Adult Inpatient Diabetes Safety Checklist

NHS
University Hospitals of Leicester
NHS Trust

Meeting the patient

Preparation

Arms bare to elbow
Hands washed

Confirm Patient Identification

Confirm Patient has Diabetes

Type of diabetes (e.g. Type 1, Type 2)
Medication for diabetes
Complications of diabetes
Under primary or secondary care for diabetes

Consider if requires referral to specialist team (see over)

Ask the patient, relative and/or carers about their diabetes. Listen to them - they are the experts on their diabetes

NEVER stop insulin in patients with type 1 diabetes

Before Leaving Patient

Have we reviewed?

Blood sugars
(is the blood sugar consistently too high >12 or too low <4)
Diabetes medication
Patients with type 1 diabetes - is regular insulin prescribed?
Have any doses been omitted?
If yes, was this appropriate?
Other medication that may affect diabetes control (e.g. steroids)

If on insulin is it prescribed safely and correctly? (see over)

Does the diabetes treatment need changing or titrating to optimise diabetes control?

Have we examined the patient's feet?

Have we considered pressure relief measures?

Have we considered?

Meal timing, nutrition, availability of snacks?
If the patient is able to manage their own diabetes or is it managed by carers / practice nurse input?

After Ward Round

Have we documented ward round as per UHL standards?

Are diabetes related actions assigned and documented?

Have appropriate referrals been made?

DSNs, Vascular team, Orthopaedics, Foot clinic, community DSNs, practice nurse, etc.

Are Diabetes medications / insulin prescribed correctly on TTO? (including correct insulin (brand) and dose at time of discharge)

Have we informed carers / patient of changes to diabetes management and follow-up plans?

Where possible confirm patient's understanding of plan?

Is the whole team involved in the patient's care aware of diabetes management plan?

PAUSE AND CONFIRM DIABETES MANAGEMENT IS SAFE - IF UNSURE SEEK ADVICE

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Referral criteria for DSN review (referrals made via ICE)

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Hyperglycaemia

- Hyperglycaemia/prolonged poor control (more than 3 episodes)
  Dr to review and consider whether PRN dose of insulin required. Use Hyperglycaemia Decision Support Tool.
- DKA – Diabetic Ketoacidosis:
  if suspected, Dr to review immediately or Drs contact SPR on call for urgent advice. DKA guidelines on INsite.
- HHS – Hyperglycaemia Hyperosmolar State (HHS):
  Dr to review UHL guidance and contact the SPR on call for urgent advice or review.
- IV insulin more than 24hrs:
  if the patient has been on IV insulin for more than 24hrs and is eating and drinking. Ward Drs should review the need for IV insulin before being referred to the diabetes in-reach service.

Hypoglycaemia

Hypoglycaemia (CBG <3mmols/L) severe/recurrent

Severe hypoglycaemia (CBG <3mmols/L) should be reviewed by clinician as well as a referral.

If patients have more than 2 episodes of hypoglycaemia 3-4mmols/L consider a referral or ward Dr to review medication/insulin.

MI/ACS

Patients admitted with Myocardial Infarction (MI) or Acute Coronary Syndrome (ACS) - these should be referred as routine

Insulin Start

If a clinician has reviewed the patient and the patient is new to insulin therapy they will need to be referred for insulin administration education and support.
REFER as early as possible to ensure this does NOT delay discharge

High Strength Insulin

Patients admitted and who are on U500 insulin should be referred as a matter of routine.

Insulin Pump Therapy

A referral must be made to the specialist inpatient diabetes team as soon as a patient is admitted.
Pumps must not be disconnected at any time.

Active Foot

Drs to review the diabetes foot pathway found on INsite.
Diabetes foot emergencies require immediate referral to the on-call vascular SpR.
Initiate referral to podiatry services and consider referral to orthotics if appropriate.

Pregnancy

All pregnant ladies who are admitted for reasons other than pregnancy should be referred as a matter of urgency.

Other

Clearly document your reason for referral in this category

IV insulin more than 24hrs

If the patient has been on IV insulin for more than 24hrs and is eating and drinking ward Drs should review the need for IV insulin before being referred to the diabetes in-reach service

Erratic/poor control -
Can a Doctor make adjustments to medications?

Change of insulin regimes and/or Injecting devices

New diagnosis type 1 diabetes not in DKA
(should be referred under hyperglycaemia)

Some patients with type 2 diabetes who need insulin.

6Rs for safe prescribing of insulin

1. Right person
2. Right insulin
3. Right dose
4. Right concentration
5. Right strength
6. Right time

NEVER abbreviate units to 'u' or 'iu' due to risk of 10 x overdose of insulin