DIABETES MANAGEMENT

GUIDELINES

FOR

CARE HOMES

IN FIFE

CONTENTS

DIABETES MANAGEMENT

GUIDELINES FOR CARE HOMES

INTRODUCTION

The production of Diabetes Management Guidelines for Care Homes has been identified as a priority area for development in the Diabetes MCN Clinical Strategy 2012-13.

The Guidelines are intended to maximise quality of life by detecting and treating diabetes and it's complications at an early stage, as well as promoting equity of access of uniformly high quality diabetes care to all residents in Fife, irrespective of who they are and where they reside.

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WHAT IS DIABETES?

Diabetes Mellitus is a condition in which the body cannot make proper use of Glucose. Glucose comes from the digestion of carbohydrate foods such as bread, rice, pasta, noodles, potatoes, chapattis, milk, fruit, cakes, biscuits and sweets. Insulin is a hormone produced by the pancreas which helps glucose to enter the cells in order to utilise energy. When insulin is not present or is ineffective, glucose builds up in the blood leading to diabetes.

Type 1 Diabetes

- Complete lack of insulin
- Most of the cells in the pancreas, where insulin is produced, are destroyed
- Symptoms appear rapidly
- Usually effects young people but occasionally occurs in later life

Signs and Symptoms:-

- Rapid onset
- Thirst
- Blurring of vision
- Weight loss
- Ketones in urine

Treatment:-

- Healthy balanced diet
- Exercise
- Insulin

Type 2 Diabetes

- This condition can sometimes go undiagnosed for some time especially in the elderly
- Insulin Resistance a condition in which the tissues of the body fail to respond normally to insulin
- Affects 75-90% of all cases of diabetes
- This is a progressive condition

Risk Factors:-

- Age over 40 years
- A strong family history
- Obesity
- High blood pressure
- Ethnic Origin - African-Caribbean, Asian

Signs and Symptoms:-

- Thirst
- Passing urine more than usual, especially at night (nocturia)
- Tiredness
- Repeated infections e.g. urinary tract infections, or thrush affecting the mouth or genital area
- Slow healing of wounds
- Blurred vision

Stages of Treatment in Type 2 Diabetes:-

- At diagnosis there may already be complications
- Diet and exercise
- Oral Medication(oral medication added at different stages)
- GLP-1 injectable
- Insulin

GUIDELINE 1

Screening for Diabetes

The early identification of Residents with diabetes is important in order to prevent or delay the onset of complications. On admission a summary of the patient's medical history should be requested from the patient's medical practice.

On admission to the care home all new Residents without pre-existing diabetes should have routine urinalysis undertaken and recorded. Further screening should be carried out as clinically indicated e.g. positive glycosuria and/or displaying any symptoms of diabetes.

Follow up with a fasting or random blood glucose measurement within 7 days and further testing as indicated.

Family history of diabetes should be recorded.

Refer to GP if diabetes is suspected.

Diagnosis of Diabetes – COPY SIGN GUIDELINES

The diagnosis of diabetes is the responsibility of the General Practitioner.

Two fasting venous blood glucose samples 7mmol/l or above if no symptoms.

One random venous blood glucose sample 11.1mmol/l and one fasting venous blood glucose if symptoms present.

If displaying symptoms one of the above results allows diagnosis of diabetes.

If diagnosed with diabetes, develop a care plan in conjunction with resident, care home staff, GP, Person and family.

GUIDELINE 2

Monitoring Of Residents with Diabetes in Care Homes

On admission the following should be taken and recorded for all residents with diabetes being admitted to the care home. This should be done in conjunction with the person in charge of care or GP and will form a future management plan which includes annual review of diabetes. The Community Diabetes Specialist Nurse should be informed of any new admissions who are treated with insulin

Assessment

- Full history of diabetes including enquiries about thirst, polyuria, nocturia, lethargy, recurrent infections, weight loss or weight gain. If resident is doing blood glucose monitoring, any recent hypoglycaemic events?

- Full medical history including any allergies.

- Details of all current medication (see guideline 3)

- All new residents to have weight recorded.

- A history of the resident's appetite, food and fluid intake. This should then be observed following admission.

- Referral to dietitian if new diagnosis or as per assessment protocol. Refer to page 23 (referral to dietitian)

- A full continence assessment should be carried out including bladder and bowel incontinence, constipation and urinary frequency.

- Examination of the resident's feet should be carried out on admission by care home staff. Staff should note the condition of the resident's feet paying particular attention to infection, circulation, calluses, ulcers or deformity. Any concerns noted should immediately be referred to podiatry staff.

- The suitability of footwear and hosiery should also be considered.

- Refer to podiatry for annual review and treatment

- History of smoking and alcohol intake.

- The ability to exercise / be active

- General observation of visual impairment should be assessed. Refer for retinal screening.

- Assess resident's knowledge and ability to manage diabetes.

Identify where the resident receives their diabetes care.

