

INSULIN EDUCATION AND SAFETY

Insulin E-learning on BEST to be completed:

An introduction to insulin safety

Safe use of insulin - Administration

Safe use of insulin - Prepare & prescribe.

Insulin safety policy for hospital inpatients

<http://intranet/download.cfm?ver=14251>

NEEDLES

Staff must always use the dual safety needles to prevent sharps injury.

Patients should use microdot max needles.

Always encourage the patients to do their own supervised insulin injections.



INSULIN

Always check blood glucose before giving short/rapid acting or mixed insulin.

Insulin pens should be labeled and stored in patients medication lockers.

Patients Name:		DO NOT RETURN TO THE FRIDGE STORE IN PATIENT'S BEDSIDE LOCKER DO NOT SEND HOME
Hosp No:		
Date issued:		

ADULT VARIABLE RATE INTRAVENOUS INSULIN INFUSION (VRIII) SLIDING SCALE

ALWAYS monitor blood glucose hourly

DIABETIC EMERGENCIES

Diabetic Ketoacidosis (DKA) – An accumulation of ketone bodies in the blood of patients with diabetes mellitus, which results in metabolic acidosis

<http://intranet/download.cfm?ver=36514>

Hyperosmolar Hyperglycaemic State (HHS)

– hyperglycaemia characterised by hypovolaemia without significant hyperketonaemia, ketonuria or acidosis.

<http://intranet/download.cfm?ver=30102>

REFERRING TO DIABETES NURSING TEAM CONTACT DETAILS

Refer as soon as possible to prevent any delay in treatment or discharge.

The **referral form** can be found on the intranet.

<http://intranet/diabetes-nurses-referrals-form>

The diabetes nursing team are available Monday – Friday from 8.30-16.30.

Via Email – bhrut.diabetes@nhs.net

Queens Hospital: Dect 6822 / 6833 or Ext 3325 / 3326

King George Hospital: Bleep 8032 or via switchboard, or Ext 8463

REFERRAL CRITERIA

Urgent referrals for patients with:

Diabetic Ketoacidosis

Hyperosmolar Hyperglycaemic State

Recurrent hypoglycaemia

Routine referrals for patients:

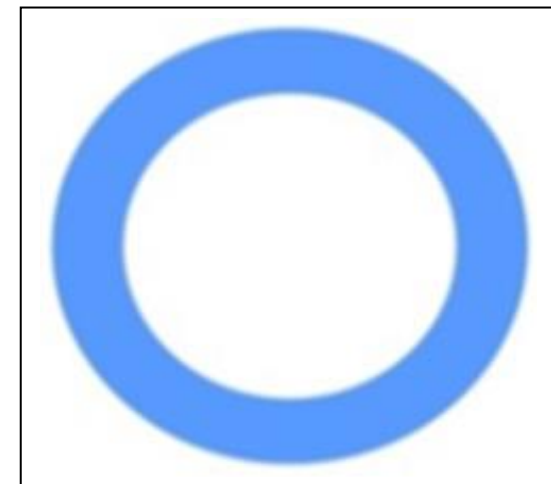
Newly diagnosed type 1 & 2 diabetes

New to insulin therapy

Persistently raised blood glucose >15mmol

Advice regarding blood glucose control and treatment

Version 1: July 2021



Diabetes

Information for nursing staff
caring for In-patients with
diabetes

WHAT IS DIABETES MELLITUS?

Diabetes mellitus is a condition in which the amount of glucose in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of food. It is also manufactured, stored and released by the liver. Glucose passes into the blood stream from the body to be used. Insulin is a hormone produced by the beta cells in the pancreas, it help the glucose to enter the cells where it is used as fuel by the body.

COMMON TYPES OF DIABETES

Type 1 – this develops when there is a severe lack of insulin in the body because most or all of the cells, which make it, have been destroyed. It must be treated by insulin injections.

Type 2 – this develops when the body can still make some insulin, though not enough for its needs, or when the insulin the body does make is not used properly (due to resistance). It is initially treated by tablets however other injectable medication and insulin can also be used.

There is also **gestational** and **steroid induced** diabetes.

All diabetic patients should follow a healthy diet and exercise to help maintain good blood glucose control.

HOW COMMON IS DIABETES?

Nearly 3 in 10 hospital patients have diabetes.

IDENTIFYING PATIENTS WITH DIABETES

Patients with diabetes are identified using the blue circle placed on their headboard.



This helps to ensure that all ward staff including the hostess provide appropriate and timely food and drink.

BLOOD GLUCOSE MONITORING DOCUMENTATION

If results are regularly out of range escalate to ensure the patient is reviewed by the diabetes team.

BLOOD GLUCOSE MONITORING POLICY

Only use the hospital blood glucose machine for monitoring of patient's blood glucose, NEVER use the patient's own machine.

Only trained staff can use the blood glucose machine as they will have been assessed as competent. NEVER share your log in.

Training includes an e-learning module, an exam and an on ward assessment. Please contact point of care testing (POCT) via email bhrut.poct@nhs.net for any training enquires.

Roche Inform II Glucose System policy
<http://intranet/download.cfm?ver=33408>

HYPOGLYCAEMIA

Hypoglycaemia is a blood glucose level of **less than 4mmol/L in a patient with diabetes.**

Hypoglycaemia results in the imbalance of glucose supply, utilisation and insulin levels. Severe hypoglycaemia is a medical emergency and requires immediate treatment.

Hypoglycaemia occurs in 22% of inpatients and can increase length of stay and mortality.

If patient's blood glucose is <4mmol/L initiate treatment as per hypoglycaemia algorithm.

Management of hypoglycaemia in adult patient's guidelines.

<http://intranet/download.cfm?ver=38246>