose ≥ 300 mg/dL and/or A1C ≥ 10%



#### Can this patient be managed safely in the ER?

#### Are the following true:

No DKA (check urine for ketones) and NOT Type 1? Not severely ill? (e.g., mental status change, significant fever and/or dehydration) Can self-manage or be managed by someone at home? (stable living situation, literacy, numeracy skills)



#### Patient is symptomatic and not stable

- Initiate usual treatment for hyperglycemia
- 2. Admit/Observe



YES, patient stable and safe:

Continue with Pathway

### **Overview of Pathway**

Pathway Candidate Identified

- Diagnosis of Type 2 Diabetes is made, based on clinical suspicion, plus plasma glucose and A1C, if available
- Patient is determined to be well enough for outpatient treatment, but needs insulin therapy

Activate Pathway

- Communicate with and advise patient/caregiver. Give initial direction. See suggested scripts in this packet.
- Activate the Team. Refer to One Call Care Management via Epic REF177 who will ensure patient is seen at the AAMC or DCMC Diabetes Center within 3 business days.

Launch

- Have patient text BA to 85099 (in Spanish text BA to @85099) to receive patient video on Basaglar. Starter kit is accessed. First shot given. Prescribe Basaglar and give patient Basaglar voucher.
- Patient will have enough insulin and instructions until appt. at the DCMC or AAMC Diabetes Center. Review One-Pager with patient.
- Patient returns to their PCP for routine care once stabilized and educated. PCP manages the patient thereafter.

#### **Communicate and Advise**

Offer a simple description of what is happening, and assess awareness and knowledge:

"Your glucose level today is \_\_\_\_\_\_, and it should not be above 100. This is not just because you ate something sweet before coming to the ER. This means that you have diabetes. Because of the level of your glucose, we have to start you on insulin here in the ER. This does not mean you will need to stay on insulin long term, but at least for the short-term, this is the best way to control your blood sugar. In addition to giving you insulin here, we're going to show you how to inject the insulin yourself at home, and make arrangements for you to be seen at the Diabetes Center within 3-5 days. We've sent a referral to the Care Management team, with your information. Someone will be calling you, to set up the appointment; all you have to do is listen for their call."

# Patient will watch Insulin video guide

- ask patient to text BA to 85099, or
- in Spanish, text BA to @85099

### **Give Insulin**

- 1. Access the toolkit, and the insulin glargine (Basaglar) trainer pen.
- 2. Show the patient how to administer 10 units or a calculated dose of 0.2units/Kg body weight into a training cushion or other object
- 3. Then with a "real" insulin pen, have the patient give themselves 10 units or a calculated dose of 0.2units/kG body weight of basal insulin (insulin glargine/Basaglar) Write prescription for insulin glargine/Basaglar and give patient voucher to pick up her free insulin
- 4. Tell the patient to give themselves the insulin dose you prescribe at the same time of day, and to expect the dose to be adjusted during their appointment at the diabetes center
- 5. Enter the number of units the patient is to take on the patient discharge instructions

### **Setting Expectations**

"You'll be fine for now, and very soon you will be seen at the diabetes center. They'll work with you to do all these things\*, and then you will follow up with your PCP.

Let's go over this sheet for some quick advice for today."

Show the One Pager to the patient and point out the highlights, as appropriate.

Give patient The Lilly Digital Starter Kit flier so they can access the video, key information on Basaglar, and patient financial assistance programs.

\*See next slide.

## **Patient Materials**

- Have office staff print several of these in color, or
- Ask them to work with the LH Print Shop to have them printed

# **Today Is Your First Step Toward Feeling Better!**

Being told you have diabetes can feel overwhelming at first. That's why we're going to handle this together, one step at a time, giving you the time and attention, you deserve.

#### You're Not Alone

The Diabetes Center and I are working together with you as we manage your diabetes.

Until you are seen by the Diabetes Educator, give yourself \_\_\_ units of insulin a day, at the same time of day, starting tomorrow.