Liaise with the appropriate practitioner (usually the resident's District Nurse) to ensure the correct medication is prescribed and the appropriate insulin devices are used and blood glucose equipment is quality assured (see guideline 4)

If the resident self-medicates, the person in charge of care must assess the resident's ability to use any equipment, the resident's injection technique and injection sites. If the individual has a history of hypoglycaemia, symptoms and treatment should be known

- The resident should have an appropriate annual review or interim review as required based on individual needs.

- Complete Diabetes Summary overleaf.

Diabetes Summary; to be up-dated as per Establishment Guidelines

Date;

Name	DOB	Address
Date of diagnosis;	Date of last diabetes check;	
Date checks done/seen by: Dietitian _____ Podiatrist _____ Retinopathy _____ Urine Albumin/Creatinine _____ Education Session _____		<u>Diabetes Care provided by:</u> GP Practice - Diabetes Centre -
<u>Clinical Profile</u> Height: Weight: BMI: Smoking status: Alcohol status: Physical activity status:	<u>Date</u> _____ _____ _____ _____ _____ _____	<u>Result</u> _____ _____ _____ _____ _____ _____
<u>Diabetes Complications</u> • _____ • _____ • _____ • _____ Diet controlled Yes No	<u>Tablet Controlled Medication commenced</u> 1. 2. 3.	<u>Injectables;</u> <u>GLP-1 name;</u> _____ <u>Date started;</u> _____ Times; • • • Insulin type; _____ Date started _____ Times • • •

Changes to Treatment Date:						
Blood Test: Date:	U & Es	LFTs	Total ch	HbA1c	Thyroid	Others

	Dates		
Pneumo Vaccs			
Flu Vaccs			

Blood Glucose monitoring to be done? Yes ☐ No ☐

Times to be tested:

	Breakfast	Lunch	Teatime	Bedtime	Other
Pre-meal					
Post-meal					
Target					

Concerns – Carers/Family:

Concerns – Healthcare Professional:

Action taken:

Completed by:……

Designation:……

GUIDELINE 3

Drug Administration

All registered nurses are required to comply with NMC Standards for Medicines Management (2008).

All care staff must be appropriately trained to administer oral medication and are required to comply with SSSC and Pharmaceutical Guidelines.

Due to the nature of diabetes and its treatment to prevent the development and progression of complications, there is a necessity for people with diabetes to receive many different medicines (polypharmacy). These treatments may include treatment for hyperglycemia, hypertension or hyperlipidaemia, to mention only a few.

Oral Medication for Residents with Type2 Diabetes

Some tablets which may be used:

- **Metformin** – taken with food
  - Side effects: diarrhoea, nausea, flatulence
- **Sulphonylureas (Gliclazide, Glipizide)-** taken with food
  - Side effects: nausea, gastric upset, hypoglycaemia
- **Thiazolidinediones (Pioglitazone)** – daily
  - Side effects: weight gain (report any fluid retention) gastric upsets, any haematuria to be reported
  - (Should not be used in residents with Heart Failure)
- **DPP4 (Sitagliptin, Saxagliptin**) – daily
  - Side effects: oedema, nausea

Injectable therapies

- **GLP-1 Therapy (Exenatide, Liraglutide)**
  - Side effects: nausea, vomiting, diarrhoea
- **Insulin Therapy**

Injectable therapies GLP-1 and Insulin can be used in conjunction with oral medications such as Metformin, Sulphonylureas and/or Pioglitazone.

Never withhold medication or food without consulting GP or person in charge of care.

Insulin and GLP-1 Storage

- Insulin device or GLP-1 device currently in use should be stored at room temperature and should be discarded within one month of opening.
- Other devices not in use should be stored in the drug fridge.
- If you choose to keep insulin in the fridge it should be drawn up and left until at room temperature 15 to 20 minutes before administering.

Insulin or GLP-1 Administration

- Undertake hand hygiene before administration of injection, staff must always wear gloves.
- Insulin should be given as prescribed rotating sites as agreed and at times stated in the management plan then recorded.
- Insulin should only be administered by insulin pen device if resident able to self-administer.
- If the resident is unable to self-administer a needle and insulin syringe should be used by a trained person. A new prescribed needle must be used for each injection.
- Ensure cloudy insulin is mixed properly before injecting.
- Air shot to be done before each injection.
- Ensure all prescribed units of insulin are given by leaving needle in site at least 10 seconds after dose given if possible.
- Undertake hand hygiene following disposal of equipment
- Follow guidelines for disposal of sharps.

GUIDELINE 4

Blood Glucose Monitoring

This is an accurate method of measuring the glucose level within the blood to allow relevant action to be taken when blood glucose levels are too high (hyperglycaemia) or when blood glucose levels fall too low (hypoglycaemia).

Recording blood glucose levels allows appropriate changes to be made to medication and/or insulin and enhances resident's understanding of glycaemic control.

Blood glucose readings should be taken as agreed in the management plan or more frequently if required.

