Diabetes- Best Practice Pathways

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Map of Tools for managing Adults with Diabetes in Emergency and Acute Units

ALL DIABETES ADMISSIONS

Essential Care

Advice to prevent hypoglycaemia, hyperglycaemia and hospital acquired foot pressure ulceration arising in the Acute unit- click on the link below

PATHWAYS/GUIDANCE FOR MANAGING DIABETES RELATED EMERGENCIES

Diabetic Ketoacidosis

JBDS Guidance

https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Guidelines_Current/JBDS_02%20_DKA_Guideline_amended_v2_June_2021.pdf

See pages 23-28 for diagnosis & management in the first 60 minutes

Single page summary on page 9 or link below

https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Guidelines_Current/JBDS_02_Single_page_pathway_%20amended_June_2021.docx

Recommended Educational Video

CoMICs Episode 71: Management of diabetes-related ketoacidosis in adults

Hyperglycaemic Hyperosmolar State

JBDS guidance

https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Guidelines_Current/JBDS_06_The_Management_of_Hyperosmolar_Hyperglycaemic_State_HHS_%20in_Adults_FINAL_0.pdf

See Pages 12-15 for diagnosis & management in the first 60 minutes

Single page summary

https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Guidelines_Current/JBDS_06_HHS_care_pathway_in_adults_2022.pdf

Hyperglycaemia (Not for DKA or HHS)

GIRFT pathway

Hypoglycaemic Emergencies

GIRFT pathway

GIRFT monitoring pathway

Decision making tooladmit/ discharge/admit/ seek specialist advice

Acute Diabetic Foot Lesions

GIRFT pathway

Essential Care to prevent harm from acute diabetes complications arising Acute Units

Over 90% of people with diabetes (PWD) in acute units are there for non-diabetes reasons (e.g. a fracture). When managing the presenting complaint, it is easy to overlook their diabetes needs which could result in an otherwise avoidable admission. This ‘check list’ guides you through the needs of PWD to prevent this.

Key message- Empower the patient- listen and learn from the person with diabetes- they care for their diabetes day to day and if well they should be allowed to self monitor their blood glucose and if insulin treated make their own decisions on insulin dosing

Preventing hypoglycaemia in your patient

At risk–

- Type 1 People with Diabetes (PWD)
- Type 2 PWD on insulin and/or a sulphonylurea (SU)

Determine

1. when they had their last dose of short acting insulin* or SU
2. when they last ate

If insulin/SU was given within the last 6 hours and they had not eaten they are at **high risk of hypoglycaemia**

Actions

Check capillary blood glucose-

- If <6.0 mmol/l give fast acting carbohydrate followed by long acting carbohydrate
- If 6-10 mmol/l give long acting carbohydrate
- Recheck capillary glucose at 2 and 4 hours- the patient can do this themselves

*Actrapid/Humulin S/ Novorapid/ Humalog/Aprida) or Pre-mixed (Humulin M3/Humalog Mix 25/Humalog Mix 50

Preventing Diabetic Ketoacidosis in your patient

At risk–

- Type 1 People with Diabetes (PWD)- **High risk**
- All sick patients on an SGLT2 inhibitor- Rare, but possible

Type 1 PWD

1. Determine when they had their last dose of insulin- If >4-6 hours previously they are **at risk**
2. Determine if they on a subcutaneous insulin pump. Pump or s.c. cannula failure rapid development of DKA*

Actions

Check capillary blood glucose

- If >12 mmol/l check ketones and follow local hyperglycaemic protocol
- If <12 mmol/l and not hypoglycaemic ensure insulin is given when next due (PWD will know)
- * If on an insulin pump and hyperglycaemic check that the cannula is in situ and the pump is fully functioning- the patient may be able to check this themselves but seek assistance from the diabetes specialist team

All sick patients on an SGLT2 inhibitor-

Check blood ketones irrespective of blood glucose level to exclude euglycaemic diabetic ketoacidosis

Preventing Hospital Acquired Foot Lesions and overlooked foot disease causing illness

- PWD are at increased risk of heel pressure ulcers
- PWD admitted for other reasons may have an existing foot lesion contributing to or causing their illness (e.g. sepsis secondary to an infected foot ulcer/osteomyelitis

Actions

- Inspect the feet of all PWD (except young healthy people) removing dressings where necessary
- If likely to remain trolley/bed bound for several hours examine for loss of protective sensation (LOPS). The Ipswich Touch the Toes Test is a simple way of doing this- it takes less than 15 seconds (see hyperlink below)
- Protect the heels of those with LOPS

Recommended Educational Video

CoMICs Episode 64: Diabetic Foot - YouTube