

Diabetes Self-administration Information in Hospital

Diabetes is a common condition causing high blood levels of glucose (sugar). Some patients control their diabetes with diet alone, others with diet and tablets and some with insulin. Approximately 6% of adults have the condition in the UK. As diabetes is often associated with other medical problems, patients with diabetes are more likely to be admitted to hospital. Approximately 12 - 19% of patients in hospital have diabetes.

Looking after your diabetes on the ward

If you are well enough, we would like you to continue to be in control of your diabetes. If your diabetes is controlled by diet or diet and tablets, you will be able to choose what you eat and you will take your tablets as you do at home (unless advised by the Doctors looking after you). If you are injecting insulin, you may need to adjust the dose according to your capillary blood glucose (BG) level. Nursing staff will talk to you about managing your own diabetes whilst on the ward and where possible we encourage patients to test their own BG levels and take their tablets or insulin at the time that is right for them, as they would at home.

If you use insulin, it will be kept in the fridge on the ward until you start to use a new pen or cartridge. When you start to use a new pen/cartridge it can be safely stored out of the fridge (and out of direct sunlight) for up to 28 days in your bedside locker drawer/bedside medication cabinet. We encourage patients to bring their own insulin pens into hospital with them. This is because sometimes, for example over weekends, there can be a short delay in getting the specific pen you use. In this case the nursing staff will use disposable insulin syringes and use insulin vials until your pen is available.

The nurses will work with you to monitor your BG levels. If you are managing your own diabetes on the ward, we will encourage you to use your own meter. As there are so many different test strips available, we do not routinely have a supply of them so you will need to use your own test strips from home. You will also need to make sure you regularly check the accuracy of the meter using the testing solution that is provided with the meter. If you prefer or do not have the meter or test strips available, the nurses will use one of the ward meters instead. These meters are constantly checked to make sure they remain accurate. They also give a BG result in a shorter time.

Controlling your diabetes on the ward

The ideal level for your blood glucose is between 4 – 10mmol/L (up to 12mmo/L is acceptable, there may be some people who have an individualised target for them. If you are unsure, please check with the Doctors caring for you.

When you are ill (or stressed) it is important that your diabetes is well controlled as your body produces other hormones (e.g. adrenaline and steroids) that can cause your glucose level to go up. In addition, people tend to be less active on the ward and the choice of food to eat may be different to what you are used to at home, so it is quite common for the blood glucose level to go up. If your blood glucose levels are too high your body will find it harder to fight infection or recover from a procedure or operation.

For some people their blood glucose levels might drop due to changes to their meal routine. In hospital, access to food and portion sizes are likely to be different to what you are used to at home. If you already have your diabetes control well-managed, you might be at risk hypoglycaemia which is a common reason for referral to Diabetes Specialist Nurse. If you feel you are eating less than usual, you might consider reducing your insulin dose for the duration of your hospital stay, to avoid any blood glucose readings less than 4mmol/l.

Whilst in hospital your BG levels will be measured regularly and possibly more frequently than when you are at home. If the levels are too high (above 12mmol/L) in most cases, however, there may be individualised targets. You may need additional treatment. This might include increasing the doses of diabetes tablets or doses of insulin. Sometimes patients who are normally well controlled on diet or tablets might temporarily need insulin injections to help control their BG until blood glucose levels are stable.

How often should my blood glucose (BG) be measured?

Diabetes treatment or condition	Test frequency
Unwell, unstable diabetes, on basal bolus insulin i.e. 4 injections a day, mixed insulin 3 injections a day	4 times daily
Insulin once or twice daily, GLP-1 analogue (e.g. Victoza, Bydureon, Ozempic, Mounjaro), gliclazide, 2 or more tablets for diabetes	2 – 4 times daily
Metformin or diet alone	In hospital at least once a day At home as advised

By keeping your insulin in your bedside locker/cabinet it will be much easier for you to make sure you get your insulin at the time that is right for you. For example, some patients take their insulin 10-30min before a meal whilst others may need to take their insulin just before (or sometimes just after) a meal.

As you are the person with most experience in caring for your diabetes, whenever possible we would encourage you to continue to make your own decisions about your treatment. If you are not sure, please talk to a member of staff. We do need to keep a record of the doses of insulin you are taking, and staff will document both your BG levels and insulin doses on your diabetes chart.

If you choose not to self-manage during your admission, medical and nursing staff will take decisions on your behalf but, wherever possible, you will be involved. If your medical condition means that you are not well enough to make your own decisions (for example, if you need sedation or if you need to be treated with intravenous insulin), medical and nursing staff will take over the management of your diabetes until you feel ready to look after yourself.

If your BG is unstable or you are ill, you might need an insulin drip given through a cannula (a needle directly into a vein). Your BG will be checked every 1-2 hours and staff will adjust the insulin drip to keep your BG well controlled. Generally, this drip is only needed for 24 to 48 hours. If you normally take a long-acting or basal insulin injection e.g. Levemir, Lantus, Abasaglar, Semglee, Toujeo, Tresiba, staff will continue to give you this whilst you are on the insulin drip.

Blood Glucose Diary

Date	Before Breakfast	Before Lunch	Before Tea	Before Bed	Insulin type and amount	Comments

Continuous Glucose Monitors (CGM) e.g. Libre, Dexcom

Patients who can self-manage can use CGMs to check their glucose and self-manage their insulin accordingly. However, CGM readings **must not** be used to guideline intravenous insulin (insulin drip) dose and therapy if you are on this. If in doubt, a capillary blood glucose must be undertaken.

Insulin pumps

It is usually best for you to continue to manage your diabetes via your pump. This would be unless you are unconscious, confused, incapacitated through illness or pain that prevents self-management, diabetic ketoacidosis, medical condition requiring intravenous insulin, undergoing a general anaesthetic for over 2 hours or the multi-disciplinary team do not feel it is appropriate.

If you are unable to self-manage your insulin pump and not requiring intravenous insulin, conversion to subcutaneous injection will be required. **An insulin pump must never be discontinued without immediate substitution of insulin via another route.**

Please note that most ward staff will be unfamiliar with CGMs and pump devices.

Help and advice

Staff including Consultant Doctors and Diabetes Nurse Specialists are available to advise and support you during your stay in hospital. If you wish to see a member of the diabetes team, please inform the nursing staff.

If you have any comments about this leaflet or the service you have received you can contact :

Lead Nurse, Medicines Management
Medical Division Offices,
Calderdale Royal Hospital

Telephone (01422) 223207

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce,
obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych
informacji w innym formacie lub wersji językowej,
prosimy skontaktować się z nami, korzystając z ww.
danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"