Residents treated with an SU or insulin are at risk of hypoglycaemia and must have their blood glucose monitored.

Blood glucose must also be monitored:

- During inter-current illness and infection
- If HbA1c outwith target
- When steroids are prescribed
- During periods of poor glycaemic control
- Hypoglycaemic unawareness
- When commenced on nutritional supplements

- Glucose levels below 4 indicates hypoglycaemia and treatment must be followed as per guideline 5 (page 16-17)

- Residents with Type 1 diabetes and whose readings are abnormally high, above 12, should have their urine checked for ketones. If ketones are present there is risk of developing diabetic ketoacidosis (DKA) a life threatening condition and immediate medical help should be sought.

- In residents with type 2 diabetes, high blood glucose levels over a period of time with no ketones present can also lead to serious life threatening condition known as Hyperosmolar Hyperglycaemic State (HHS) or formally known as Hyperosmolar non–ketotic acidosis (HONK) which also requires medical intervention. (see Guideline 6)

Doing Blood Glucose Testing

Residents should always be encouraged to self test when able to do so with their own lancing device (finger pricker). However when this is not possible a suitably trained person can undertake this task using a **single use lancet** to prevent needle stick injury.

1. Explain the procedure.
2. Ensure resident has clean hands washed in soap and water, keep the hand below the heart.
3. Select site which should be the side of finger using last 3 fingers.
4. Use a single use device (Unistix 3 Comfort Device).
5. Follow Glucose Meter Manufacturers instructions.
6. Gloves must be worn by the trained person throughout this procedure.
7. Follow guidelines for disposal of sharps.

METER; - Guidelines for use

- A member of the care home must know where the meter is kept and be trained appropriately in using the meter, correct lancing device and maintenance of the meter including quality control procedure.

- The meter must be kept clean and in working order.

- Test strips must be in date.

- Quality control must be performed weekly if in regular use. If not in regular use at least prior to use.

- Correct procedure for monitoring adhered to and result recorded.

- Calibrate the meter if required.

SUGGESTED GUIDELINES FOR BLOOD GLUCOSE MONITORING	
0 – 4-5 mmol/l Low	Hypoglycaemia: see Guideline 5 Some residents have no symptoms Seek medical advice if needed
4-8mmol/l	Hypoglycaemic symptoms can occur within these levels in some individuals Seek advice if concerned Acceptable levels
8-11mmol/l	Suggested level for glucose range for some elderly people to reduce the risk of hypoglycaemia
11-15mmol/l	Hyperglycaemia see Guideline 6 Levels too high if re-occur more than 3 times in one week take action or report to GP or person in charge of care. The resident may require a review of medications.
15-17mmol/l or above	Hyperglycaemia Levels too high Symptoms include: thirst, dry mouth, tiredness, blurred vision, increased urine output If symptoms persist seek medical advice

Treatment of HYPOGLYCAEMIA **Guideline 5**

Treatment of HYPERGLYCAEMIA **Guideline 6**

GUIDELINE 5

Hypoglycaemia

This occurs when blood glucose drops to a level which does not sustain normal function. In most cases hypoglycaemia will occur at blood glucose levels **below 4** but this may vary from resident to resident. It is important to establish and document resident awareness of hypoglycaemia.

It is important to be aware that after a long duration of diabetes or if the resident has a history of dementia or cerebrovasular disease, warning signs of hypoglycaemia may be absent. It is important to recognise these symptoms if you are caring for a resident with diabetes who may not be aware of hypoglycaemia.

Some signs and symptoms:-

- Sweating
- Dizziness
- Trembling
- Tingling
- Hunger
- Blurred vision
- Palpitations
- Headache
- Odd behaviour
- Aggressive behaviour
- Confusion

Treatment for Hypoglycaemia:-

90ml Lucozade, followed by a sandwich or a biscuit or next meal due within the next 30 minutes.

OR

5 dextrose tablets, followed by a sandwich or a biscuit or next meal due within the next 30 minutes.

OR

100-150ml of ordinary cola, lemonade (not diet types) – mini cans are the ideal size, followed by a sandwich or a biscuit or next meal due within the next 30 minutes.

OR

1 DextroGel if meal due within the next 30 minutes, followed by a sandwich or a biscuit or next meal due within the next 30 minutes.

This amount will be enough to treat a hypo. If more is given, the blood glucose level will rise too high. This is called over-treating a hypo.

Check blood glucose after 15 minutes. If not above 4 repeat treatment. If unable to swallow a trained person should give Glucagon (or use Glucagon hypo-kit) as prescribed and once recovered follow treatment for hypoglycaemia as above.

Seek urgent medical help if needed – phone 999.

