

Practice Direction: Insulin Dose Adjustment and Diabetes Self-Management

Dietitians play an important role in supporting individuals with diabetes through education and collaborative care. Dietitians may provide self-management education and teach or support insulin dose adjustments, provided they have the relevant competence, work within an interprofessional team, and practice in accordance with NSRD Standards of Practice, the Code of Ethics, evidence-informed clinical guidelines, and applicable employer policies.

Expected Outcome

Clients with diabetes can expect to be active participants in their own care, involved in shared decision making and supported by education from registered dietitians.

Practice Direction

Dietitians will:

- Provide diabetes self-management education and support within the limits of their individual competence, employer policies, and in compliance with NSRD Standards of Practice, the Code of Ethics, and evidence-informed clinical guidelines.
- Teach clients to self-administer insulin and support insulin dose adjustments, in collaboration with the client and interprofessional team, as appropriate to the client's ability and needs.
- Individualize self-management education according to the client's type of diabetes, treatment regimen, learning capacity, culture, health beliefs, literacy, socioeconomic status, and other relevant health factors.
- Document all education, monitoring, and communications related to insulin management and refer to the prescriber as appropriate.
- Seek appropriate organizational and interprofessional support to ensure safe, competent, and client-centred practice.

Self-Management Education

Dietitians provide knowledge and skills to support client self-management, including:

- Monitoring blood glucose and relevant health parameters
- Healthy eating, carbohydrate management, and physical activity
- Insulin dose adjustments, pharmacotherapy, and medication adherence
- Stress management and lifestyle strategies
- Prevention and management of hypo- and hyperglycemia, and complications

Client(s) - For the purposes of this statement, "client" refers to any individual, family, group, organization, or community who is the direct or indirect recipient of a registered dietitian's

expertise. This may include patients, substitute decision-makers, caregivers, team members, or populations receiving dietetic services.

References

- College of Dietitians of Manitoba. (2025, October). *Diabetes self-management education by RDs* (Policy/Standard No. 16.19). <https://www.collegeofdietitiassmb.ca/wp-content/uploads/2025/10/16.19-Diabetes-Self-Management-Education-by-RDs.pdf>
- College of Dietitians of Ontario. (2024, July). *Collecting capillary blood samples through skin pricking & monitoring the blood readings (point of care testing)*. College of Dietitians of Ontario. Retrieved from <https://collegeofdietitians.org/wp-content/uploads/2024/07/STANDARD-OF-PROFESSIONAL-PRACTICE-Skin-Pricking-3.pdf>
- College of Health Disciplines – BC. (2025, April). *Dietitians: Diabetes Q&A*. CHCPBC. <https://chcpbc.org/wp-content/uploads/2024/08/RD-Dietetic-Diabetes-QA-2024.pdf>
- Davidson, P., Ross, T., & Castor, C. (2018). 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*, 118(5), 932–946. <https://doi.org/10.1016/j.jand.2018.03.003>
- Diabetes Canada. (2018). *Clinical practice guidelines*. Retrieved December 10, 2019, from <http://guidelines.diabetes.ca/cpg>

Frequently Asked Questions

1. Can dietitians licensed with the NSRD engage in Insulin Dose Adjustment (IDA)?

Yes, insulin dose adjustment (IDA) falls within the dietitian's scope of practice when performed in accordance with employer policy or an established practice framework. Dietitians must practice IDA within limits of their knowledge, skills, abilities and judgment, in compliance with Dietetic Standards of Practice and Code of Ethics, and current clinical practice guidelines. Employers may set limits on the scope of practice for health professionals, and dietitians must follow employer policies related to IDA.

2. To adjust insulin, does the Regulator require that a dietitian is a Certified Diabetes Educator or have completed additional insulin dose adjustment certifications?

While the Regulator does not have a requirement for dietitians to obtain a Certified Diabetes Educator certification or other Insulin Dose Adjustment certifications to practice in the diabetes self-management or insulin dose adjustment scope of practice, employers may require these certifications or other measures.

3. Can I teach a client how to use an insulin pump?

In settings where employer policies permit, dietitians who are competent in insulin pump management may provide education on insulin pump or pen use and settings. Dietitians must also consider both their employer's scope of practice expectations and their own individual competence when providing this training.

Teaching clients how to prime an insulin pen or set up an insulin pump and allowing them to practice using a teaching aid (such as an orange), is within a dietitian's scope of practice. Dietitians must ensure thorough documentation of the education provided and the full client interaction, including any identified risks, observed reactions, and referrals made to the physician.

4. Can dietitians receive verbal insulin orders from authorized prescribers?

No. Dietitians are not authorized to receive verbal orders. Alternatively, an order can be received electronically on the client's medical record or through fax.

5. Can dietitians perform point of care blood glucose (finger prick) testing?

Since blood glucose (finger prick) testing is within the public domain, it is within the dietitian scope of practice to perform. Dietitians may perform skin pricks and analyze glucose levels in the following circumstances:

- a. To teach blood glucose self-management
- b. For random glucose checks to monitor progress
- c. For compliance with diet/insulin or other glucose lowering medications
- d. For confirming hyper/hypoglycemia

6. Am I able to insert a soft flexible cannula for an insulin delivery device or for Continuous Glucose Monitoring (CGM) to a client with diabetes? What about performing a point of care HbA1c test with a DCA machine?

Blood glucose monitoring, whether by finger prick or through continuous glucose monitoring (CGM), is a part of the dietitian's scope of practice in Nova Scotia. Similarly, performing point-of-care HbA1c testing (such as with a DCA machine) is also within scope.

Dietitians who have acquired the appropriate education, training, and competence may use and instruct clients on insulin delivery devices, including insulin pumps. While they may assist with the insertion of these devices, dietitians are not permitted to administer medications, including insulin.

It is essential that dietitians ensure their practice complies with all relevant employer policies and procedures, as these may further define or restrict their authority to perform these activities.

7. Is it within my scope of practice to advise clients to hold insulin or other medications during illness, in accordance with Diabetes Canada's SAD MANS medication list?

Insulin dose adjustment is considered within a dietitian's scope of practice. Therefore, counseling clients on insulin management during periods of illness or low carbohydrate intake is within scope, if the dietitian possesses the necessary education, training, and competence and it is completed in collaboration with the care team. Dietitians are expected to work within their individual scope of practice and employer policies.

When a client seeks individualized advice from a dietitian about pausing SAD MANS medications during illness, the dietitian should first consider whether another healthcare professional, such as a physician, nurse practitioner, or pharmacist, is better positioned to provide medication management guidance. For instance, dietitians may collaborate with nurses to deliver group education on sick day management. When working alongside a prescriber, dietitians can suggest the prescriber also review medication management as part of the client's overall care plan. Ideally, clients should have a proactive sick day management plan in place before illness arises.

The Regulator acknowledges that some dietitians (e.g., those who work in rural areas/small communities) may not always be able to refer clients to other health professionals in a timely manner. The risks to a sick client who cannot discuss holding the SAD MANS medications with a prescriber in a timely manner include dehydration, hypoglycemia, diabetic ketoacidosis, or lactic acidosis. If a dietitian is in a setting where they are the only healthcare provider available to offer guidance to a client regarding diabetes protocols during illness, the dietitian may need to suggest or ask the client to consider holding or reducing the dose of SAD MANS medications according to Sick-Day Medication List or SAD MANS tool, published by Diabetes Canada, until the client can consult with a relevant prescriber.

8. Am I allowed to provide my patients with free insulin samples for my clients?

Dietitians are not authorized to hand out or "dispense" free insulin samples to clients. Note: vitamin/mineral supplements can be distributed by dietitians.