

COncise adVice on Inpatient Diabetes (COVID:Diabetes): SAFE AND SUPPORTED DISCHARGE TO REDUCE READMISSIONS AND IMPROVE PATIENT FLOW

DiABETES UK
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JBDS Joint British Diabetes Societies for inpatient care



NATIONAL INPATIENT DIABETES COVID-19 RESPONSE GROUP*

✓ Key Facts

COVID-19 disease can:

- ⚠ Cause severe insulin resistance and insulin deficiency precipitating DKA in people with type 1 diabetes and unusually also in those with type 2 diabetes
- ⚠ Precipitate new onset diabetes
- ⚠ Result in the need for new or increased insulin therapy and often at very high doses

On recovery, insulin requirements can **fall rapidly with the risk of hypoglycaemia**. The insulin dose must be carefully adjusted and factored in to discharge planning.

Insulin – actions for safe discharge of people using insulin: this should be supplemented by local guidance on insulin dose adjustment and how to obtain advice.

When planning a discharge it is essential that there is liaison between the person with diabetes, the discharging team, diabetes and community teams to agree an individualised discharge care plan with the aim to ensure that systems are in place to:

- > Monitor blood glucose at least before each insulin injection
- > Adjust insulin dose to prevent hypoglycaemia, recurrence of hyperglycaemia and DKA
- > Alert appropriate teams to people with specific care requirements (see table below)
- > Facilitate a follow-up plan by the specialist team or those in the community experienced in insulin dose adjustment

i The following clinical scenarios are provided to assist teams when planning a safe discharge for a person using insulin:

CLINICAL SCENARIO	DISCHARGE CARE PLAN
<p>Person is <u>unable</u> to self-administer insulin safely as they:</p> <ul style="list-style-type: none"> > Have a cognitive impairment e.g. learning disability, dementia > Have a risk issue e.g. recent self-harm, suicidal intent, severe mental health issues > Have visual impairment or dexterity issues 	<p>LEVEL 1 – NURSE ADMINISTRATION OF INSULIN</p> <ul style="list-style-type: none"> ⚠ Insulin doses to be clearly documented on discharge summary > Refer to district nursing service for insulin administration and glucose/ketone monitoring. (N.B. if risk issue is indicated, risk assessment information must be shared) > District nurses to liaise with GP/Diabetes teams for insulin titration as per local guidance > Refer to checklist for safe discharge below
<p>Person/carer is <u>able</u> to administer insulin but needs <u>temporary supervision/support</u> as they:</p> <ul style="list-style-type: none"> > Are new to insulin treatment > Require insulin adjustment from a high dose (see above) > Need support with glucose +/- ketone monitoring or insulin titration > Need additional key education 	<p>LEVEL 2 – SUPERVISED ADMINISTRATION OF INSULIN REQUIRED (temporary until competent)</p> <ul style="list-style-type: none"> ⚠ Insulin doses to be clearly documented on discharge summary > Refer to district nursing service for support with insulin administration to include glucose/ketone monitoring; education and advice > District nurses to liaise with GP/Diabetes teams for insulin titration as per local guidance > Refer to checklist for safe discharge below
<p>Person is <u>able</u> to safely self-administer insulin and they:</p> <ul style="list-style-type: none"> > Can monitor glucose +/- ketones > Can dispose of sharps safely 	<p>LEVEL 3 – SELF ADMINISTRATION OF INSULIN</p> <ul style="list-style-type: none"> ⚠ Insulin doses to be clearly documented on discharge summary and in the person's discharge information > Ensure person understands signs & symptoms of hypoglycaemia & hyperglycaemia, and how to treat > Check person has contact details of diabetes team to get advice, support or follow up appointments if needed > Refer to checklist for safe discharge below

COVID-19 and Diabetes – Safe and supported discharge to reduce readmissions and improve patient flow

