

**URGENT MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS WHO REQUIRE INITIATION OF INSULIN IN THE ABSENCE OF THE DIABETES TEAM WHEN PATIENT DOES NOT REQUIRE HOSPITAL ADMISSION**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

**Introduction**

This guideline is for use in patients 18 and over. When the diabetes team are on site they can accept a referral and see the patient for education as an outpatient. When the diabetes team are not available on site this guidance can be used to support the patient to remain safe until the diabetes team are able to provide education and training to the patient on managing insulin injections.

**This guideline is for use by the following staff groups :**

All registered nurses and doctors.

**Lead Clinician(s)**

Alison Hall Lead Nurse for Diabetes

Approved by Specialty Medicine Directorate on: 3<sup>rd</sup> July 2020

Approved by Medicines Safety Committee on: 9<sup>th</sup> September 2020

Review Date: 9<sup>th</sup> September 2023

This is the most current document and should be used until a revised version is in place

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
11/04/13	Title change	Above Committee
20/07/15	Amendment to Contribution list	Above committee
20/07/15	Review of content and ward names	Above committee
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
18/01/18	Review of content and ward areas	Above committee
8/01/18	Review of content update to insulin advised	Above Committee
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
26/03/2019	Review of Content to update	Above Committee
18/06/2019	Review of content to update insulin from Humulin I to Glargine	Above Directorate
June 2019	Document extended for 6 months whilst review and approval process	Alison Hall
July 2020	Changes to insulins used for the guidance. Humulin I replaced with Glargine preparations.	Alison Hall

## URGENT MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS WHO REQUIRE INITIATION OF INSULIN IN THE ABSENCE OF THE DIABETES TEAM WHEN PATIENT DOES NOT REQUIRE HOSPITAL ADMISSION

### INTRODUCTION

This guideline should be used in the absence of the Diabetes Team when a patient with newly diagnosed or with pre-existing diabetes mellitus requires initiation of insulin but does not require admission to hospital.

These guidelines are based on accepted good practice. Where research has been carried out to support practice it has been referenced.

Further guidance on how to initiate insulin can be found in the:

- Care Pathway for Management of Initiation of Insulin CP-END-001

### DETAILS OF GUIDELINE

In diabetic patients over the age of 17 with or without ketonuria, who require insulin, are well and do not have ketoacidosis, but are nevertheless likely to have type 1 diabetes. Commencement of insulin treatment should be organised, preferably within 24 hours.

**Diabetic patients (with or without ketonuria) who are otherwise well DO NOT require urgent admission.**

- Patients with newly diagnosed or pre-existing diabetes require admission if diabetic ketoacidosis is suggested. Ketoacidosis is indicated by any of the following:

**VOMITING  
DROWSINESS  
HYPERVENTILATION  
DEHYDRATION  
ELEVATED BLOOD GLUCOSE**

**In the presence of significant (++) or more) ketonuria ( $\geq$  3mmol/l capillary blood ketones).**

**If DKA is likely refer to the Guideline for the Treatment of DKA flow chart (WAHT-END-001)**

- Initiation of insulin can be arranged by contacting the Diabetes Specialist Nurse, Consultant Diabetologist or Diabetes Specialist Registrar (see below for contact details).

### CONTACT TELEPHONE NUMBERS

<b>Worcester:</b>	01905 760775
<b>Bromsgrove and Redditch:</b>	01527 488649
<b>Kidderminster:</b>	01562512322

**WAHT-END-003**

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

- When the Diabetes Team are not available the General Medical Team on call should be contacted.
- **The Registered Medical Officer can arrange for 10 units of Semglee (glargine), subcutaneously once daily to be given daily on MAU or AEC at either Worcestershire Royal Hospital or the Alexandra Hospital. if Semglee is unavailable use Abasaglar (glargine) or Lantus (glargine)**
- **The patient can return home after each injection and the diabetes team should be contacted to commence education on the next working day.**
- **Please ensure arrangements are made to continue Insulin administration on MAU or AEC until the referral is accepted by the Diabetes team.**
- **Commence the patient on the Care Pathway for Management of Initiation of Insulin CP-END-001**

This will provide adequate insulin to prevent metabolic decompensation with negligible risk of hypoglycaemia. This strategy works well and is safer than a trial of oral hypoglycaemic treatment.

