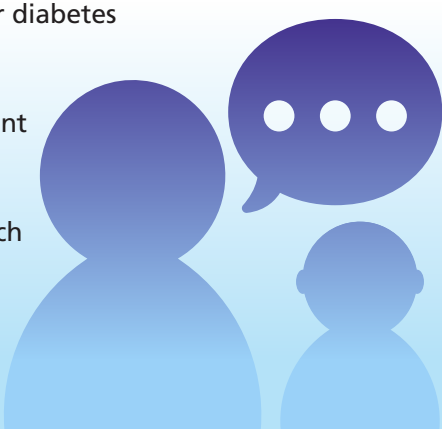
10 POINT Diabetes Training

NHS

Community nursing teams

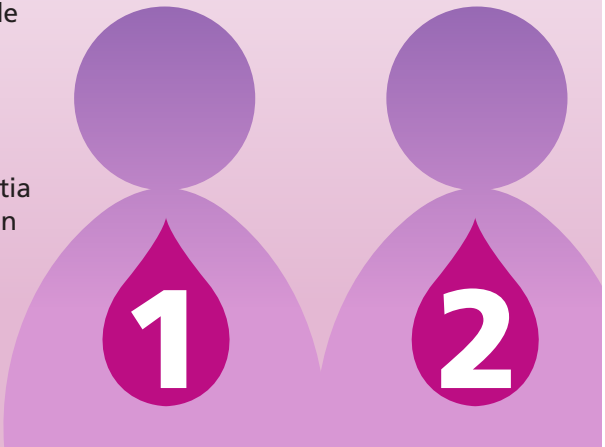
1 The Person

- Listen to the person: they live with their diabetes 365 days a year.
- Don't blame people for their diabetes: ethnicity and family history are important factors for type 2 and type 1 is an autoimmune condition.
- Diabetes is a challenging condition which can impact wellbeing.
- You may be the only health care professional involved, your input could be key to ensuring effective self-care.



2 Know the difference between the types of diabetes

- People with type 1 diabetes need insulin every day of life: even in the last phase of life to prevent diabetic ketoacidosis (DKA).
- People with type 2 diabetes may be on diet alone, diet plus tablets, injectable therapies, insulin or a combination of these.
- You are more likely to develop type 2 if you have a parent or sibling with the condition.
- It is 2 to 4 times more common in South Asian, African-Caribbean and Black African groups.
- Serious mental illness (SMI) and learning disability (LD) are linked to high rates of type 2 diabetes and reduced life expectancy.
- A high prevalence of people with SMI are unaware of their diabetes: screen for undiagnosed diabetes.
- People with diabetes have an increased risk of dementia and those with dementia an increased risk of diabetes.
- Up to one million people in the UK are living with undiagnosed type 2 diabetes.



3 Blood glucose and ketone monitoring

- Blood glucose levels should be checked more frequently if the person is unwell.
- Blood glucose checks should be pre-meal where possible.
- May not be needed if on diet or metformin only with optimised blood glucose.
- Blood glucose targets should be tailored to the needs of the individual: see the care plan for individual targets.
- Check ketones (blood or urine) in patients with type 1 diabetes regardless of blood glucose if unwell.
- Check ketones in patients if on an SGLT2 inhibitor (Cana-/Dapa-/Empa-gliflozin) if unwell.
- If unwell check blood glucose more often and encourage sugar-free fluids to prevent dehydration and acute kidney injury.
- Review blood glucose and take action quickly via GP or diabetes care provider if blood glucose is less than 4mmol/l or in double figures.

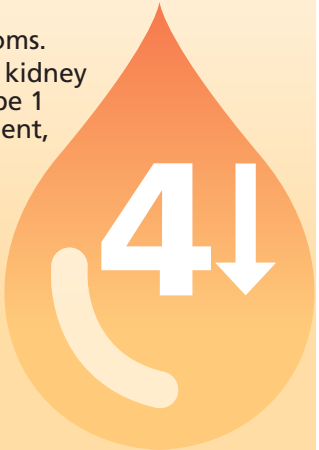
4 Hypoglycaemia – low blood glucose below 4mmol/l (4 is the floor)

- Low blood glucose can kill and must be treated immediately.
- Know your hypoglycaemia treatment pathway:

  Patients conscious and able to swallow safely:
- **Step 1:** Give fast acting glucose e.g. glucogel or a small can/carton of non-diet sugary drink.

  Step 2: Give a starchy snack: e.g. 2 digestive biscuits.

  If unable to swallow safely or unconscious:
- Place in recovery position and call 999.
- **Symptoms:** sweating, pale, shaky drowsy, frequent falls, confusion, aggression, seizures, loss of consciousness.
- Some signs can be mistaken for psychiatric symptoms.
- **Risk factors:** frailty, reduced appetite, dementia, kidney or liver disease, haemodialysis, terminal illness, type 1 diabetes/insulin treatment, sulphonylureas treatment, alcohol consumption.
- Hypoglycaemia can be caused by insulin and medication errors. Always check right medication, insulin, time and dose.
- Ensure hypo treatment is always available and within reach of the person.
- If your patient is having unexplained, recurrent or severe hypoglycaemic episodes: request an urgent diabetes review to prevent reoccurrence.

