

# Sarah Gregory, RGN, MSc(Diabetes) Clinical Lead, Community Diabetes Team Medway Community Healthcare

## Disclosures

- I have received honoraria from Sanofi for speaking at this meeting.
- I have acted as a paid speaker for Sanofi, and attended conferences hosted by Astra Zeneca, Lilly and NovoNordisk

**These slides are an official NHS document from NW London Diabetes Transformation Team and can be accessed at:**  
<https://www.knowdiabetes.org.uk/professional/professional-videos/diabetes-10-point-training-video-page/care-home-and-home-care-workers/>

In accordance with the ABPI code of practice this promotional meeting is open to healthcare professionals only and has been organised and funded by Sanofi during COVID-19

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**Diabetes  
Training**



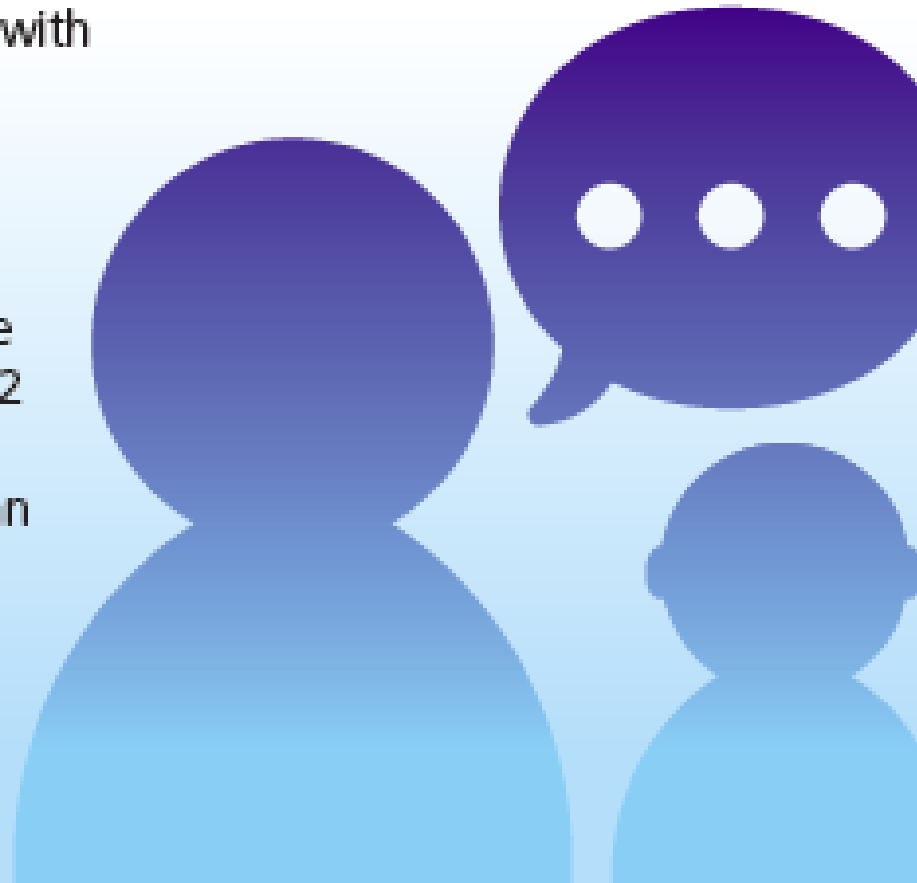
# **Adult Social Care Workers**

**(Care home and  
home care workers)  
(with COVID-19 advice)**



# 1 The Person

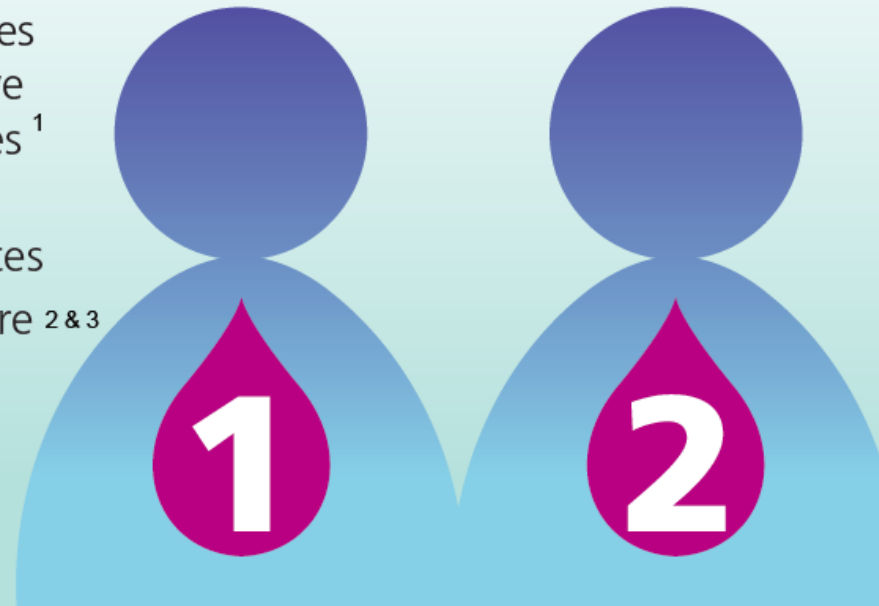
- Listen to the person: they live with their diabetes 365 days a year
- Don't blame the person: Type 1 diabetes is an autoimmune condition
- Ethnicity and family history are the strongest factors for Type 2 diabetes
- Diabetes is challenging and can impact wellbeing
- Your input may be key in supporting 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 <sup>1</sup>