- Patients with newly diagnosed diabetes who present with features suggestive of insulin deficiency i.e. **weight loss, acute or sub-acute onset of symptoms, particularly if less than 40 years of age**) without ketonuria may need to be assessed for on-going diabetes management by the Specialist Diabetes team. They may not require insulin at this stage and may initially respond to treatment with diet with or without tablets.
- If discharged home arrangements need to be made for urgent follow up by the Diabetes Team.
- Any sudden rise of blood glucose in such individuals should trigger an assessment for insulin

**WAHT-END-003**

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

**Monitoring Tool**

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
Page 3	In diabetic patients over the age of 17 with or without ketonuria, who do <u>not</u> have a diagnosis of DKA and require insulin, and are likely to have type 1 diabetes, commencement of insulin treatment should be organised within 24 hours.	Audit Target 100%	Annual	Diabetes Directorate	Diabetes Directorate	Annually

**REFERENCES**

- Amiel S. Insulin Injection Treatment. Textbook of Diabetes. 2<sup>nd</sup> Edition. Ed. Pickup JC & Williams G. 1997. Blackwell Oxford.
- Wilson RM et al. Insulin Injection Treatment as an Outpatient. JAMA 1986. 256:877-880.
- Care Pathway for the management of Initiation of Insulin CP-END-001
- Guideline for the treatment of Diabetic Ketoacidosis WAHT-END-001
- , John Wiley.

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Dr Irfan Babar	Consultant Diabetologist
Dr Munir Babar	Consultant Diabetologist
Dr David Jenkins	Consultant Diabetologist
Alison Hall	Lead Nurse Diabetes
Susan Rogers	Diabetes Specialist Nurse
Marie Major	Diabetes Specialist Nurse
Wendy Butters	Diabetes Specialist Nurse
Rosanne Dunkley	Diabetes Specialist Nurse

**Circulated to the following individuals for comments**

Name	Designation
Dr M Salam	Consultant Diabetologist
Dr R Bhaskar	Consultant Diabetologist
Dr Andrea Ganea-Arnold	Consultant Diabetologist
Dr Naveed Khailiy	Consultant Diabetologist
Jadwiga Borns	Diabetes Specialist Nurse
Susan Rogers	Diabetes Specialist Nurse
Alison Hall	Diabetes Specialist Nurse
Lisa Smith	Diabetes Specialist Nurse
Marie Major	Diabetes Specialist Nurse
Wendy Butters	Diabetes Specialist Nurse
Natalie Trigg	Diabetes Specialist Nurse
Jessica Stokes	Diabetes Specialist Nurse
Julie Reeley	Diabetes Specialist Nurse
Rebecca Choyce	Diabetes Specialist Nurse
Sara Molineaux	Diabetes Specialist Nurse

Name	Committee / group
Dr Jasper Trevelyan	Specialty Medicine Divisional Board

**Supporting Document 1 - Equality Impact Assessment Tool**

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Alison Hall Lead Nurse Diabetes</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Alison Hall	Diabetes Specialist Nurse	Alison.hall24@nhs.net
<b>Date assessment completed</b>	04/08/2020		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> URGENT MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS WHO REQUIRE INITIATION OF INSULIN IN THE ABSENCE OF THE DIABETES TEAM WHEN PATIENT DOES NOT REQUIRE HOSPITAL ADMISSION			
What is the aim, purpose and/or intended outcomes of this Activity?	To prevent unnecessary hospital admissions while maintain patient safety			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	<input checked="" type="checkbox"/>	Staff
	<input checked="" type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)				
Summary of relevant findings				

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		Applies equally to all ages covered by document
Disability		X		Applies equally to all people covered by the document.
Gender Reassignment		X		No impact
Marriage & Civil Partnerships		X		No impact



Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Pregnancy &amp; Maternity</b>		X		No impact
<b>Race including Traveling Communities</b>		X		No impact
<b>Religion &amp; Belief</b>		X		No impact
<b>Sex</b>		X		Applies to all sexes
<b>Sexual Orientation</b>		X		No impact
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No impact
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		No impact

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this	At document review or if any changes to document are required before review date.			

EIA should be revisited regularly throughout the design & implementation)	
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**Section 5 - Please read and agree to the following Equality Statement**

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	<i>Stewart</i>
<b>Date signed</b>	03/08/2020
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	<i>Stewart</i>
<b>Date signed</b>	03/08/20
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.