DISCHARGE CHECKLIST FOR PEOPLE USING INSULIN (Please ensure this is completed)			
Insulin therapy (2 week supply) – and starter pack if new to insulin	<input type="checkbox"/>	Blood ketone test strips*	<input type="checkbox"/>
Standard pen injection needles	<input type="checkbox"/>	Urine ketone strips (if ketone meter unavailable)*	<input type="checkbox"/>
Safety pen injection needles 5mm (Level 1 patients)	<input type="checkbox"/>	Sharps box	<input type="checkbox"/>
Lancets for finger pricking (safety lancets for Level 1 patients)	<input type="checkbox"/>	Discharge letter	<input type="checkbox"/>
Glucose meter	<input type="checkbox"/>	Referral to District Nurses (if needed)	<input type="checkbox"/>
Glucose test strips	<input type="checkbox"/>	Contact details for diabetes team (if needed)	<input type="checkbox"/>
Ketone meter*	<input type="checkbox"/>	Follow up appointment (if needed)	<input type="checkbox"/>
*all people with type 1 diabetes; people with type 2 diabetes and history of DKA			

PEOPLE USING A PERSONAL INSULIN PUMP AND/OR WEARABLE DIABETES TECHNOLOGY

- > Always RETURN the insulin pump to the person with diabetes.
- > Check that they have sufficient pump consumables at home.

For people using continuous glucose monitoring or 'flash' (Libre) monitors – check they have sensors at home along with lancets and strips for blood glucose and ketone monitoring to confirm when blood glucose is out of range.

NOTE: Pump users may need a supply of subcutaneous insulin and/or pen devices at discharge to use until they restart their pump and to keep at home in case the pump fails. Check with the person before discharge.

OTHER DIABETES MEDICATIONS – ACTIONS FOR SAFE DISCHARGE OF PEOPLE USING OTHER DIABETES MEDICATIONS

- > **Metformin** – can be reintroduced when person is clinically well, eGFR >30ml/min and lactate normal.
- > **SGLT2 inhibitors** – drugs ending in “-flozin” – do **NOT** use if person has had DKA. Ensure person is eating and drinking before restarting and remind the person of ‘Sick day rules’ as SGLT2 inhibitors should be temporarily stopped during any illness causing dehydration. Be cautious when eGFR is persistently below 45ml/min, and seek specialist advice when unsure.
- > **Sulphonylureas** e.g. Gliclazide, Glimpiride – may have been stopped temporarily during acute illness because of risk of hypoglycaemia. If continuing risk e.g. elderly; impaired cognition; renal impairment; reduced oral intake; recent HbA1c <53mmol/mol – consider alternatives if appropriate.
- > **Other diabetes medications, including DPP-4 inhibitors, GLP-1 agonists and pioglitazone** should be reviewed prior to discharge (where possible discuss with the diabetes team) or as soon as possible following discharge (by GP or usual care provider).

PEOPLE WITH ACTIVE FOOT DISEASE

- > Confirm diabetic foot team are aware of discharge and a follow-up plan is in place
- > Confirm the person has been informed of duration of any antibiotic treatment and if antibiotics need to be re-prescribed
- > Confirm a referral to practice nurse / community team for dressings has been made
- > Confirm supply of dressings has been given
- > Confirm the person has appropriate footwear and protection

✔ Education and support

The key aim is to ensure that the person is safe at the point of discharge and that an individualised discharge care plan is in place, to include ongoing further education. People who have been newly diagnosed with diabetes are likely to be feeling extremely anxious, they may require additional reassurance (see below for conversation guidance).

Conversation guidance for supporting anxious patients

Your words will have a significant impact on how your patients feel, and their ongoing confidence to manage their condition. Consider the following suggestions:

- > Normalise, but don't minimise anxieties. These are stressful times and a degree of worry is entirely appropriate.
- > Discuss risk sensitively rather than employing 'scare tactics'. It is much more effective to build a person's self-efficacy; e.g. 'what's one thing you could work on to get your blood glucose more stable?' rather than use a phrase such as 'your control is poor and will lead to complications'
- > Signpost to sources of support e.g. GP surgery, local diabetes team, Diabetes UK helpline, Diabetes UK online resources

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