

## Newcross Healthcare Solutions Ltd.

### Diabetes Policy and Procedure

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Date Policy Approved	16 <sup>th</sup> May 2017
Next Review Date	May 2018

#### Policy Statement

Newcross Healthcare Solutions Ltd. takes the support, protection and welfare of its Service Users seriously. All Service users with diabetes who receive any Homecare or Support services from Newcross Healthcare must have all risks associated with their diabetes assessed as part of their care plan.

The purpose of this policy is to support Service Users with diabetes to maintain good health and be as independent as possible with managing their own condition.

#### What is Diabetes?

Diabetes is a disease where the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood.

#### Policy

All Service Users with diabetes or who are at risk of developing diabetes are assisted to manage their diet, activity and medication regimes to maintain good health. Where possible, Service Users will be encouraged to be as independent as possible with their condition management.

All staff who support people living with diabetes will maintain their knowledge, skills and competence.

Nurses supporting Service Users with diabetes will be expected to:

- Identify any early indicators of physical deterioration linked to the condition and report these promptly to the appropriate person(s)
- Recognise an emergency related to diabetes, such as a hypoglycaemic event, and respond swiftly and competently
- Administer medication for diabetes management with knowledge and in accordance with safe medication administration procedures
- Offer health promotion to Service Users when necessary
- Refer to specialist health care professionals when deemed appropriate to do so, for advice and further support
- Refer to the local Newcross Lead Nurse when further support, training or guidance is needed

## **Maintaining Knowledge**

It is expected that all staff who support people with diabetes will maintain their knowledge and skills in how to recognise:

- A diabetic emergency
- Any early indicators of physical deterioration linked to diabetes
- Any changes in condition which need to be alerted to the service users GP and/or Next of Kin

## **Care Plans**

Care Plans provide specific detail on the diabetes management for the Service User and should include:

- Type of diabetes and how this is managed
- What the Service User's 'normal' blood glucose range is and what the ideal range is
- Specific symptoms that may present if they are becoming hypo or hyperglycaemic
- For those that use insulin, type of device used and rotation sites
- Frequency of blood glucose monitoring
- Actions to take in the event of abnormal blood glucose readings
- Record of likes and dislikes with nutrition and hydration

Regular review of care plans should provide insight into how treatment is effective and any planned tests or reviews.

In the event of any changes being made to the care plan, these will be clearly documented and communicated to the team involved with the Service User's care.

## **Daily Records**

Daily records will provide an insight into how diabetes is affecting the Service User. These can include:

- Progress and evaluation records that provide evidence of food and fluid intake and any complications or observations noted relating to their diabetes as well as records of healthcare professional visits and tests undertaken.
- If a Service User develops abnormal blood sugars, consider implementing short term food and fluid monitoring to identify any possible nutritional causes.
- Blood glucose monitoring records – to evidence testing as per expectation.
- Healthcare professional records – visitors attending to support the Service User with their diabetes should be encouraged to record interventions and advice given. Nurses are responsible for reviewing these to ensure they are delivering current recommendations.

## Procedure

### Principles of Blood Glucose Monitoring

Where possible, Service Users should be supported to be as independent as possible with managing their own blood glucose monitoring. Frequency of testing should be discussed in depth with the Service User and the GP, with the outcome recorded on the Service User's Care Plan.

- Only staff that are deemed competent to carry out blood glucose monitoring will support the Service User when testing on their behalf. Nurses must also have a clear understanding for the rationale for the testing.
- Blood glucose testing machines must be readily available in a clean and well-maintained condition.
- Service User's should have their own meter and Nurses should refer to the manufacturer's instructions for guidance.
- Nurses are responsible for ensuring the blood glucose monitor is tested for quality control purposes and the outcomes recorded.
- Service Users must give informed consent to the capillary blood glucose monitoring procedure and must be given information about this to make that decision. In the absence of a Service User being able to provide consent, the Nurse will adhere to the Mental Capacity Act (2005).
- Blood glucose recordings do not always need to be taken before every diabetes medication, Nurses must make themselves aware of the regimes for testing as agreed with the Service User and their GP or diabetes specialist nurse.
- Blood glucose results that are of on-going concern will be reported to the Service User's GP for advice and support.
- Abnormally low or high results will be responded to in a timely, efficient and standard manner in accordance with current best practice.
- Blood glucose records will include the frequency that testing is required and the outcome of the result and actions taken where necessary.
- Where Nurses are testing blood glucose monitoring to support the Service User, lancets used to prick fingers to obtain a drop of blood must comply with the requirements of Health and Safety Sharp Instruments in Healthcare Regulations 2013.

