Diabetes Intermediate Care Service

Hi I’m Sharon from the Intermediate Care Service. My apologies for not being able to attend the meeting as scheduled today.

Our team provide a service across Somerset to support our colleagues manage their patients with diabetes, whether at home, in care homes or in community hospitals. We mainly look after those with type 2 diabetes and the local acute hospital team mainly look after those with type 1 diabetes.

I wasn’t sure where to aim this talk today as all care facilities will have a different idea of what is important to them, so I have decided to discuss what our aims are for your residents and their diabetes, what to look out for and what to refer for.

Our primary goal is to avoid hypoglycaemia where glucose levels go too low, then try and prevent all symptoms of hyperglycaemia, where glucose levels go too high, and then to increase glycaemic control into target in order to maximise the residents health long term. So we want them to be safe, to feel well, and to remain in their homes rather than be admitted to hospital.

Now in order to know if someone has target glucose levels you need to know two things, what their target is and what their glucose levels are.

If someone is having insulin or gliclazide therapy, or sometimes if they are currently unwell, then their glucose levels need to be checked on a daily basis, one or more times, with finger prick testing or continuous glucose monitoring. The amount of testing would depend on their treatment and their current health and this should have been discussed at their annual review.

If someone is not having insulin or gliclazide, or medication in these drug classes, then they don’t usually need to be monitored with daily testing. They can have a 3-6 month blood test at the surgery called an HbA1c. This would give us the average glucose over the previous 3 months.

If the client is elderly, frail, vulnerable, people with disabilities that need help with monitoring and meals, unpredictable patterns of behaviour or health, their target glucose level, if you were testing daily, would likely be 7-15 mmol/l before meals and before bed. Testing within 2 hours of eating levels will be higher than this whilst they are still digesting their food and is not necessarily a cause for concern if levels before meals and bed and at least two hours after meals are in target at least 70% of time.

For those not testing their glucose levels, their HbA1c target would likely be 65-75 mmol/Mol for these frail groups.

However, everyone is treated as an individual and may have a target lower than this. All targets are agreed at the annual review with the relevant surgery. Please discuss this with the relevant surgery if you do not know your residents targets.

I have discussed below some of the considerations for referral to your health care provider/surgery but any other concerns at all would obviously also be referred.

Symptoms of high glucose would be referred which can include thirst, passing urine frequently, hunger (lots of glucose but not able to use it), extreme tiredness, cognitive impairment, dehydration can be a symptom and a cause.

If glucose levels are high then frequent sugar free liquids are required to carry the excess sugar out of the body. Carbohydrate must never be withheld. High glucose levels can be caused by infection, steroids, forgetting diabetes meds, being unwell, malnutrition, dehydration (Anyone on diuretics), not enough insulin.

Symptoms of low blood glucose would also be referred, these can include shaking, sweating, hunger, dizzy, anxious, confusion, fast heart rate. Any patient on glucose lowering medication such as insulin or gliclazide should be glucose testing, as we mentioned earlier, and keep glucose tablets or other pure glucose such as orange juice, to treat hypoglycaemia.

Anyone with rapid weight loss. This can indicate absence of endogenous insulin supply or not enough insulin therapy. They may also, of course, have a different problem unrelated to diabetes that needs investigating.

Regular glucose readings outside of target, for those people being tested day to day.

If someone is on lots of diabetes medications, or complicated regimes, then this will need reviewing.

Many people with type 2 diabetes are now on flozins – SGLT-2 medications. Anyone with Type 2 diabetes on an SGLT-2, or insulin, should **not** be on a very low carbohydrate diet (keto). Carbohydrate should never be withheld when someone has high glucose levels, a normal portion with each meal must continue. Clients on this class of medications must also be able to maintain a good level of hydration.

If someone on a mixed insulin and they no longer have a regular appetite and may be eating erratically or less often or just less in general, this medication needs to be reviewed. It relies on a regular intake of food to be effective and to prevent hypoglycaemia.

Complicated insulin regimes for elderly and frail will need reviewing if type 2 or if the patient is not happy with their treatment for any reason.

Pancreatic exocrine insufficiency – the pancreas has endocrine (insulin production) and exocrine (digestive enzyme production) function. If someone with diabetes has problems with their bowels, their stools are changeable, often described as fluffy, sometimes they have weight loss, sometimes their glucose levels are erratic, this could indicate PEI. Referral for assessment is required as if insufficient they will need digestive enzymes with their meals to aid digestion of fats.

Technology

All type 1 diabetics can have technology such as continuous glucose monitoring.

Many type 2 diabetics can have technology if they have recurrent hypos, can not finger prick test, have cognitive impairment, have a learning difficulty, are on multiple injections per day or if they require assistance from a carer to manage their diabetes. All require someone to be able to attach the sensor every 10 or 14 days. These need to be used with either the residents own smartphone if they have one or a reader that the manufacturer can provide on request. These readings would either have to be written down and acted on or the resident needs the ability to set up the equipment and connect to the internet so we can see the readings from afar. Carers can be taught to do this if the patient can not. The main use for technology is to enable the information obtained to improve glycaemic control and therefore patient health. It isn’t designed to just replace finger prick testing as this would not be cost effective.

Referrals

Most referrals should go via the relevant GP first. If they can not help you directly, they will send us an advice and guidance form that is pre-built into their EMIS computer system. We will pick this up within a day or two and either respond to the surgery or ring you directly to discuss the problem you may have.

If you do need to contact us for some advice or discuss a specific patient, then please do. It helps if you can email over two weeks glucose levels, if testing, and what the patient’s medication is. It doesn’t have to be about a specific patient, it can be some general advice just for information. We generally deal with all the type 2 diabetic patients. Type 1 diabetic patients should all be under the care of the local hospital team and can be referred directly to the nurse helpline for your area. I will show the contact details below:

Diabetes Intermediate Care Service 01823 346191 or [diabetes@somersetft.nhs.uk](mailto:diabetes@somersetft.nhs.uk) for type 2 diabetes

Diabetes Acute Nurse team YDH 01935 384517 or [dsn.helpline@ydh.nhs.uk](mailto:dsn.helpline@ydh.nhs.uk) for type 1 diabetes

Diabetes Acute Nurse team MPH 01823 343670 or [diabetes.centre@somersetft.nhs.uk](mailto:diabetes.centre@somersetft.nhs.uk) for type 1 diabetes

Diabetes Acute Nurse team Weston General 01934 647213 for type 1 diabetes

The Trend website is a good place to go for leaflets on all sorts of topics such as hypoglycaemia, hyperglycaemia, what to do when residents are ill with type 1 or type 2 diabetes. They have clear guidance and the leaflets are well worth downloading and putting in your staff rooms or on notice boards so this information can be widely accessed. [www.trenddiabetes.online](http://www.trenddiabetes.online)

Again, my apologies for not being able to attend today.