

## 10 List important contacts here:

• GP

• Diabetes Specialist Nurse / Practice Nurse

• Podiatrist

• Psychologist / Counsellor

• Family member or carer

• Other



# for people with diabetes in hospital



© Developed by people living with diabetes and  
Ruth Miller, Diabetes Nurse Consultant and Alex Silverstein,  
North West London Diabetes Transformation Team  
email: [ruth.miller2@nhs.net](mailto:ruth.miller2@nhs.net)

Designed by NHS Creative – CS50874 – 03/2020

## 1 Hospital staff

- Staff must listen to what you have to say
- You know your diabetes best: you live with it 365 days a year



## 2 Being admitted to hospital

- Tell staff how you normally manage your diabetes
- Keep a list of your medications with you
- Before a procedure – you may be asked to stop or adjust your tablets or insulin
- Ask to see the diabetes team or ward pharmacist if you are concerned about this
- If you are feeling distressed: discuss this with staff caring for you
- Bring the number of the clinician who knows you best



## 3 Managing your insulin and tablets during admission

- If you feel well enough, it is usually safer to manage your own diabetes in hospital
- This means keeping control of your tablets, insulin, insulin pump, blood glucose meter, etc
- If you don't feel well enough to self-manage: you can question decisions made on your behalf
- If your medication or insulin is changed or if you feel something is wrong – speak to the ward pharmacist and challenge staff



## 4 Ensure your feet are checked within 24 hours of admission

- All patients with diabetes should have a foot check within 24 hours of admission
- Your socks and any dressings should be removed
- If there are problems, you should be seen by a podiatrist (foot specialist) within 24 hours



## 5 Eating in hospital

- Find out hospital meal times
- Make sure staff know your normal routine and your allergies/dietary requirements
- You may need to adapt your usual routine while in hospital
- It can help to know how much carbohydrate is in your meals – please ask
- It may be helpful to have a carbohydrate counting guide with you (e.g website, app or book)



## 6 Hypoglycaemia (low blood glucose) (less than 4.0mmol)

- If your blood glucose is low: insist on seeing the specialist team
- They will try to find the cause and prevent recurrence
- Common symptoms: shaky, sweating, pale, tingling lips, blurred vision, sleepy
- Make sure you can reach glucose, sweet drinks, snacks to treat your hypo
- Common reasons: poor appetite, kidneys under stress, fasting, being unwell
- You may need to have your insulin and tablets reduced while in hospital



## 7 Hyperglycaemia (high blood glucose) (consistently in double figures)

- If your blood glucose is high: insist on seeing the specialist team
- If you have Type 1 diabetes your blood ketones should be checked if you feel unwell, regardless of your blood glucose level
- Common symptoms: thirsty, peeing a lot, sleepy, blurred vision, recurrent infections
- Common reasons: infection, physical stress, steroids or anti-psychotic therapy, insufficient diabetes medication or insulin
- You may need more insulin or tablets while in hospital and unwell



## 8 Leaving hospital (discharge)

- If your medicine has changed – ask the ward pharmacist if you need more information
- If you were admitted for Diabetic Ketoacidosis (DKA), high or low blood glucose, or a diabetes-related emergency, make sure you have the right support when you go home
- Many people feel overwhelmed by their diabetes
- Speak to your GP or diabetes nurse – there is help out there



## 9 Useful websites / information

- [www.knowdiabetes.org.uk](http://www.knowdiabetes.org.uk) for more information
- There is also a Diabetes 10 Point Training for ward staff, tell staff to visit: [www.diabetes10point.co.uk](http://www.diabetes10point.co.uk)