### Service Users who are Unwell

- It is expected that blood sugars will rise with illness and therefore Nurses should increase how often blood glucose monitoring is achieved.
- For Type 1 diabetics, if they present with blood glucose of >15mmols/l test the urine for ketones and report to the GP if present.
- Continue to administer insulin or diabetes medication but consider adjusting the dose in response to the glucose results. **This must only be done following agreement with the Service User and their GP/Diabetes specialist nurse.**

- Encourage plenty of sugar free drinks.
- If vomiting occurs, encourage carbohydrate based drinks such as milk, fruit juice or sugary drinks.
- If able to eat, but little appetite, consider little and often. Offer carbohydrate drinks.

## **Insulin Management**

### **Nurses Responsibilities**

All Nurses responsible for administering insulin must ensure they are competent in the following before proceeding:

- Understanding and interpreting the medication administration record
- Drawing up the correct dose of insulin into an insulin syringe or commercial insulin pen device
- Knowledge of injection sites and examination for lipodystrophy
- Administering a sub-cutaneous injection
- Safe disposal of sharps immediately after use

### **Injection Sites**

- Preferred sites for administration are the abdomen (avoiding the belly button), buttock or outer aspect of the thigh. Arms should be avoided due to the risk of injecting into muscle.
- Nurses should record location on administration as a means to ensuring sites are rotated.
- Sites should be rotated regularly to avoid lipohypertrophy, which will affect how insulin is absorbed.
- Any concerns that lipohypertrophy is presenting will be discussed with the Service User's GP.

### **Administration of Insulin**

- In the absence of a Service User being able to self-administer, only suitably trained Nurses will administer insulin to the Service User.
- Nurses will only use an insulin syringe or pen drive to draw up and administer insulin. NEVER withdraw insulin from a pen cartridge or prefilled pen with a needle and insulin syringe. This contaminates the insulin and will interfere with accurate dose determination using the Pen device.
- Insulin must be administered immediately after drawn up/pen dialed and never stored in advance.
- On administration, depress the syringe or device and hold in place to a count of 10.
- Pen devices or syringes used to administer insulin must never be altered to other products unless as authorised by the Service User's GP or specialist health care professional.

### **Storage of Insulin**

- Vial and cartridges in use can be stored at room temperature for one month stable and useable.

- Spare vials and cartridges should be stored in a refrigerator between 2-8C but never allowed to freeze.
- Reusable pens should not be stored in the fridge as this can affect the mechanics of the pen.
- Every pen should have the Service User's pharmacy label in place.
- Partly used pens no longer required must be disposed of as per medication waste procedures.

### **Timing of Insulin**

Staff administering insulin must ensure it is administered as per manufacturers guidelines and per prescription/MAR. For example, most insulins are given 15-20 minutes before food, however, Humalog range of insulin, Novo range of insulins and Apidra insulins should be given with food or within 15 minutes of eating and Levimir/Lantus do not need to be injected with meals.

### **Needles**

- Needles must be single use and where possible removed by the Service User themselves. If this is not possible, care must be taken and the use of an approved insulin safety needle system in use.
- Syringes and needles must be disposed of directly into the sharps box, where possible use a needle remover to safely remove the needle from the device. Never re-sheath the needle.
- In the event of a needlestick injury, Nurses should refer to the Infection Control policy and procedures.

### **Hypoglycaemia**

For Service Users living with diabetes, a hypoglycaemia event means a blood glucose level of less than 4mmol/l.

Hypos must be treated with efficiency and Nurses should refer to the hypoglycaemia management instructions as detailed within the care plan.

### **Hyperglycaemia**

If a diabetic Service User presents with extreme thirst, dry mouth, blurred vision, drowsiness, breath that smells like 'pear drops' and urinary frequency, blood glucose levels should be checked.

The GP/Next of Kin should be alerted if the Service User presents with high blood glucose levels.

### **Definitions**

#### **Type 1 Diabetic**

An autoimmune condition where the body attacks and destroys insulin-producing cells, meaning no insulin is produced. This causes glucose to quickly rise in the blood.

#### **Type 2 Diabetic**

Where the body doesn't make enough insulin, or the insulin it makes doesn't work properly, meaning glucose builds up in the blood.

#### **Lipohypertrophy**

A medical term that refers to a lump under the skin caused by accumulation of extra fat at the site of many subcutaneous injections of insulin

**Hypoglycaemia**

Hypoglycaemia means 'low blood glucose levels' – less than 4 mmol/l\*. This is too low to provide enough energy for body's activities.

**Hyperglycaemia**

This is when blood glucose levels are too high – usually above 7 mmol/l before a meal and above 8.5 mmol/l two hours after a meal.