10 POINT Diabetes Training

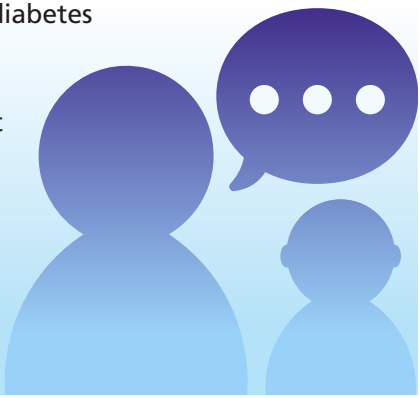
NHS

Adult Social Care Workers

(Care home and home care workers)

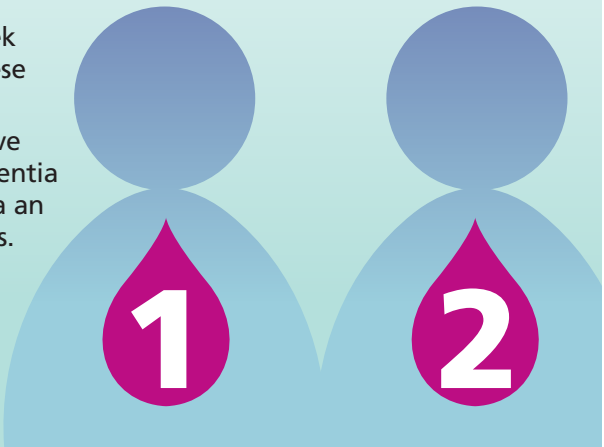
1 The Person

- 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 diabetes and type 1 diabetes is an autoimmune condition.
- Diabetes is a challenging condition which can impact wellbeing.
- Your input may be key in supporting diabetes 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 days of life to prevent diabetic ketoacidosis (DKA).
- Stopping insulin without review can seriously harm the person.
- 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 and learning disability are linked to high rates of type 2 diabetes and reduced life expectancy:
  - Screen for undiagnosed diabetes and actively seek specialist support for these groups.
  - People with diabetes have an increased risk of dementia and those with dementia an increased risk of diabetes.



3 Blood glucose monitoring

- Being unwell e.g. infection including COVID and other illnesses can cause blood glucose to rise even if the person is not eating.
- Check blood glucose more frequently if the person is unwell.
- Blood glucose monitoring may not be needed if only taking metformin, if blood glucose levels are optimised.
- Blood glucose checks should be pre-meal where possible.
- Do inform the GP without delay if blood glucose is less than 4mmol/l or if blood glucose is 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.
- Be familiar with the **Low Blood Glucose Treatment Pathway**.
- **People 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: eg. 2 digestive biscuits.
- If unable to swallow or unconscious, put in recovery position and call 999.
- **Symptoms:** sweating, pale, shaky, drowsiness, confusion, aggression, unconscious.
- Some of these signs can be mistaken for psychiatric symptoms.
- **Risk factors:** frailty, reduced appetite, dementia, kidney or liver disease, haemodialysis, terminal illness, insulin or sulphonylureas treatment, alcohol consumption.
- Hypoglycaemia can be caused by insulin and diabetes medication errors: always check correct medication, insulin, time and dose.
- If your resident is having recurrent or severe hypoglycaemic episodes – Get an **urgent diabetes review** for your resident.

5 Hyperglycaemia (high blood glucose consistently in double figures)

- High blood glucose can kill if left untreated, especially in type 1 diabetes.
- **Symptoms:** thirst, increased urination, blurred vision, very sleepy, 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 -residents on these treatments will need to have their blood glucose checked.
- **Ketones:** check ketones (blood or urine) in residents with type 1 diabetes regardless of blood glucose if they are unwell.
- High blood glucose increases the risk of infection and emergency hospital admission.
- Blood glucose targets must be individualised.