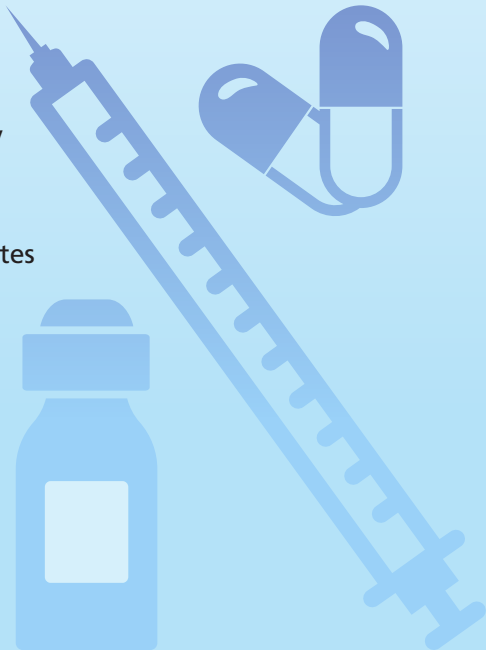


5 Hyperglycaemia (high blood glucose consistently in double figures)

- High blood glucose can kill if left untreated, especially in type 1 diabetes.
- **Symptoms:** thirst, polyuria, blurred vision, drowsy, infections, weight loss, incontinence.
- **Causes:** infection, other illnesses, missed medication or insulin, surgery, undiagnosed diabetes.
- **Risk factors:** steroids (including dexamethasone) and anti-psychotics can increase glucose levels even without diabetes. Always screen for diabetes or check blood glucose.
- **Ketones:** check ketones (blood or urine) in people with type 1 diabetes regardless of blood glucose if unwell.
- High blood glucose increases the risk of infection and hospital admission.
- Urgently request diabetes review and management plan if blood glucose is high for more than 24 hours.
- Check blood glucose more often and encourage sugar-free fluids to prevent dehydration and acute kidney injury.
- Blood glucose targets should be tailored to the needs of the individual.
- Ensure you and your patients know about sick day rules for type 1 and type 2 diabetes.
- A long duration of high blood glucose can cause complications of the heart, kidneys, eyes, nerves, feet and brain.

6 Insulin and medication safety

- Insulin is a high-risk drug.
- Ensure the right person, right insulin, right dose, right time, right device every time.
- Know common insulin types, ensure they are prescribed and injected correctly.
- Be aware that insulin names are often similar and can be confused such as "Humalog, Humalog mix 25 etc.
- Stopping insulin or diabetes medication without review can result in harm.
- Insulin can remain at room temperature for up to one month but will become damaged if exposed to frozen or very hot temperatures.
- **Both overdose and omission of Insulin can be used to self-harm and even commit suicide: include in care and risk plans.**
- Know common diabetes medications and side effects: ensure they are prescribed and taken correctly.
- If unwell, SGLT2 inhibitors (Cana-/Dapa-/Empa gliflozin) should be stopped immediately and metformin dose reviewed.
- Be familiar with local prescribing guidelines.
- Consider whether the person's mental state is affecting their ability to self-medicate.
- Alert the GP, pharmacist or diabetes care provider without delay if diabetes medication is stopped or refused.
- Seek urgent advice from GP or diabetes care provider if blood glucose is less than 4mmol/l or in double figures.



7 Feet (See Touch the Toes Test)

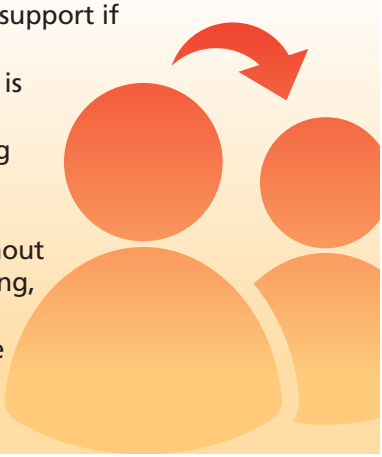
- All people with diabetes should have regular foot examinations (at least annually).
- A foot ulcer is a medical emergency requiring urgent same day referral for specialist assessment.
- Do a "touch the toes" test – for reduced sensation.
- Refer to the GP, podiatrist or specialist team if there is a problem.
- Advise people to check their feet, be aware of sensation loss, look for changes in the shape of their feet and wear shoes that fit properly.