Severe hypoglycaemia should be referred to GP or person in charge of care, so that this information can be shared with the Diabetes Specialist Nurse. (They will not automatically be notified of 999 and admission)

GUIDELINE 6

Hyperglycaemia

Is a state when blood glucose levels are too high and the resident has symptoms such as:

- Increased thirst
- Passing lots of urine
- Blurred vision
- Feeling tired all the time
- Confusion or worsening confusion

Causes:

- Omission or reduction of insulin or tablets
- Increased carbohydrate/sugar intake
- Reduced activity
- Infection
- Emotional upset
- Acute medical or surgical illness/disease progression

Residents with Type 1 diabetes who have prolonged episodes of hyperglycaemia can develop a life threatening condition called Diabetic Ketoacidosis (DKA).

Symptoms: increasingly thirsty, nausea, vomiting, blurred vision and breathing may become deep and rapid, altered level of consciousness.

In type 2 Diabetes persistent hyperglycaemia may lead to **Hyperosmolar Hyperglycaemic State (HHS)** formally known as **Hyperosmolar Non-ketosis (HONK)** also a life threatening condition

Symptoms: frequent urination and great thirst, nausea, dry skin, disorientation and in later stages, drowsiness and gradual loss of consciousness, *rapid breathing*

BOTH THESE CONDITIONS ARE LIFE THREATENING CONDITIONS AND REQUIRE HOSPITAL ADMISSION

GUIDELINE 7

Intercurrent Illness (Sick Day Rules)

Some common illnesses which upset diabetes control include the common cold or flu, sore throats, stomach upsets and urinary tract infections. Blood glucose levels may rise even when the resident is unable to eat or drink.

Blood glucose levels should be recorded more frequently as advised by the person in charge of care during an episode of illness.

- When blood glucose readings are abnormally high, reading >12mmols/l, then urine should be checked for ketones. If medium to high levels detected, there is risk of developing ketoacidosis (DKA) a life threatening condition and admission to hospital is necessary.

- High blood glucose levels, >12mmols/l, over a period of time with no ketones present can also lead to serious life threatening condition known as Hyperosmolar Hyperglycaemic State (HHS) formally known as Hyperosmolar non–ketotic acidosis (HONK) which also requires medical intervention.

- Blood glucose levels below 4mmols/l indicate Hypoglycaemia and treatment must be followed as per Guideline 5 (page 16-17)

DO NOT WITHOLD INSULIN. Continue tablets unless the patient is vomiting or severe diarrhoea for over 24 hours. If concerned resident at risk of dehydration then seek medical advice.
If in doubt or the symptoms persist for 24 hours refer to GP.

DO NOT WITHOLD FOOD regardless of blood glucose results. If unable to have solid food, try cereal, porridge, soup and bread or milk pudding. If unable to take any of above, sweet drinks can be offered as a carbohydrate substitute especially if there are concerns about possible hypoglycaemia. Encourage plenty of fluids e.g. water, diet or sugar free drinks. If blood glucose levels are high, the resident still requires the calories and carbohydrates from food.

BLOOD GLUCOSE RESULTS ACTION PLAN

If the blood glucose result is 0- 5mmols **The resident may have the following symptoms:** • Trembling, sweating or shaking • Feeling hungry • Anxiety or irritability • Confusion • Going pale • Fast pulse • Tingling lips • Blurred vision **Some residents have NO symptoms**	**Hypoglycaemia - Low blood glucose** **Give fast acting glucose e.g.** • 5 dextrose tablets or • 90ml Lucozade or • 100 - 150ml non-diet drink e.g. coke, lemonade etc • 1 dextrogel **Following this initial treatment give the next meal if due or some long acting carbohydrate e.g. piece of fruit, biscuit, cereal bar.** **If there is no obvious reason and occurs more than 2 x week contact the GP or Diabetes Specialist Nurse.** **If loss of consciousness do not give anything by mouth and CALL 999 IMMEDIATELY**
If the blood glucose result is 5-8mmols pre-meals = normal blood glucose levels. **This may be too tightly controlled for the resident - check with your Health Care Professional. For more vulnerable individuals at risk of hypoglycaemia a target of 8-11mmols may be classed as 'normal'.**	**Assess risk of Hypoglycaemia** • Continue with current medication • Continue to monitor blood glucose levels • Continue a healthy balanced diet and activity • Discuss management with the GP or Diabetes Specialist Nurse • If hypoglycaemia identified treat as above and contact the GP or Diabetes Specialist Nurse for an urgent review.
If the blood glucose result is 8-12mmols pre-meals **Suggested glucose range for some elderly people to reduce the risk of hypoglycaemia** **NB: The resident should be symptom free.**	**Acceptable Blood Glucose – Keep up the good work** • Continue with current medication • Continue to monitor blood glucose levels • Continue a healthy balanced diet and activity • Review diabetes management every 6 months as per care plan
If the blood glucose results are 12 -15mmols pre-meals over 3 consecutive days. **The person may have all or some of the following symptoms:** • Tired • Increased passing of urine • Thirst/dry mouth • Blurred vision • Recurrent infections	**Mild Hyperglycaemia – High blood glucose** **This may be an acceptable range or it may need an adjustment of the rsidents medication e.g. Insulin** • Contact the Diabetes Specialist Nurse for non-urgent advice. If you are unable to contact the nurse then call your GP for non-urgent advice.
If the blood glucose result is 15-17mmols or above on more than one occasion. There may be symptoms of: • Tired • Increased passing of urine • Thirst/Dry Mouth • Blurred vision • Recurrent infections	**Moderate Hyperglycaemia – High blood glucose** **(There may be co-existing illness or steroid therapy)** • Check blood glucose 4 hourly • Check urine for ketones 4 hourly if strips available • If persists for more than 24 hours URGENT MEDICAL CONTACT with your Diabetes Specialist Nurse for advice. If you are unable to contact the nurse then call your GP or NHS 24 for advice.
If your blood glucose results is 12 or above and you have: • Medium to high Ketones in your urine • Nausea/ Vomiting • Deep rapid breathing • Disorientation/Drowsiness/Loss of consciousness	**Severe Hyperglycaemia** **Contact : GP or DSN out of hours NHS 24 on 08454 242424** **MAY REQUIRE HOSPITAL ADMISSION** **CALL 999 IMMEDIATELY**