#### Some Things You Need to Know and Do TODAY

- You had your first dose of insulin today. When you take insulin, it's important NOT to skip meals. Make sure you have three nutritious meals a day. If you get hungry, have a snack. If you don't eat, your glucose will go too LOW, and that is dangerous. Put the "Medical Alert" card in your wallet today.
- You will get a call today or the next business day regarding your appointment with The Diabetes Center. KEEP THE APPOINTMENT, and feel free to bring a family member or close friend with you.
- Nutrition, physical activity, and medication are all needed to get diabetes under control. You will learn more about all 3. It's important to work with the Diabetes Educator so that your plan matches your own choices and preferences.
- Measuring your blood sugar is important. The Diabetes Educator will show you how to do this, using a glucometer (device that measures blood sugar).
- The Diabetes Educator will review what to eat and drink. Until then, you can start with beverages. Avoid sugary drinks (regular soda, fruit juice, sweetened tea). Instead, drink water, milk, unsweetened tea and coffee, and diet sodas. Instead of drinking fruit juice, eat the whole fruit.
- You will be coming back to see me soon after you see The Diabetes Center. We treat diabetes here every day. For our patients with a new diagnosis of diabetes, we like to involve The Diabetes Center because they are the "one stop shop" for the coaching and information you need.

#### **Luminis Health**

### iHoy es su primer paso para sentirse mejor!

Al principio, puede ser abrumador escuchar que tiene diabetes. Por eso, nos encargaremos juntos, un paso a la vez, dándole el tiempo y la atención que merece.

#### No está solo

Estoy trabajando con el Centro de diabetes junto a usted mientras controlamos su diabetes.

Hasta que lo vea el educador en diabetes, administre \_\_\_\_ unidades de insulina al día, a la misma hora, a partir de mañana.

#### Algunas cosas que necesita saber y hacer HOY

- Hoy recibió su primera dosis de insulina. <u>Cuando aplica la insulina, es importante NO saltarse comidas</u>. Asegúrese de tener tres comidas nutritivas al día. Si tiene hambre, coma un bocadillo. Si no come, su glucosa BAJARÁ demasiado y es peligroso. Ponga hoy la tarjeta de "Alerta médica" en su billetera.
- Recibirá una llamada hoy o el próximo día laborable sobre su cita con el Centro de diabetes. CONSERVE LA CITA y no dude en traer a un familiar o amigo cercano.
- La nutrición, la actividad física y los medicamentos son necesarios para controlar la diabetes. Aprenderá más sobre los 3. Es importante trabajar con el educador en diabetes para que su plan coincida con sus propias elecciones y preferencias.
- Es importante medir su nivel de azúcar en la sangre. El educador en diabetes le demostrará cómo hacerlo, usando un glucómetro (dispositivo que mide el azúcar en la sangre).
- El educador en diabetes repasará qué comer y beber. Hasta entonces, puede comenzar con las bebidas. Evite las bebidas azucaradas (refrescos regulares, jugos de frutas, té endulzado). En su lugar, beba agua, leche, té y café sin azúcar y refrescos de dieta. En lugar de beber jugo de frutas, coma la fruta entera.
- Volverá para verme poco después de que vaya al centro de diabetes. Aquí tratamos la diabetes todos los días. Para nuestros pacientes con diagnóstico nuevo de diabetes, nos gusta involucrar al centro de diabetes porque son la "ventanilla única" para la instrucción y la información que necesita.

#### **Resources at Diabetes Center**

Detailed review of nutrition with diabetes educator and nutritionist

Blood sugar monitoring techniques

Individualized Blood sugar and A1c Targets

Age-appropriate exercise recommendations

Adjustment of medications and insulin dose

Diabetes self management education classes

Diabetes support programs

Endocrinology consultation, if requested

# The Lilly Digital Starter Kit

Key info on medicine | What to expect | Savings opportunities

Simply ask your patients to text the appropriate short code to **85099** 

Text TR to 85099 when starting Trulicity® (dulaglutide injection)

Text JA to 85099 when starting Jardiance® (empagliflozin) tablets

Text BA to 85099 when starting Basaglar® (insulin glargine injection)

Text LM to 85099 when starting Lyumjev™ U-100 (insulin lispro-aabc injection)

Text HU to 85099 when starting Humalog® U-100 (insulin lispro injection)

Text U5 to 85099 when starting Humulin® R U-500 (insulin human injection)

Please see full <u>Prescribing Information</u> for Trulicity\*, including Boxed Warning, <u>Medication Guide</u> and <u>Instructions for Use</u>.

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Including "@"
before text
number will
provide a Spanish
video.