- Antipsychotic medication <sup>ref: 1</sup> increases risk of Type 2 diabetes
- Type 2 diabetes is 6 times more <sup>2 & 3</sup> common in South Asian and 3 times in African-Caribbean people



1. Right Care Pathway: Diabetes

2. <https://www.diabetes.co.uk/south-asian/#:~:text=People%20from%20South%20Asian%20communities,risk%20of%20serious%20health%20complications.>

3. <https://www.diabetes.org.uk/research/our-research-projects/london/black-african-ethnicity-and-type-2-diabetes-risk#:~:text=Background%20to%20research,people%20of%20Black%20African%20origin.>

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## COVID-19 and blood glucose monitoring

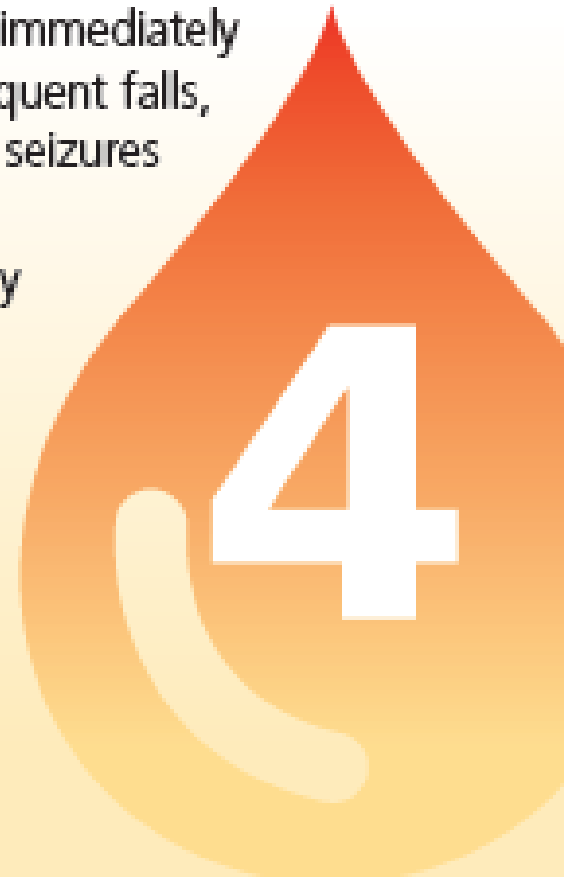
- Being unwell **eg COVID-19** causes blood glucose levels to rise even if the person is eating less than usual
- If unwell you will need to check your residents blood glucose levels more frequently
- Blood glucose monitoring may not be needed if only taking metformin if blood glucose levels are optimised
- Blood glucose checks should be pre-meal when possible
- Inform the GP without delay if blood glucose is in double figures or less than 4mmol



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## 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



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## COVID-19 and High Blood Glucose (hyperglycaemia: in double figures for more than 24 hours)

