



TYPE 1 DIABETES FAMILY CENTRE

11 Limosa Close Stirling WA 6021
t +61 (8) 9446 6446 f +61 (8) 9463 1446
hello@type1familycentre.org.au
type1familycentre.org.au

Inpatient Diabetes Management Plan: Type 1 Diabetes, Multiple Daily Injections (MDI) Therapy

This plan is to be provided at the pre-admission meeting or prior to the hospital stay.

Patient Name: _____ Patient DOB: ____/____/_____

Emergency Contact and Phone Number: _____

My name is _____ and I have had type 1 diabetes for _____ years. Whilst I am in hospital, I appreciate your support to help me follow this diabetes management plan which has been approved by my diabetes healthcare team.

This management plan is intended to help me best manage my type 1 diabetes during my hospital stay, and I intend to work together with hospital practices in order to best control my health. I appreciate your support in this management plan.

I am currently managing my type 1 diabetes with multiple daily injections and I use/do not use a Continuous Glucose Monitor (CGM)/Freestyle Libre (please circle which).

Whilst I am in hospital, it is likely that my blood glucose levels (BGLs) will be impacted by a number of reasons beyond my control, such as diet, pain, stress, medications and inactivity. There may be sudden or unpredictable changes to my blood glucose levels so I may need to adjust my insulin accordingly.

It is my preference to self-manage my diabetes and have access to my blood glucose monitoring equipment, and where possible my insulin. I understand that clinical situations are fluid, hospital policy must be adhered to and there may be times during my stay where self-management may not be possible.

Let's work together to help me best manage my type 1 diabetes.

PLAN REVIEWED BY: _____ REVIEW DATE: ____/____/_____

*Endocrinologist/General Practitioner: _____ Contact No: _____

Clinic/Practice Address: _____

Signature: _____ Date: ____/____/_____

AND/OR

*Diabetes Educator: _____ Contact No: _____

Clinic/Practice Address: _____

Signature: _____ Date: ____/____/_____

*Please keep this plan on file for your patient.

Patient Statement

To be read and signed by the patient.

- The purpose of this document is to assist in the effective use of insulin during inpatient care. A person with type 1 diabetes has an absolute requirement for insulin and doses must be evaluated continuously throughout the admission.
- I agree that all insulin doses and blood glucose levels need to be appropriately documented, as per hospital inpatient protocol (even when self-managing), for legal and safety reasons.
- I acknowledge that my treating team may not be familiar with my diabetes equipment. I will ensure time is allocated to demonstrate proper use of the technology. This includes; Continuous Glucose Monitoring (CGM), Freestyle Libre (Flash Glucose Monitoring) and/or insulin pumps.
- I understand that clinical situations are fluid and there may be times during hospital admission where self-management may not be possible. Communication and collaboration between myself and the treating team is critical. I would like to view hospital protocol for instances where self-management as an inpatient is not possible.
- I will provide this patient plan at my pre-admission meeting or prior to my hospital stay.

Patient

I have read and agree to the above.

Full name: _____ Signature: _____

I request this document be viewed by the following healthcare professionals:

- Doctor
- Diabetes Educator
- Surgeon
- Anaesthetist
- Other: _____

The following items are required to stay with me, in accordance with hospital policy (leave blank if not applicable):



Item	Model/Type
Insulin	
Insulin Pens/needles/syringes	
Blood glucose meter and ketone meter	
Blood glucose test strips and ketone test strips	
Lancet device	
Bolus calculator (e.g. Aviva or Phone)	
Continuous Glucose Monitor Transmitter/Sensors	
Continuous Glucose Monitor Receiver/Smartphone	
Freestyle Libre Sensors/Receiver	
Preferred hypoglycaemia treatment (e.g. glucose tablets, jellybeans)	

Dietary requirements:

- I would like to see a dietitian for help around carbohydrate counting/types of food.
- I will provide my own meals if the hospital is unable to provide food that meets my dietary requirements.

Comments:

See over for specific MDI management plan.

REGULAR Diabetes Management Regimen – MDI Therapy

Insulin Delivery	Re-useable with pen-fills	Single Use Pens	Syringe and vial
Basal Insulin (Long-acting)	Type:	Dose Time(s):	
Bolus Insulin (Short-acting)	Type:	Dosing: <input type="checkbox"/> I use a bolus calculator to determine doses <input type="checkbox"/> I use calculations to determine doses <input type="checkbox"/> I have set doses	
Other insulins: (e.g. intermediate acting)	Type:	Dosing: <input type="checkbox"/> I use a bolus calculator to determine doses <input type="checkbox"/> I use calculations to determine doses <input type="checkbox"/> I have set doses	

Hyperglycaemia and Hypoglycaemia Management Plan

Hyperglycaemia Treatment		
Check for ketones if BGL is above _____mmol/L	If ketones <0.6	Recheck after _____hours Other Actions: (e.g. correction, hydration etc.) Note: National Clinical Care Guidelines and Standardised Hospital Protocol: Type 1 Diabetes Mellitus
	If ketones >0.6	Recheck after _____hours Other Actions: (e.g. correction, hydration etc.) Note: National Clinical Care Guidelines and Standardised Hospital Protocol: Type 1 Diabetes Mellitus
Hypoglycaemia Treatment		
<p>If I am unable to self-treat a hypoglycaemic event, please refer to standardised hospital protocol for hypoglycaemia management.</p> <p><input type="checkbox"/> If I am able to self-manage a hypoglycaemic event, I would still prefer to follow the standardised hospital protocol for hypoglycaemia management.</p> <p>OR</p> <p><input type="checkbox"/> If I am able to self-manage a hypoglycaemic event, I would like to treat hypoglycaemia as follows:</p>		

Diabetes Management During Surgery



Insulin Delivery Method	Multiple Daily Injections <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible	IV Insulin/dextrose	<i>Discuss with treating doctor.</i>
Note: Australian Diabetes Society's peri-operative diabetes management guidelines (2012) state BGL should be kept between 5–10 mmol/L during the peri-operative period			
Peri-operative adjustments	(E.g. I have made the following adjustments prior to surgery – basal adjustments, bolus, food, fasting etc. I would like to organise to be first on the surgery list.)		
Adjustments during surgery	(E.g. I would like to discuss the management of my day surgery with the overseeing anaesthetist who will be monitoring my blood glucose and insulin requirements – including basal adjustments, frequency of testing, and CGM use)		
Post-operative Management Plan	(E.g. I will retain control of monitoring my BG post-surgery as per this document unless incapable. I have discussed my diabetes management plan with a member of the hospital care team)		
BGL monitoring (please circle)	BGL Meter	Frequency of testing (if in range BGLs)	
	CGM/Libre Monitor	Confirm CGM/Libre value with finger prick test when:	
Hyperglycaemia/hypoglycaemia action plan	This management plan provides support to avoid hyperglycaemic/hypoglycaemic events. However, if a glycaemic emergency occurs during surgery, it will be treated as per hospital protocol.		

Notes:



Created by the Type 1 Diabetes Family Centre for any person with type 1 diabetes on multiple daily injections and their healthcare team. Reviewed by Endocrinologist Dr Joey Kaye, CDE/APD Amy Rush, RN Jessica Ward and Clinical Nurse Specialist Diabetes Kathryn Wicks.

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