GUIDELINE 8

Diabetes and Diet

The diet for diabetes is a normal, balanced, healthy diet, high in starchy foods and fruit and vegetables and reduced in sugar and fat. The diet is suitable for all residents, not just those with diabetes. The Eatwell Plate is a picture model designed by the Food Standards Agency, which can be used for menu planning to help residents receive a nutritious, well balanced diet.

A healthy varied diet is the cornerstone of treatment for diabetes. The main dietary principles include:

Regular Meals

- Residents with diabetes need to eat regularly to prevent hypoglycaemia (a low blood glucose level) if they are taking tablets or insulin injections. This means they need to eat regular meals including breakfast, lunch, an evening meal and a small bedtime snack daily.
- Some residents who are on insulin or tablets for their diabetes may need between meals snacks to suit their individual needs as set out in their care plan.
- There should be no more than 5 hours between meals.
- There should be no more than 12 hours between the last meal at night and the first meal in the morning.
- Make suppers as late as possible.
- Ensure breakfast is offered as early as possible for residents at risk of hypoglycaemia (low blood sugar) or with poor appetites.

Starchy Carbohydrate Foods

- Each meal or snack should be based on a starchy carbohydrate food such as bread, rolls, cereal, porridge, potatoes, rice, pasta, noodles or chapattis. In particular high fibre foods such as granary bread and wholegrain cereals help to prevent constipation. Each meal should include one or more of these foods to help good blood glucose control.
- When taking a high fibre diet it is very important to drink plenty of fluids 8-10 cups per day, water/tea/sugar free juice.

Fruit and Vegetables

- Include plenty of fruit and vegetables at each meal, for example, fresh, frozen and tinned fruit in fruit juice. Five portions of fruit or vegetables are recommended each day, although it is recognised that this may not be achievable, especially in elderly residents with reduced appetite.
- A glass of unsweetened fruit juice with breakfast, homemade vegetable soup, and offering a selection of fruits and vegetables is also helpful.

Sugar

- Cut down on sugar and very sweet foods such as sugary drinks, sweets, chocolate and cakes. However there is no reason why residents with diabetes should not eat small portions of cake or chocolate occasionally providing it is part of a healthy diet.
- Artificial sweeteners such as saccharin and aspartame are useful for sweetening puddings and cereals, tea or coffee.
- Sugar free drinks and reduced sugar jam and marmalade or a thin spreading of ordinary jam or marmalade can be included.
- Use less sugar in recipes by cutting down the amount by half. Most recipes will work well. Try it out with sponge cake, scones, pancakes, biscuits, puddings etc. These recipes can be used for all residents, not just those with diabetes.

Diabetic Products

Avoid specialist diabetic foods as they may contain as many calories as the ordinary version of foods and may cause stomach upset and diarrhoea if taken in large amounts.

Special Occasions

Having diabetes doesn't stop you from joining in on special occasions e.g. Christmas, birthdays. The occasional sugary food or celebration meal will do no harm providing this is part of a balanced, healthy diet. It is best if having something sugary to have it just after a meal.

Achieving and Maintaining a Healthy Weight

A healthy weight helps to improve diabetes control and helps to reduce the risk of heart disease and stroke.

If the resident is **overweight**, cut down on fatty foods. The best way to do this is by reducing snacks and grilling or baking rather than frying foods. Avoiding high fat foods, e.g. pastry, cream, fat on meat, crisps, cheese and biscuits and by using lower fat alternatives such as semi-skimmed milk and low fat spreads.

It is recognised that some residents may be nutritionally at risk, for example being **underweight** due to acute or chronic illness, or if self-feeding is difficult. For undernourished residents low fat foods are inappropriate. Full fat milk and dairy products should be given and other high fat foods which provide concentrated sources of calories (see page 28). Where nutritional supplements are needed, or if other special diets are required, a Registered Dietitian should be contacted and will provide further advice.