- People with high blood glucose are at greatest risk of infection and hospital admission
- Identify which of your residents are highest risk (blood glucose in double figures)
- Get GP help early and a clear management plan if blood glucose is high
- Ensure staff and patients know about sick day rules for **Type 1** and **Type 2** diabetes
- **If unwell: ensure you give the resident sugar free fluids throughout the day**
- 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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## COVID-19: Insulin and medication safety

- Ensure you have 2 months supply of medication, insulin, blood and ketone strips
- If unwell and on insulin, metformin or SGLT2 tablets: Urgently seek advice from GP or specialist team
- SGLT2 tablets should be stopped immediately<sup>1</sup>
- Insulin doses should be increased EARLY to prevent acute kidney injury and dangerously high blood glucose<sup>2</sup>
- 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



## 8

# Eating with diabetes

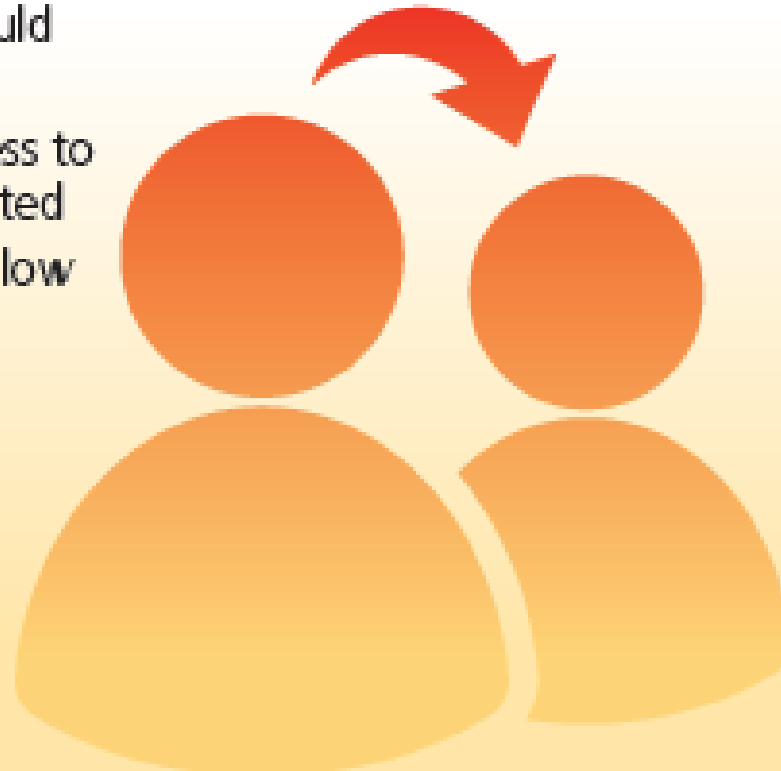
- If resident unwell and unable to eat: ensure you give them sugar free fluids throughout the day
- There is no special 'diabetic diet'
- Meal plans must be individualised and will vary depending on the person's circumstance
- This will depend on the persons weight, gender, ethnicity and economic situation
- 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



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## 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



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

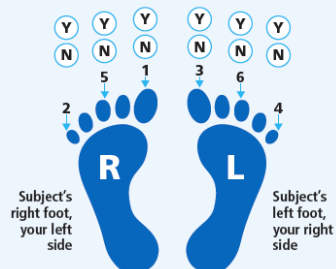
- **SICK DAY RULES** for unwell residents eg. COVID-19 Type 1 and Type 2 diabetes: information about what to do if the person is ill: visit [www.knowdiabetes.org.uk](http://www.knowdiabetes.org.uk)
- **COVID-19** Ensure you have easy to access contact numbers for diabetes advice if blood glucose is erratic
- 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](http://www.knowdiabetes.org.uk) for more information
- Visit Diabetes UK website: [www.diabetes.org.uk](http://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](http://www.knowdiabetes.org.uk)



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© Developed by Ruth Miller, Diabetes Nurse Consultant,  
North West London Diabetes Transformation Team  
email: [ruth.miller2@nhs.net](mailto:ruth.miller2@nhs.net)  
in collaboration with Shamim Jivraj,  
Lead Pharmacist for Adult Health,  
NHS Brent Clinical Commissioning Group  
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