Worcestershire NHS
Acute Hospitals NHS Trust

URGENT MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS WHO REQUIRE INITIATION OF INSULIN

INITIATION OF INSULIN IN THE ABSENCE OF THE DIABETES TEAM WHEN PATIENTS DO 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.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :
All Registered Nurses and Doctors.

Lead Clinician(s)

Dr. David Jenkins	Diabetologist
Emma Innes	Lead Nurse Diabetes
Approved by Accountable Director on:	8th July 2015
This is the most current document and is to be used until a revised version is available:	6th March 2018

Key amendments to this guideline

Date	Amendment	Approved by:
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
August 2017	Document extended for 6 months as per TMC paper approved 22nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG

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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 and Policy
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
- Guideline for the Management of Initiation of Insulin WAHT END-006

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 (≥ 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

Worcester: 01905 760775
Bromsgrove and Redditch: 01527 488649
Kidderminster 01562512322

- When the Diabetes Team are not available the General Medical Team on call should be contacted.

- **The RMO can arrange for Insulatard 10 units subcutaneously once daily to be given daily on MAU at either Worcestershire Royal hospital or Alexandra Hospital.**

- **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 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

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: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Page 3	In diabetic patients over the age of 17 with or without ketonuria, who do not 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. 2nd Edition. Ed. Pickup JC & Williams G. 1997. Blackwell Oxford.
- Wilson RM et al. Insulin Injection Treatment as an Outpatient. JAMA 1986. 256:877-880.
- Guideline for the Management of Initiation of Insulin WAHT-END-006
- Care Pathway for the management of Initiation of Insulin CP-END-001
- Guideline for the treatment of Diabetic Ketoacidosis WAHT-END-001

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Dr Paul Newrick	Diabetologist
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Circulated to the following individuals for comments

Name	Designation
Dr Karen Tait	Diabetologist
Dr James Young	Diabetologist
Amanda McCarthy	Diabetes Specialist Nurse
Rachael Leese	Lead Diabetes Pharmacist

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Sharon Smith	Matron
Jane Rutter	Matron

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Medicines Safety Committee	Steve Graystone

Supporting Document 1 - Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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.

	Title of document:	**Yes/No**
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