Weight loss may also be due to poor control of diabetes and insulin or tablets may need increased to help regain control of diabetes.

Advice for Family and Friends

Fresh fruit or sugar free/diet drinks are suitable. Foods specifically made for people with diabetes are no longer recommended. It is helpful to encourage visitors, who bring gifts such as chocolate, biscuits to offer alternatives instead e.g. magazines and toiletries.

Alcohol

Most people with diabetes can continue to include alcohol in their diet in moderation unless they have been medically advised to avoid alcohol.

Alcohol intake may be taken, but should be monitored to avoid adverse reactions with other drug therapy and prevent hypoglycaemia. Food should be consumed with alcohol, if on insulin or tablets. (Recommended alcohol intake: no more than 2 units for females and 3 units for males should be taken at one time).

- Never drink alcohol on an empty stomach - have some starchy foods to eat beforehand e.g. bread, toast, a meal containing potatoes, pasta or rice. A "hypo" can occur several hours after drinking alcohol so it is best to provide an extra snack, e.g. sandwich, toast, or crisps whilst drinking alcohol. Remember to include a supper with toast/bread.

Referral to a Dietitian

- All newly diagnosed residents with diabetes should be assessed by a Registered Dietitian.
- Residents who have any specific nutritional problems, e.g poor appetite, poorly controlled diabetes, unexplained weight loss; swallowing difficulties should also be referred at any time.
- Any resident who has been screened and identified as at high nutritional risk i.e. MUST greater than or equal to 2.

Further Reading

Promoting nutrition in care homes for older people, Care Inspectorate
National Standards on Nutrition in Nursing Homes and Residential Homes, Scottish Office.
Food and Nutrition in Care Homes, Diabetes UK:
http://www.diabetes.org.uk/Guide-to-diabetes/Care-homes/Food-and-nutrition/
Eating Well and Keeping Well with Diabetes, NAGE, The British Dietetic Association*
Diabetes – Increasing your dietary intake, NDR-UK*

* Available from your dietitian.

'GET MORE IN!'
FOR PEOPLE WITH DIABETES

Nourishing Drinks for People with Diabetes

Nourishing drinks are useful between meals when the appetite is poor or trying to build someone up. If unable to eat a meal, give a nourishing drink instead.

Fortified Milk

- Add 4 tablespoons (60g) of dried milk powder to 1 pint of whole milk and drink/use as normal

Build-Up/ Complan etc.

- Make as directed using fortified or whole milk

Milkshakes

- Add flavouring or yoghurt to fortified/whole milk
- Add cream and/or ice cream
- Add fresh or tinned fruit in juice/water
- For a savoury drink add Marmite or Bovril to fortified/whole milk

Soups

- Add fortified/whole milk or cream
- Add neutral Build-up/Complan etc.

Tea/ Coffee/ Cocoa etc.

- Add fortified/whole milk (sweeteners if used)
- Add cream to coffee and cocoa
- Add neutral build-up/complan etc.

Fizzy Drinks and Squashes

- Use sugar-free types only

Ask your dietitian for more nourishing drinks recipes

Snacks and Meal Fortification Ideas for People with Diabetes

Extra Snacks between meals

- Cheese or pate and biscuits
- Thick and creamy yoghurts
- Fortified cup of soup or milky drink
- Scone or pancake

Extra Cheese:

- With biscuits
- Added to scrambled eggs
- Grated into soups/ sauces or vegetables and potatoes
- Added to French toast

Extra Butter or Margarine on:

- Biscuits
- Toast
- Scones (and jam and cream)

Extra Cream or Evaporated Milk in:

