

Patients with diabetes under the care of the BCSP

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Bowel Screening Operational Meeting	
Date of Approval:	11 th October 2023	
Date of review:	11 th October 2026	

Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
1 st September 2022	Document reviewed and approved	Emma Duggan
September 23	Amendment made to document and approved at MSC	Avril Turley

INTRODUCTION

It is necessary to identify patients diagnosed with diabetes prior to prescribing bowel preparation, due to the risk of hypoglycaemia as a result of altered dietary intake during the bowel preparation period. This guideline outlines the advice these patients should be given.

This protocol ensures that all staff involved in the patient care from the Bowel Cancer Screening Programme are aware of the pathway.

The aim of this protocol is to ensure standard practice across all screening sites, amongst all clinical personnel within the screening centre.

DETAILS OF GUIDELINE

- Establish if the patient has diabetes and if so, how it is controlled e.g. diet, medication or insulin.
- The SSP should be aware that there will be some diabetic patients that will manage their diabetic via an Insulin Pump. An insulin pump continuously delivers insulin subcutaneously, replacing the need for frequent insulin injections. Insulin pump patients will be under the care of a multidisciplinary team led clinic. Insulin pump patients should be advised to contact their team for individual advice well in advance of their procedure.
- Ascertain patient's diabetic control and frequency of medication and whether he/she is monitored by a healthcare professional.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

- If the SSP feel that there is a clinical indication for seeking advice from a diabetes specialist i.e. events not covered by this standard operating procedure. The SSP must liaise with and Inform the relevant Health Care Professional e.g. GP / Specialist Nurse that the patient is due to take bowel preparation for endoscopy
- Advise patient to make an appointment with their Diabetic Nurse Specialist Team to inform them of the planned procedure and change in regime if SSP feels that there is a clinical indication for seeking advice from a diabetes specialist i.e. events not covered by this standard operating procedure
- The responsible SSP in pre assessment clinic must ensure that all medications, plan of care and co-morbidities are documented on the Bowel Cancer Screening System.
- Refer patients to the written guidelines:
 - For patients attending Hereford County Hospital for colonoscopy procedure: Provide a copy of the leaflet 'Guidelines for Patients with Diabetes Undergoing Colonoscopy' highlighting the necessary information within to the patient.
 - For patients attending with Worcestershire Acute Hospitals NHS Trust (Worcestershire Royal Hospital or Alexandra Hospital, Redditch), highlight within the procedure information leaflet the necessary information specific to the patient.
- Advise patient to have supply of Glucose tablets or sugary drink should they need them during the preparation period.
- Advise patient to monitor blood sugar levels regularly, particularly when not eating.
- The patient should be appropriately counselled by the SSP on the Symptoms of hypoglycaemia (hypo) e.g. Sweating, Shaking, Lightheaded, Palpitations, blurred vision, Tingling lips. The patient must also be made aware of treatments for this such as 200ml smooth orange juice (no bits), 150ml full sugar cola, 200ml Lucozade (original) and 5 Dextrose tablets.
- Ask patient to bring a suitable snack to eat following procedure. A limited supply of suitable snacks is available from the hospital.
- The SSP will negotiate with the patient and book for a morning procedure where practicable and where it is convenient for patient to do so. Patients should be offered the first appointment on the list.
- Ensure patient brings diabetic medication (e.g. insulin) when attending for procedure.
- The responsibility for conducting the manual check of BM blood glucose levels (fingertip test) lies with the admission and preparation personnel and the same personnel must document results and ensure any result outside of normal ranges is escalated/ treated where necessary. Hypoglycaemia (Low blood glucose level less than 4.0mmols/L) must be treated as per hospital management of Hypoglycaemia in adults with diabetes guidelines and endoscopy department protocol.

REFERENCES

Worcestershire Acute Hospitals NHS Trust Colonoscopy Information Leaflet.

Wye Valley NHS Trust Guidelines for Diabetic Patients Undergoing Endoscopy.

WHAT-END-012 Guidelines for the management of diabetes for patients undergoing endoscopy procedures.

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:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Blood glucose concentration should be checked prior to colonoscopy.	Audit plan.	Annually.	Endoscopy divisional medicines management audit plan.	Endoscopy divisional medicines management audit plan.	Annually.

CONTRIBUTION LIST

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