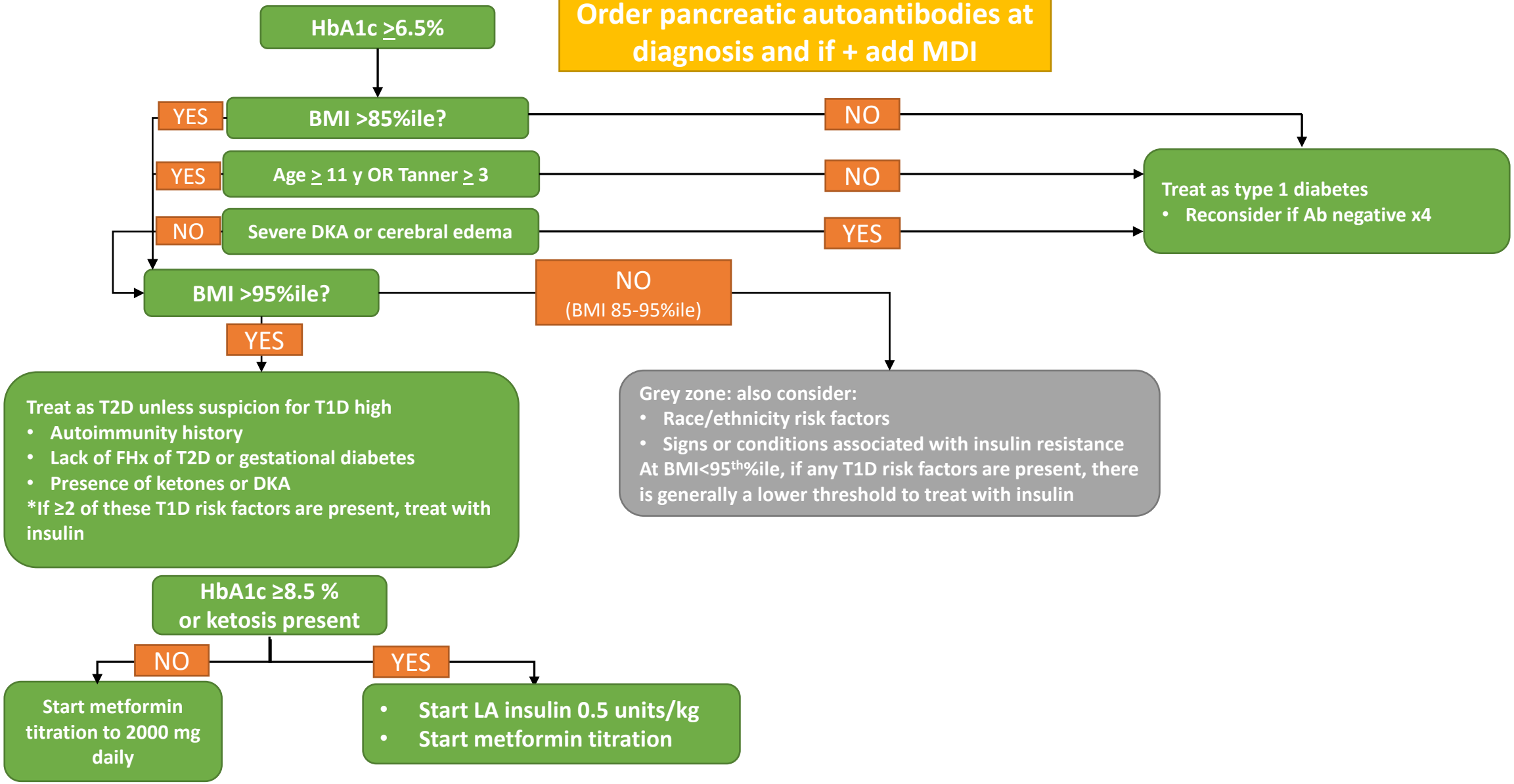
New onset diabetes triage

Order pancreatic autoantibodies at diagnosis and if + add MDI



Initial insulin titration protocol-suspected T2D

Is patient already on MDI?

YES

1. Stop short-acting insulin
2. Ensure initial long-acting dose is optimized (0.5 units/kg)
3. Start metformin, to be titrated to 2000 mg daily

Check BG 2x daily (fasting, post-prandial)

NO

Is HbA1c ≥8.5% OR ketosis present

YES

1. Start long-acting (LA) insulin (0.5 units/kg)
2. Start metformin, to be titrated to 2000 mg daily

NO

Start metformin, to be titrated to 2000 mg daily over 4 weeks

Is patient on maximally tolerated dose metformin?

YES

Increase LA insulin by 5-10 units if FBG ≥ 126 mg/dl

NO

- Continue to increase metformin
- Increase LA insulin by 5-10 units if FBG ≥ 200 mg/dl

Order pancreatic autoantibodies at diagnosis and if + add MDI

Use post-prandial glucoses to guide changes in eating, adding medications, etc.

*If difficulty tolerating metformin:

1. Try extended release
2. Consider switching to pioglitazone 30 mg daily

Insulin titration protocol: weaning

1. If still on MDI, stop short acting insulin
2. Contact approximately every 3 days to review glucoses.
3. Wait until fasting numbers are <100 mg/dl for at least 2-3 days in a 5-7 day period.
4. If so, cut back long-acting insulin dose by 20%/10 units, but may consider 30%/15-20 units if glucoses are 80 mg/dl or less. **Consider reliability of patient contact when making the decision to more aggressively wean insulin.**
5. Once the dose is down to 0.1-0.2 units/kg/day, consider stopping.
6. Consider using a small decrease in insulin as a motivational factor to continue to maintain contact.
7. If patient was lost to follow-up between onset visit and follow-up visit, but has an HbA1c <6% 3 months+ after diagnosis and is on full-dose metformin (or pioglitazone), stop long-acting insulin with careful monitoring after.
8. If HbA1c is 6.5-7% at the next visit, add a second agent.