

Inpatient Diabetes Management Self-Reflection Framework



These skills and knowledge descriptions are set out to support your learning and professional development.



For guidance on how to use this document see the Inpatient Diabetes Management Self-Reflection Framework guidance notes



SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - FUNDAMENTALS OF SAFE CARE

Be able to...

- 1. Recognise the needs of the patient with diabetes within the hospital setting recognise what is required to provide safe high quality care and avoid harm.
- 2. Describe which patients with diabetes require insulin treatment whilst in hospital (including type 1 and type 2 diabetes). Be aware that insulin should never be stopped in type 1 diabetes due to risk of diabetic ketoacidosis (DKA).
- 3. Describe capillary blood glucose (CBG) targets for inpatients with diabetes including individualised targets for end of life and/or frail elderly patients.
- 4. Identify the effects of acute illness and / or steroids can have on CBG levels.
- 5. Interpret CBG results as recorded in patients diabetes monitoring chart.
- 6. React appropriately to changes outside of CBG targets following local guidance for the management of hypo and hyperglycaemia.
- 7. Liaise appropriately with the in-patient diabetes multidisciplinary team (MDT) (e.g., familiarise with referral criteria for DSN).

8. Understand policy and criteria for self administration of insulin in the hospital setting.

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - SAFE USE OF INSULIN Be able to... 1. Demonstrate a knowledge of different insulin types (action profiles, times given, strengths, etc.). 2. Demonstrate safe prescribing of insulin (6R's - right patient, right brand, right dose, right time, right device, right strength, never abbreviate "units"). 3. Understand that when patients with diabetes are acutely unwell and then recover they may require changes to their treatment regime in order to maintain adequate glycaemic control. Diabetes treatment and CBG will need daily review. 4. Demonstrate safe and appropriate titration of insulin doses for the following regimes? Familiarise with Insulin Dose Titration Decision support tool. • Once daily basal insulin • Twice daily insulin Basal - bolus insulin 5. Clarify the importance of insulin dose timing, meal timing and snacks (incl. bedtime snack) in the importance of maintaining good glycaemic control in hospital and avoiding hypoglycaemia. 6. Clarify the factors required for safe discharge for patients treated with insulin.

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - HYPOGLYCAEMIA (CBG < 4.0)

Be able to...

- 1. Recognise hypoglycaemia and describe immediate management. Familiarise with hypo management pathway
- 2. Familiarise with location and contents of "Hypobox" in your clinical area

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - HYPERGLYCAEMIA - CGB > 18MMOL/L (DKA/HHS EXCLUDED)

Be able to...

1. Describe the assessment and management of hyperglycaemia in the inpatient setting. Familiarise with hyperglycaemia decision support tool.

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - DIABETES EMERGENCIES, IV INSULIN, ARTIFICIAL NUTRITION AND FOOT CARE

Be able to

- 1. Diabetes Emergencies: Clarify understanding of both recognition and management of the following diabetes emergencies:
 - Diabetic ketoacidosis
 - Hyperosmolar hyperglycaemic state
 - Hypoglycaemia
- 2. Surgery: Clarify understanding of guidance for management of patients with diabetes undergoing surgery or fasted procedure
- patient (excluding DKA/ HHS)

3. Illness: Clarify for patients with diabetes when iv insulin may be required for the medically unwell

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - INTRAVENOUS INSULIN - VARIABLE RATE INTRAVENOUS INFUSION OF INSULIN (VRIII) AND FIXED RATE INTRAVENOUS INFUSION OF INSULIN (FRIII)

Be able to...

- 1. Identify 3 key indications for the use of VRIII and two indications for FRIII, in medical in-patients
- 2. State the recommended frequency of glucose monitoring whilst on VRIII and treatment/action for out of range glucose levels (eg, hypoglycaemia and hyperglycaemia whilst on iv insulin regime)
- 3. Describe how to safely discontinue intravenous insulin (VRIII / FRIII)

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - ARTIFICIAL NUTRITION

Be able to...

insulin has been given and feed stops patient will be at risk of hypoglycaemia

SKILLS AND KNOWLEDGE AREAS

Inpatient Diabetes Care - FOOTCARE

Be able to...

- damage/ ulceration occurring during a hospital stay. Ensure your inpatients with diabetes have a daily foot check.
- 2. Familiarise with Emergency Diabetes Foot Referral pathway in order to understand what diabetes foot emergency is and pathway for emergency assessment.
- 3. Recognise the signs of sepsis and immediate management for patients admitted with foot related sepsis.

1. Consider how patients with diabetes and artificial nutrition should be managed. Be aware that if

1. Understand the importance of foot protection for inpatients with diabetes to prevent pressure

INPATIENT DIABETES TRAINING & SUPPORT

JUNIOR MEDICAL STAFF Inpatient Diabetes Management Self-Reflection Framework V1.0 June 2019