Name of Patient	Patient Medication Sensitivities / Allergies:

Patient Identification e.g

Independent Prescriber(s):	Supplementary Prescriber(s):
Dr X Contact details	Name of dietitian Contact Details:

Condition(s) to be treated:	Aim of Treatment:
Type 1 Diabetes Mellitus	• Maintain target blood glucose levels (Fasting 4-7mmol/l & post-meal 5-9mmol/l) • Prevention of acute and long-term complications of diabetes

Medicines that may be prescribed by SP:

Insulin(s) for subcutaneous injection, COLECALCIFEROL

Preparation:	Indication:	Dose Schedule:	Specific indications for referral back to the IP for review:
Long-Acting Insulins: Levemir (Insulin Detemir) Lantus (Insulin Glargine) Tresiba (Insulin Degludec)	Long-acting insulin required to achieve target fasting blood glucose level (4-7mmol/l)	Long-Acting insulin calculated as 50% of total daily dose (TDD). TDD calculated as per Trust guidelines: **Age** / **Units/kg/day** <5 years: 0.5 5-8 years: 0.75 ≥8 years: 1.0 Dose of long-acting insulin adjusted/titrated to reach target fasting blood glucose levels. Levemir is used first line within Trust and will usually be split (given 2/3 of total long-acting dose at bedtime and 1/3 dose in the morning). Lantus/Tresiba given just once daily. If moving to Tresiba from an alternative long-acting insulin then dose should be reduced by 20%. Unless very high HbA1c in which case discussion with IP is required. Adjustments to long-acting insulin may be required to prevent hypoglycaemia (blood glucose level <4mmol/l) during and after exercise.	• Suspected or confirmed diabetic ketoacidosis • TDD exceeds 2 units/kg/day • Severe hypoglycaemia (requiring Glucagon injection) • Diagnosis of an additional condition (e.g. hypothyroidism/coeliac disease) • Pregnancy
Rapid-Acting Insulins: Fiasp (Insulin Aspart) Novorapid (Insulin Aspart) Humalog (Insulin Lispro) Apidra (Insulin Glulisine)	Rapid-acting insulin required to achieve target blood glucose levels after carbohydrate consumption (5-9mmol/l) in addition to correction of high blood glucose levels.	Insulin to carbohydrate ratios calculated as 1 unit to a set number of grams of carbohydrate. Starting carbohydrate ratios at diagnosis as per Trust guidance based on age and weight. Where weight differs significantly to average weight for that age group, clinical judgement should be used. Thereafter, adjustment based on blood glucose	

		levels post-meals Correction dose calculated as 1 unit lowers blood glucose level by a set number of mmol/l. Calculated using "rule 100" (100 divided by TDD). Only half correction dose to be given at night unless ketones (>1mmol/l) are present. Significant adjustments to bolus doses may be required for exercise.	
COLECALCIFEROL	Treatment of vitamin D deficiency	As per Pan-Mersey Guidance	

Guidelines or protocols supporting

- ISPAD (2022). Clinical Practice Consensus Guidelines. Available at: https://www.ispad.org/page/ISPADGuidelines2022
- NICE (2015). Diabetes (type 1 and type 2) in children and young people: diagnosis and management: NICE Guideline [NG18]
- Pan-Mersey Area Prescribing Committee (2020) https://www.panmerseyapc.nhs.uk/document-store/vitamin-d-deficiency-primary-and-secondary-care-prevention-and-treatment-in-paediatrics/
- Local Trust Guideline

Frequency of review and monitoring by:

Supplementary Prescriber	**Supplementary Prescriber & Independent Prescriber**
Minimum 3 monthly in multidisciplinary clinic. Additional appointments as required via: • Telephone reviews • Download review clinics • Home visits • Virtual clinics • Dietetic clinics • Ward reviews	3 monthly in multidisciplinary clinic of which one will be annual diabetes review.

Process for reporting ADRs:

Document in shared medical record
Patient to inform Supplementary Prescriber
SP to Inform Independent Prescriber & GP
Report via Yellow Card scheme if severe

Shared record to be used by IP and SP:

Twinkle Notes (Paediatric Diabetes electronic record)
Patient Medical notes

Agreed by Independent Prescriber(s)	**Date**	**Agreed by Supplementary Prescriber(s)**	**Date**	**Date agreed with patient / carer**