- Porridge/cereals
- Sauces
- Soups
- Tinned Fruit in water/juice
- Desserts

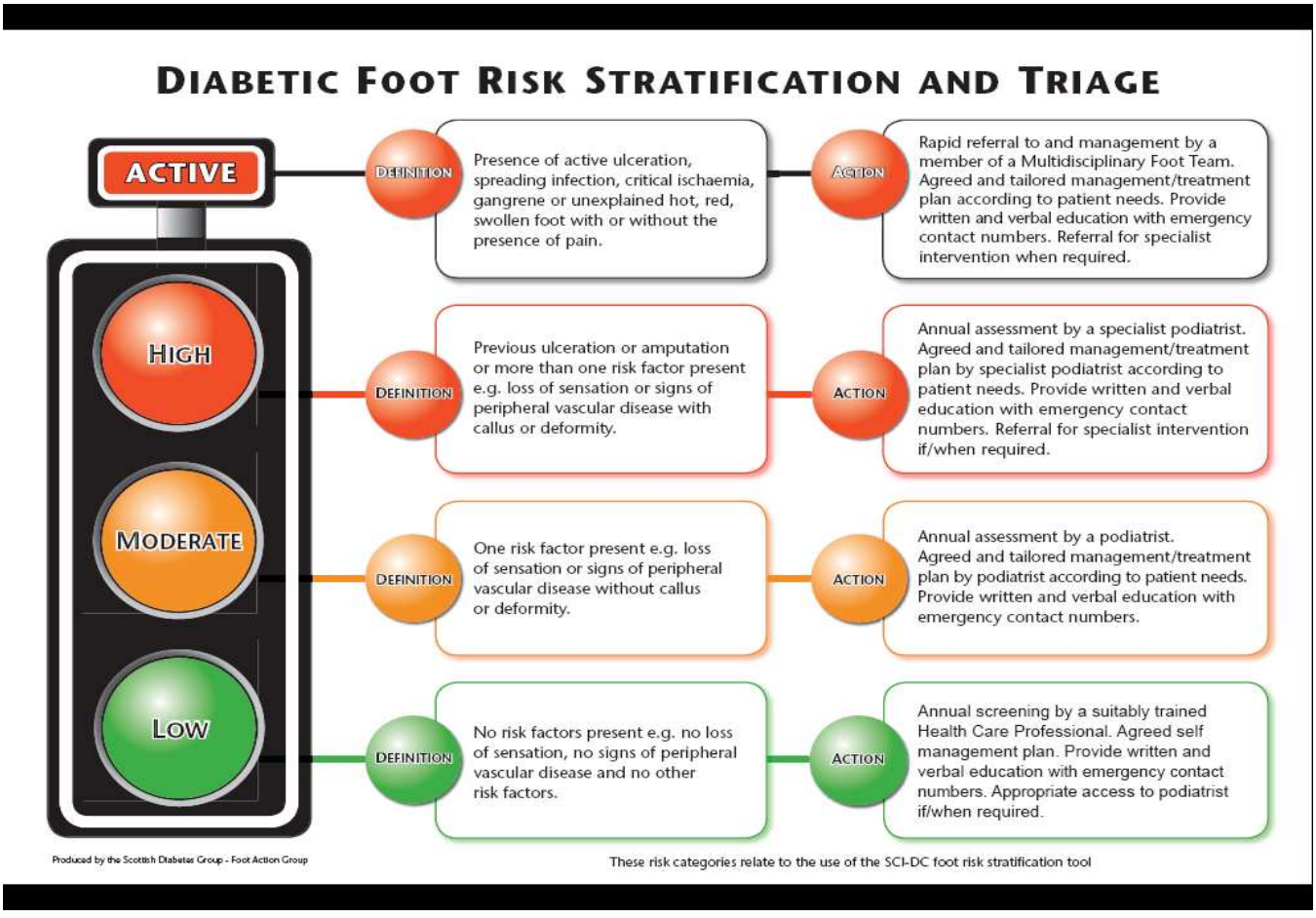
4 tablespoons of dried milk powder can be added to one pint of whole milk and used in:

- Porridges/cereal
- Sauces
- Soups
- Sugar-free puddings/jelly
- Sugar-free drinks.

GUIDELINE 9

Diabetes and foot health

The Podiatry department plays an important role in the education, monitoring and treatment of residents with diabetes. Complications associated with diabetes may include neuropathy, impaired circulation and deformity, all of which can contribute to ulceration, which can lead to amputation. To reduce this risk all people with diabetes should be screened annually. Diabetic foot screening is beneficial in identifying the level of risk of developing foot ulceration in patients with diabetes' (SIGN, 2010). All foot screening risk stratification can now be viewed on the nationally recognised SCI-DC screening tool which can be accessed by all health professions involved in the residents care.



All residents with diabetes should be referred to their care home NHS podiatry service in order for an assessment to be carried out and a care plan agreed.

Personal Foot Care

Do
Wash feet daily and dry thoroughly
Examine feet daily for breaks in the skin - including between toes and around heels
If breaks are found, apply a clean dry dressing until it has healed
Afterwards apply a moisturiser and check the feet for any breaks in the skin
Any signs of infection, inflammation or ulceration of the feet should be reported IMMEDIATELY to your Podiatrist or Doctor Signs of an infection are – redness, swelling, discharge, pain, smell, heat
File nails weekly, reducing both the length and thickness
Have all corns and callosities treated regularly by a HPC Registered Podiatrist
Wear well fitting socks / stockings
Check footwear for small objects or rough seams – check footwear during the day and loosen if feet become swollen
Check water temperature with elbow before bathing feet to avoid too hot water
Switch off electric blankets and remove hot water bottles before going to bed
Avoid direct heat to the feet, e.g. from hot water bottles, electric blanket
Follow the advice, have the circulation and sensation in your feet checked annually by your Podiatrist.

Do Not
Do not wear ill-fitting shoes
Do not burst blisters
Do not sit too near heaters or fires or use hot water bottles to heat feet up quickly
Do not poke down edges of nails with scissors to cure ingrown toenails
Do not use razor blades or corn remedies
Do not wear sandals if there is any loss of sensation in the feet
Do not go barefoot.

