



Diabetes Training



Adult Social Care Workers

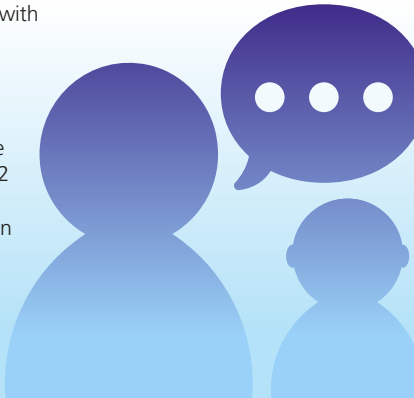
(Care home and
home care workers)



1

The Person

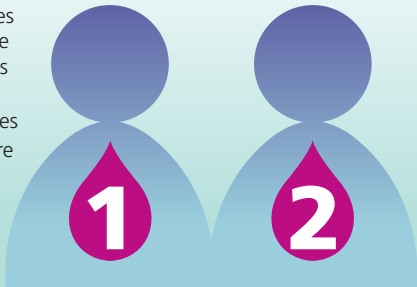
- Listen to the person: they live with their diabetes 365 days a year
- Don't blame the person: Type 1 diabetes is an autoimmune condition
- Ethnicity and family history are the strongest factors for Type 2 diabetes
- Diabetes is challenging and can impact wellbeing
- Your input may be key in supporting diabetes self care



2

Know the difference between the types of diabetes

- People with Type 1 diabetes need insulin every day of life
- People with Type 2 diabetes may be on diet alone, diet plus tablets, injectable therapies, insulin or a combination of these
- Stopping insulin without review can cause harm
- People with learning difficulties and serious mental illness have higher rates of Type 2 diabetes
- Antipsychotic medication increases risk of Type 2 diabetes
- Type 2 diabetes is 6 times more common in South Asian and 3 times in African-Caribbean people



3 Blood glucose monitoring

- Being unwell usually causes blood glucose levels to rise even if the person is eating less than usual
- If the person is unwell it is important to check blood glucose more frequently
- Blood glucose monitoring may not be needed if only taking metformin if blood glucose levels are optimised
- Blood glucose checks should be pre-meal when possible
- Inform the GP or specialist team urgently if blood glucose is less than 4mmol or consistently in double figures



4

Low blood glucose (hypoglycaemia) below 4mmol: '4 is the floor'

- Low blood glucose can kill and must be treated immediately
- Common symptoms: confusion, drowsiness, frequent falls, sweaty, pale, aggression, loss of consciousness, seizures
- Can be mistaken for psychiatric symptoms
- Know the low blood glucose treatment pathway
- **Step 1:** Give non-diet sugary drink if able to swallow safely
- **Step 2:** Give a starchy snack: eg. 2 digestive biscuits
- If unable to swallow or unconscious, put in recovery position and call 999
- Urgently inform GP or diabetes team if hypoglycaemia is severe or recurrent

4

5

High Blood Glucose (hyperglycaemia: in double figures for more than 24 hours)

- High blood glucose can kill if left untreated, especially in Type 1 diabetes
- Common symptoms: thirst, increased urination, recurrent infections, weight loss, blurred vision, sleepiness, incontinence
- Can be mistaken for psychiatric symptoms
- High blood glucose increases the risk of infection and emergency hospital admission
- Blood glucose targets must be individualised
- Common causes: **virus eg COVID-19**, infection, being unwell, insulin or medication omission, newly prescribed or increased steroids or anti-psychotic medication, diet related, undiagnosed diabetes
- Urgently contact GP or specialist team if blood glucose is in double figures for more than 24 hours
- Long duration of high blood glucose can lead to diabetes complications (heart, kidneys, eyes, nerves, feet, brain)



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Insulin and medication safety

- Know the common insulin types and diabetes medication
- Alert GP, pharmacist or specialist team if diabetes medication is stopped or refused
- Insulin can stay at room temperature for up to one month
- Insulin exposed to frozen or very hot temperatures will stop working
- Talk to the GP or the mental health team if the person's mental state is affecting ability to self-medicate



7

Feet (See Touch the Toes Test overleaf)

