



Module 5, Vignette 1, Anticipating and Responding to Patient Fears About MTI

Katie Whitmire, NP-c, BC-ADM, CDCES and one of her patients

Patient: I don't know if I'm ready to give myself insulin at my meals. How do I know how much to give? What if I give myself too much? Isn't it dangerous? Can't you give yourself too much and overdose?

Ms Whitmire: So, I totally understand how overwhelming it can be to be giving multiple shots of insulin per day. What I generally do with my patients is, we start very simple, we start low, we increase slowly so that we're not giving too much so that we can figure out how much is appropriate for you over time.

So, for instance, what I would normally do is have you give one shot of insulin just with your biggest meal of the day to start with. So, what meal would that usually be?

Patient: That's usually my dinner.

Ms Whitmire: Okay, so we would start with maybe 4 units, which is a totally safe amount for you. You would get 4 units prior to your dinner. I would have you check your blood sugar before your dinner and then maybe two to three hours after, and then I would see you back in about a week or two, and we would see how your blood sugars are responding to those 4 units. And then we would increase or decrease depending on what we're seeing.

So then over time, we're going to get more information, we're going to get you to the right dose with your dinner, and then maybe we can get more specific with your dosing. So, if you're eating more or less, I can give you instructions for how to increase or decrease your dose. Maybe we could even get into carbohydrate counting; I could give you a ratio to use, and then maybe I'll also give you a scale in the future so that if your blood sugar's high or low, you can increase or decrease your dose depending on what your blood sugar is. And then over time, if we need to, we can add more shots to different meals to really get your blood sugars to goal.

So, like I said, we would start low, we would go slow so that you're comfortable, and give you plenty of time to get used to it and get you to the right dose. Does that sound like something you could do?

Patient: Yeah, I think I would be willing to try that.

Ms Whitmire: Okay.