  Urgently contact GP or diabetes care provider if blood glucose is in double figures for more than 24 hours.
- A long duration of high blood glucose can cause complications of the heart, kidneys, eyes, nerves, feet, brain.

6 Insulin and medication safety

- If unwell, SGLT2 inhibitors (Cana-/Dapa-/Empa gliflozin) should be stopped immediately and metformin dose reviewed.
- If blood glucose is high insulin doses or diabetes medication should be increased without delay to prevent dehydration and acute kidney injury.
- Be aware of common insulin types and diabetes medication and when they should be given.
- Alert GP, pharmacist or diabetes care provider if diabetes medication is stopped or refused.
- Insulin can remain at room temperature for up to one month, if exposed to frozen or very hot temperatures it will become damaged and stop working.
- Talk to the GP or the mental health team if the person's mental state is affecting their ability to self-medicate.

7 Feet (See Touch the Toes Test)

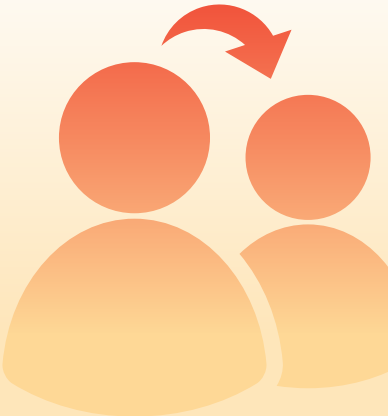
- All people with diabetes should have regular foot examinations (at least annually).
- A foot ulcer is a medical emergency requiring urgent same day referral for specialist assessment.
- Refer to the GP, podiatrist or specialist diabetes team if there is a problem.
- Do a "touch the toes" test – for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

8 Eating with diabetes

- If your resident 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 weight, gender, ethnicity etc.
- Be aware that carbohydrate foods and drinks break down into glucose, impacting blood glucose levels.
- Dietary restriction is inappropriate for elderly frail people.
- The priority is to ensure adequate nutrition and quality of life.

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

- All people with type 1 diabetes should have access to specialist support.
- Ensure your resident has access to specialist advice if needed or requested.
- Urgently refer to diabetes care provider If blood glucose is very high or very low.
- Contact the GP without delay for new foot symptoms: redness, swelling, hot, pain, infection or any foot wound.
- Talk to the GP or the mental health team if the person's mental state is affecting their ability to self-medicate.



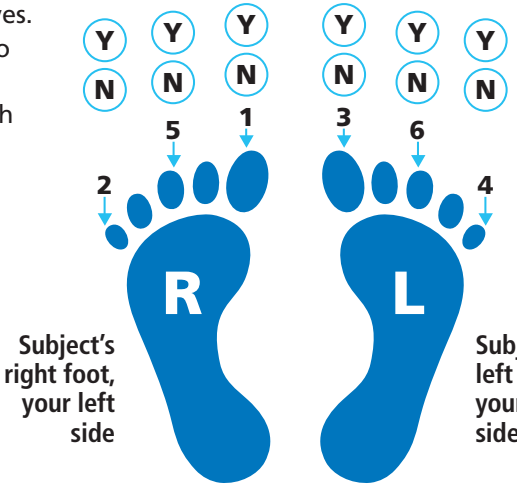
10 Ensure your resident has access to diabetes information, diabetes care and review

- People on anti-psychotic medication or steroids should be screened for undiagnosed diabetes.
- Everyone with diabetes should have annual blood tests, blood pressure, eye and foot checks.
- All people with diabetes should have access to training about their diabetes, dietetic advice, specialist input (if needed), smoking cessation advice and vaccination programmes.
- Be aware of Sick Day Rules for **type 1** and **type 2** diabetes, this is information about what to do when your resident is unwell.
- 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 the person 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 a care or nursing 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 care home notes and escalate to the GP or local podiatry team if there is a problem.

PROTECT

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

REFER

- If your resident 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**

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