- All people with diabetes should have a foot examination at least annually
- Check the feet of all people with diabetes
- Refer promptly if there is any sign of infection
- A foot ulcer is a medical emergency requiring urgent same day referral to GP or specialist team



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Eating with diabetes

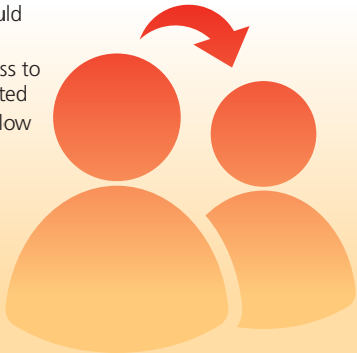
- There is no special 'diabetic diet'
- Meal plans must be individualised and will vary depending on the person's circumstance
- This will depend on the person's weight, gender, ethnicity and economic situation
- Dietary restriction is inappropriate for elderly frail people
- Know how different carbohydrate foods and drinks are broken down into glucose which impacts blood glucose levels
- The priority is to ensure adequate nutrition and quality of life



9

When to refer to the GP, diabetes team, podiatry or mental health team

- All people with Type 1 diabetes should be seen by a specialist team
- Ensure you enable the person's access to specialist advice if needed or requested
- If blood glucose is very high or very low
- New foot symptoms: redness, swelling, hot, pain, infection
- Any foot wound
- Talk to the GP or the mental health team if the person's mental state is affecting their ability to self-medicate



Ensure the person has access to diabetes care, information and proactive screening

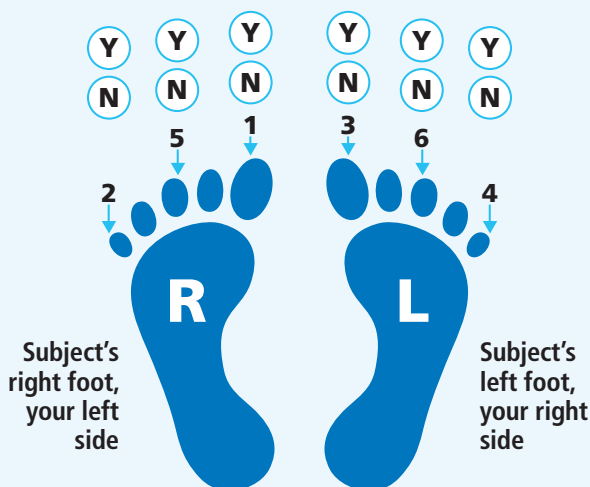
- **SICK DAY RULES** for unwell residents eg. COVID-19 Type 1 and Type 2 diabetes: information about what to do if the person is ill: visit www.knowdiabetes.org.uk
- People on anti-psychotic medication should be screened for undiagnosed diabetes:
- Everyone with diagnosed diabetes should have annual blood tests, blood pressure, eye and foot checks
- All people with diabetes should have access to supported training about their diabetes, dietetic advice, specialist input (if needed), smoking cessation advice and flu vaccines
- Some people have achieved partial or full remission of their Type 2 diabetes by losing weight, and blood glucose levels fall in the non-diabetic range without taking diabetes medications
- Visit www.knowdiabetes.org.uk for more information
- Visit Diabetes UK website: www.diabetes.org.uk



Touch the toes test

Does the person with diabetes have reduced sensation?

- Ask them to close their eyes
- Tell them you are going to touch their toes
- Ask them to tell you which foot you touched, left or right
- Touch toe number 1 for two seconds gently. **Do not repeat**
- Continue until you have assessed 6 toes as marked on the diagram
- If they cannot feel 2 or more toes they have **reduced sensation** for their foot check



(The Ipswich Touch Test reproduced with permission from Diabetes UK)

All people with diabetes must have a foot check within 24 hours of admission to hospital

LOOK

- Ulcer?
- Gangrene?
- Deformity?
- Corn/Callous



CHECK

- Reduced sensation?
- Absent pulse?
- Previous ulcers/amputations?



REFER

- Ulcers and gangrene
- Hot red foot
- All other problems

For the above: urgently refer via your local Multi-Disciplinary Foot Pathway (MDFT)

See www.knowdiabetes.org.uk





See **www.knowdiabetes.org.uk**

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