Contact Details:

Kirkcaldy/Levenmouth & Glenrothes Area Contact: Fair Isle Clinic, Fair Isle Road, Kirkcaldy, KY2 6EE Tel: 01592 265889	Dunfermline & West Fife Area Contact : Podiatry G.P room Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4 UW Tel: 01383 565307
	North East Fife Area Contact : Podiatry, Ladybank Health Centre Tel: 01337 830398

Department of Podiatry

NHS Fife

REFERRAL FOR PODIATRY TREATMENT

SURNAME:	**TITLE:**	**DATE OF BIRTH: / /**
FIRST NAME:	**CHI NO:** (10 DIGIT NUMBER AT THE TOP LEFT OF YOUR PRESCRIPTION)	
ADDRESS:		**POST CODE:**
CONTACT TEL NO:	**MOBILE NO:**	
GP PRACTICE: **PRACTICE ADDRESS:**		
PLEASE GIVE DETAILS OF ANY PREVIOUS NHS PODIATRY TREATMENT? **YEAR:** **REASON:** **VENUE:**		
MEDICAL HISTORY: Please record any ill health problems you have or have had in the past e.g. diabetes, stroke, arthritis etc		
MEDICATION: Please list all medications/tablets you are taking including any herbal remedies (Attach additional sheet if more space is required)		
ALLERGIES:		
FIRST LANGUAGE:	**DO YOU REQUIRE US TO ORGANISE AN INTERPRETER?**	
REASON FOR REFERRAL: PLEASE NOTE THAT NHS FIFE PODIATRY DOES NOT PROVIDE A SIMPLE NAIL CUTTING SERVICE		
HOW LONG HAVE YOU HAD THIS COMPLAINT?		
PLEASE SUPPLY ANY OTHER HELPFUL INFORMATION:		
REFERRED BY:	**DATE:**	
OFFICIAL USE ONLY		
DATE RECEIVED:	**DATE APPOINTED:**	

PLEASE RETURN FORM TO YOUR LOCAL PODIATRY CLINIC

DO YOU NEED PODIATRY?
A guide to self-referral to the Podiatry Service

Podiatrists assess and treat problems of the foot and lower limb.

Our service aims to promote good foot health in the population of Fife, in order to help sustain mobility and independence and reduce pain.

The NHS Fife Podiatry Service **does not** provide a simple nail cutting service.

HOW DO YOU SELF REFER?

If you are a Fife resident with foot problems you can self-refer to the podiatry service without seeing your GP or other health care professional.

Please complete the attached self-referral form in as much detail as possible and either hand in or post it to your local podiatry clinic.

WHAT WILL HAPPEN NEXT?

A podiatrist will check your form and you will be contacted to arrange an appointment or discuss your application.

Assessment appointments are normally offered at a clinic close to your home.

At your first appointment the podiatrist will review your medical history and assess your foot health.

Using this information the podiatrist will determine your clinical need and put together an agreed treatment care plan with you.

Please note our service aims to support patients to self care therefore ongoing podiatry treatment may not always be required.

USEFUL CONTACT NUMBERS

Community Diabetes Specialist Nurse		
Dunfermline & West Fife CHP		01383 623623 ext 35882
Kirkcaldy & Levenmouth CHP		01592 892004
Glenrothes & North East CHP		01337 832114
Dietitians		Contact your local Dietitian directly
Podiatrists	Dunfermline & West Fife Area	01383 565307 (Dorothy)
	Kirkcaldy & Levenmouth Area	01592 265889
	Glenrothes & North East Fife Area	01337 830398
Diabetic Retinopathy Screening Program		01592 226852
Hospital Diabetes Specialist Nurses		
Queen Margaret Hospital DSN's – extension 23728		01383 623623
Victoria Hospital Diabetes Centre		01592 648001
Ninewells Hospital Diabetes Centre		01382 632293
Perth Royal Infirmary		01738 473211
Forth Valley Royal Hospital		01324 566929

Other Additional Numbers

Diabetes UK telephone	0845 1202960
Diabetes UK website	www.diabetes.org.uk

References

NHS Lanarkshire
Diabetes Management Guidelines for Lanarkshire Care Homes April 2007

Owen Mumford
The Owen Mumford Diabetes Care Program

The Fife Diabetes Handbook 2008

Members of the Steering Group
Hazel York, Diabetes Specialist Nurse, Glenrothes & North East Fife
Caroline Craig, Diabetes Specialist Nurse, Long Term Conditions
Linda Short, Care Home Manager
Jennifer Marsh, Specialist Podiatrist
Dr Jane Hunter, GP
Lynne Parsons, Podiatrist
Karen Hutt, Podiatrist
Jill Malcolm, Dietitian
Dorothy Hathaway, Podiatrist
Wendy MacKenzie, District Charge Nurse