8 Eating with diabetes

- If the individual is unwell and unable to eat; ensure they take sugar free fluids through the day.
- There is no special diet for people with diabetes.
- Meal plans should be individualised: this will depend on the person's type of diabetes, age, weight, gender, ethnicity and economic circumstance.
- All carbohydrate foods and drinks break down into glucose, impacting blood glucose.
- People living with type 1 diabetes should have access to specialist support with carbohydrate counting: matching insulin doses to carbohydrate.
- Dietary restriction is inappropriate for elderly frail people.
- The priority is to ensure adequate nutrition and quality of life.
- Nutrition and hydration are essential for wound and ulcer healing.
- Be mindful that people may use food to manage distress and to express love.

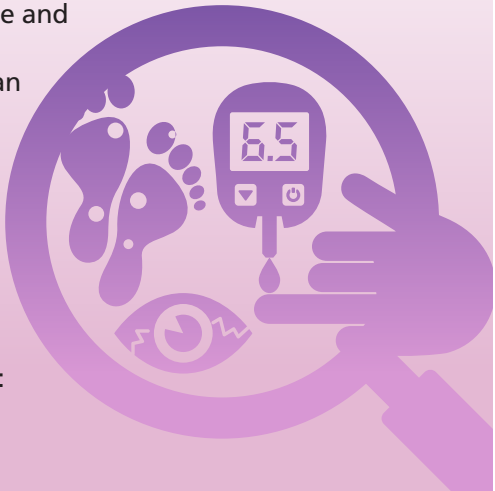
9 Referring to the GP, diabetes care provider, mental health or podiatry team

- People with type 1 diabetes should have access to specialist support.
- Your patient should have access to specialist support if needed or requested.
- Alert diabetes care provider if blood glucose is very high or low.
- A foot ulcer is a medical emergency requiring urgent same day referral for specialist assessment.
- Contact GP, podiatrist, or specialist team without delay for new foot symptoms, redness, swelling, hot, pain, infection or any foot wound.
- Liaise with GP or diabetes care provider if the person's mental state is affecting their ability to self-medicate.



10 Ensure the person has access to diabetes information, diabetes care and review

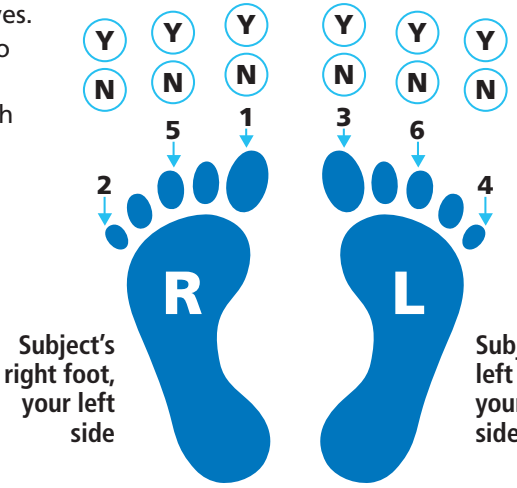
- People on anti-psychotic medication or steroids (including dexamethasone) should be screened for diabetes.
- Screen everyone with SMI and LD for undiagnosed diabetes.
- Everyone with diabetes should have annual blood tests, blood pressure, eye and foot checks.
- Everyone with diabetes should have access to information/training about their diabetes, dietetic advice, specialist advice (if needed), smoking cessation advise and vaccination programmes.
- Non-attendance of annual checks can be a sign of self-neglect.
- Be aware of Sick Day Rules for **type 1** and **type 2** diabetes, this is information about what to do when the person is unwell and blood glucose is high.
- Some people have achieved partial or full remission of their type 2 diabetes, for more information visit: **www.knowdiabetes.org.uk** **www.diabetes.org.uk**



Touch the toes test

Does your patient with diabetes have reduced sensation?

- Ask them to close their eyes.
- Tell them you are going to touch their toes.
- Ask them to tell you which foot you touched, left or right.
- Touch toe number 1 for two seconds gently. ***Do not repeat.***
- Continue until you have assessed 6 toes as marked on the diagram.
- If they cannot feel 2 or more toes they have ***reduced sensation*** for their foot check.



(The Ipswich Touch Test reproduced with permission from Diabetes UK)

All people with diabetes must have a foot check within 24 hours of admission to hospital or care home.
Check feet daily for any new problems while assisting with personal care.

CHECK

- Remove socks/dressings/bandages.
- Is there an active foot problem – ulcer, gangrene, black necrotic tissue or toes?
- Is there reduced sensation? Follow 'Touch the toes test'.
- Document your foot check in the patient's notes and escalate to the GP or local podiatry team if there is a problem.

PROTECT

- Apply new dressings/bandages (using patient's care plan).
- Protect heels with heel off-loaders for bed-bound patients.
- Offload heels for those with any active foot ulceration.
- Check feet daily for any new problems while assisting with personal care.

REFER

- If your patient has ***reduced sensation*** they may be at risk of a diabetic foot ulcer.
- Ask the GP for a full foot examination, they may need to be referred to a diabetes specialist podiatrist, foot protection team, or a diabetes foot clinic.

know diabetes

See **www.knowdiabetes.org.uk**

Designed by NHS Creative – CS52800 – 06/2021