

Resident's Name:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Date of Birth:		Room No:	
		NHS Number:			
Type of Diabetes:		Diabetes diagnosis date (if known):		Name of Diabetes Champion in Care Home (if applicable):	
Health Professionals involved in the diabetes care and review e.g. Diabetes Specialist Nurse, GP, Practice Nurse, Consultant, Podiatrist, Dietitian, Ophthalmologist:		Name :	Contact Number:		
		Job Title:			
		Name :	Contact Number:		
Diabetes review to be carried out at least yearly - please arrange with GP		Job Title:			
		Name :	Contact Number:		
		Job Title:			
		Date of last diabetes review:			
		Date next diabetes review due:			

Treatment prescribed to assist in managing Diabetes (Include name of regular medicines, dose and frequency from the MAR chart)	
<input type="checkbox"/> Insulin and Diet	
<input type="checkbox"/> Insulin, Tablets and Diet	
<input type="checkbox"/> Diet and Tablets	
<input type="checkbox"/> Diet Only	
<input type="checkbox"/> Other (Please state)	
Emergency medicines prescribed (please state details):	

At times the residents blood sugar levels may be too high (Hyperglycaemia or Hyper) or

Blood Glucose Monitoring as agreed by GP/Diabetic Specialist Nurse/Diabetic Team			
Individual target range:			
Frequency of testing including the timing:			
Name of meter:			
Name of testing strips prescribed:	<table border="1"> <tr> <td>Name of lancets prescribed:</td> <td></td> </tr> </table>	Name of lancets prescribed:	
Name of lancets prescribed:			

too low (Hypoglycaemia or Hypo) - see below and overleaf for the action plan to assist with management

HYPERGLYCAEMIA (hyper)

What is hyperglycaemia? Hyperglycaemia is the medical term for high blood glucose levels

Symptoms can include: *increased thirst and a dry mouth, needing to urinate more frequently, tiredness, blurred vision, unplanned weight loss and recurrent infections such as thrush, bladder and skin infections*

Very high blood glucose levels can cause life-threatening complications, such as:

- **Diabetic Ketoacidosis (DKA)** – a condition caused by the body needing to break down fat as a source of energy, which can lead to a diabetic coma. This tends to affect people with type 1 diabetes
- **Hyperosmolar Hyperglycaemic State (HHS)** – severe dehydration caused by the body trying to get rid of excess sugar. This tends to affect people with type 2 diabetes

Specific actions to be taken when signs of hyperglycaemia are seen for (resident's name):

When to ask for urgent medical attention

Contact the diabetes team or GP immediately if (resident's name) _____ has a high blood sugar level and has the following symptoms:

- feeling or being sick
- abdominal (tummy) pain
- rapid, deep breathing
- signs of dehydration, such as a headache, dry skin and a weak, rapid heartbeat
- difficulty staying awake

HYPOGLYCAEMIA (hypo)

What is hypoglycaemia? When blood glucose levels fall below 4mmols/L (**always** thoroughly wash and dry the hands of the resident and the carer before carrying out the blood glucose meter test to ensure an accurate result)

Symptoms can include: *sweating, weakness, tiredness, confusion, anxiety, nervousness, hunger, dizziness, fast heartbeat, trembling and shaking, tingling of the lips, temporary loss of consciousness*

Severe Symptoms can include: *unresponsiveness leading to a coma indicated by inability to rouse and prolonged incidence of low blood sugar, seizures*

Warning signs and symptoms of a 'hypoglycaemia' particular to (resident's name):

IMMEDIATE treatment should always be given for HYPOGLYCAEMIA (if resident is alert and able to take it)


Specific actions to be taken to treat hypoglycaemia as advised by a Diabetes Specialist or GP for (resident's name):

To treat hypoglycaemia, the resident should take 15 to 20 grams of fast acting carbohydrate such as glucose tablets (i.e. 4 to 5 Glucotabs), sweets (i.e. 4 jelly babies), sugary fizzy drinks (i.e. 150ml coke or 170ml original Lucozade™) or pure fruit juice (i.e. 200ml). Please note amounts may vary - always check carbohydrates on packaging.

A blood glucose test should be taken 15 minutes after treating the hypo (**always** thoroughly wash and dry hands of the resident and carer before retesting) to re-check blood glucose levels. If the level is still less than 4mmol/L repeat the hypo treatment.

When blood glucose levels are over 4mmol/L, give a long acting carbohydrate of the resident's choice i.e. 2 biscuits, a slice of toast or a sandwich, or their meal if it is due.

If the resident has diagnosed dysphagia (swallowing difficulties) and needs thickened drinks and/or a soft or pureed diet it is important to **request specialist advice** from GP/ Speech and Language Therapist and/or Dietitian regarding treatment for hypoglycaemia and record this in the specific actions advice box above.

 If a resident become drowsy and unconscious, they will need immediate emergency treatment – **someone should dial 999 for an ambulance**. The resident should be put in the recovery position (on their side with their head tilted back). Glucose treatments should **NOT** be put in their mouth.

When a hypo has been treated, inform the care home diabetes lead or manager and also the resident's GP or Diabetes Specialist Nurse who may review the resident's diabetes treatment to prevent further hypos and also may request blood glucose levels are monitored more closely for a time. Document the advice provided in the residents care plan.

What individual preferences does the resident have in relation to their diabetes care?

Any other issues that require monitoring as a result of diabetes such as skin care, eye care, infections, nutrition, and foot care:

Care plan completed by:

Date:

Care plan to be reviewed next on: