

# Diabetes care in hospital

*What care to expect during your hospital stay*



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# What is diabetes?

Diabetes is a common life-long condition where the amount of glucose in the blood is too high as the body cannot use it properly. This is because the pancreas does not produce any or not enough insulin or the insulin that is produced doesn't work properly (known as insulin resistance). Insulin helps glucose enter the body's cells, where it is used for energy.

Glucose comes from digesting carbohydrate from various kinds of food and drink, including starchy foods such as breads, rice and potatoes, fruit, some dairy products, sugar and other sweet foods. Glucose is also produced by the liver.

**There are two main types of diabetes: Type 1 and Type 2.**

**Type 1** diabetes develops when the insulin-producing cells have been destroyed and the body is unable to produce any insulin. Usually it appears before the age of 40, and especially in childhood. It is treated with insulin either by injection or pump, a healthy diet and regular physical activity.

**Type 2** diabetes develops when the body doesn't produce enough insulin or the insulin that is produced doesn't work properly. Usually it appears in people aged over 40, though in South Asian and Black people it can appear from the age of 25. It is becoming more common in children and young people of all ethnicities. Type 2 diabetes is treated with a healthy diet and regular physical activity, but medication and/or insulin is often required.

The main symptoms of undiagnosed diabetes include passing urine frequently (especially at night), increased thirst, extreme tiredness, unexplained weight loss, genital itching or regular episodes of thrush, slow healing of wounds and blurred vision.

The main aim of diabetes treatment is to achieve blood glucose, blood pressure and blood fat levels (including cholesterol) within the target ranges agreed by you and your healthcare team. This, together with a healthy lifestyle, will reduce the risk of developing the long-term complications of diabetes such as heart attack, stroke, amputation, blindness, kidney failure and nerve damage.

# Introduction

Aimed at adults with diabetes, this booklet provides you with essential information on what to expect before (if your stay is planned), during and after your hospital stay. If you have diabetes and are admitted to hospital, it is important that you discuss and agree a plan for your diabetes care in partnership with the hospital team. This leaflet explains the level of care that you should receive, to make sure that your diabetes is well managed, whether you are admitted to hospital for a planned procedure or operation, or because of an emergency.

## Before your stay

If you are having a planned operation or examination, a plan for your diabetes care in hospital will be developed with you after you have had a pre-assessment appointment. The plan should include information about what will happen before, during or after your procedure, including what investigations or blood tests will be undertaken. A copy of this should be sent to the hospital team and a copy should be given to you to keep. Take it with you on admission to help inform the care you receive during your stay.

If your stay in hospital is planned, you will be able to take your diabetes supplies with you, including snacks and equipment. To enable hospital staff to use your own medication if necessary, it is useful to have them in the original packaging and appropriately labelled.

You should also expect to receive information about preparation for the stay; for example, this may be on fasting for a procedure. If you have not received any or enough information or are not sure about what you should do in preparation of your planned appointment, contact the relevant department of the hospital. You may also want to use this opportunity to ask about any relevant hospital policies.

# During your stay

## Individual assessment and care planning

When you are admitted to hospital, your needs will be assessed and a care plan should be discussed and agreed between you and the hospital team. This applies whether you are admitted for a planned procedure or because of an emergency. The care plan should be regularly updated by a member of the hospital team and should record:

- how you can contact the diabetes healthcare team
- what care you should expect to receive and information about your stay
- if you would like to involve your carer/relative in your care
- if you experience hypos (low blood glucose) and/or hyperglycaemia (high blood glucose), and how these will be managed
- how your blood glucose levels will be monitored
- how your diabetes will be managed including whether you wish and are able to take your own diabetes medications
- any specific dietary needs you may have
- any cultural and religious needs you have including: dietary, treatment, facilities and any matters surrounding physical contact.







Additionally, your feet should be examined for any foot complications by a trained healthcare professional who will refer you for treatment if necessary.

You should also have an opportunity to speak to the person in charge of the ward or unit if you have any concerns. If you have particular concerns about your diabetes you should be able to discuss these with a member of the diabetes healthcare team.

## **Self-management of diabetes**

If you wish to manage your diabetes care, you should be supported to do so, unless this has been assessed as impractical or dangerous.

You should have access to your own medication, equipment (including blood glucose monitoring equipment), and a bedside locker for storage.

If you are admitted unexpectedly and you would prefer to use your own diabetes equipment and snacks, you could ask a friend, carer or relative to bring them in for you.

## Managing hypos and hyperglycaemia

You can ask to see the hospital's policies for managing hypos or hyperglycaemia. The approach for how these will be managed should be discussed and agreed with you in your care plan.

- You should be able to access your own treatments to manage a hypo. If this is not possible, the appropriate hospital staff should be able to provide you with suitable and timely treatments.
- If you do experience hyperglycaemia and are not able to adjust your own medication, the appropriate hospital staff should be able to provide timely treatment to stabilise your blood glucose levels.
- Following an episode of hypo or hyperglycaemia, ongoing monitoring will be required to make sure your blood glucose levels return to normal.

## Blood glucose monitoring, including self-monitoring blood glucose (SMBG) when in hospital

There are a number of options for monitoring your blood glucose while in hospital. Responsibility may be with your hospital team, shared with you and your hospital team, or you may wish to self-monitor your blood glucose if you are able to and this has been assessed as appropriate. Decisions about this responsibility, as well as the range and level of your blood glucose, should be discussed and agreed with you in partnership with the hospital and diabetes healthcare teams and recorded in your care plan. If you are self-monitoring your blood glucose (which can also be referred to as SMBG) in hospital:

- you should have access to your own blood glucose monitoring and quality control equipment
- you may be asked to sign a form agreeing to take responsibility for this
- you may also be asked to record your levels on a blood glucose chart.

If you are taught to self-monitor your blood glucose while in hospital, it is essential to discuss why and how to interpret and act upon the results with the diabetes healthcare team. You should also be able to discuss this further with your usual diabetes healthcare team when you are discharged from hospital.

The aim is to achieve blood glucose levels as near as possible to those of a person *who does not have diabetes*. These are:

- 3.5-5.5mmols/l : before meals
- less than 8mmols/l : 2 hours after meals

However there are many different opinions about the ideal blood glucose level range to aim for if you have diabetes. As this is individual to each person, the target levels must be agreed between you and your diabetes healthcare team. The following blood glucose target ranges provide general guidance:



**\*Adults with Type 1 diabetes (NICE 2004)**

- 4-7mmols/l : before meals
- less than 9mmols/l : 2 hours after meals

**\*Adults with Type 2 diabetes (NICE 2008)**

- 4-7mmol/l : before meals
- less than 8.5mmols/l : 2 hours after meals

*\*The blood glucose target ranges are referenced from the following National Institute for Health and Clinical Excellence (NICE) guidelines:  
NICE (2004) Type 1 diabetes: diagnosis and management of Type 1 diabetes in children, young people and adults clinical guideline 15. NICE: London. See: [www.guidance.nice.org.uk/CG15](http://www.guidance.nice.org.uk/CG15) or call 0845 003 7780. NICE (2008) Type 2 diabetes: The management of Type 2 diabetes. clinical guideline 66 NICE: London. See: [www.guidance.nice.org.uk/CG66](http://www.guidance.nice.org.uk/CG66) or call 0845 003 7780.*



## Your medications and treatments

- Decisions about taking your own medications during your hospital stay should have been agreed and recorded in your care plan. Alternatively they should be given to you at the appropriate times by your hospital team.
- You should be given the opportunity, unless impractical, to check that the medications on the prescription chart are correct.



## Changes to your diabetes treatments

Not all people will experience a change to their diabetes treatments during their hospital stay. However there may be occasions when a change to your diabetes treatment(s) is required in order to stabilise your diabetes control, for example:

- if you are normally treated with tablets or non-insulin injections, you **may** find that you are given insulin
- both people with Type 1 and Type 2 diabetes **may** find that they are given a glucose/insulin drip into a vein.

## Food: access and timing

- Wherever possible, you should be able to make your own food choices.
- You can ask to speak to a hospital dietitian to support you with food choices.
- A hospital dietitian may need to specify your dietary requirements depending on the nature of your stay (eg post surgery).
- Your medications and meal times should be co-ordinated appropriately. This will vary according to your treatment regime.
- Tell your hospital team if you usually have an additional supper or snack after your evening meal so that arrangements can be made.
- If you have any religious dietary requirements, these should be accommodated.
- You may be able to request that food is brought from home.



## Information about your hospital stay

Information should be provided in an appropriate format for you. Where required a translator should be arranged. As well as the information you've received during assessment and care planning, you should also receive information about:

- professionals you can speak to
- care processes before, during and after any procedure or operation you may be having.

## Contacting your diabetes healthcare team

- If you would like to see or contact a member of your diabetes healthcare team, ask the hospital team. Your request should result in a referral to a member of the diabetes healthcare team.

## After your stay

### Discharge and follow up

- You should receive information about your ongoing diabetes care after your hospital stay.
- If any changes have been made to your treatment, you and your usual diabetes healthcare team should be informed of them. Both you and this team should also receive information about ongoing management.
- If any changes have been made to your treatment, you may need to monitor your diabetes more carefully initially after your discharge from hospital. You will also need to discuss any changes with your usual diabetes healthcare team as your treatment may need to be adjusted further.
- A copy of your discharge letter should be given to you, in an appropriate format, and a copy should be sent to your GP. You should also be given information about when and where your follow-up appointment will be.
- You should be given the opportunity to comment about your inpatient stay.

At the back of this leaflet you will find a tear-off checklist and record card to keep for your reference.

# What to do if you have a complaint

It is important to try to discuss your concern or complaint with those providing you with your care, eg your GP, practice manager or hospital staff, but also to put it in writing. Each general practice and hospital will have internal procedures to deal with complaints. If you are unable to complain yourself, perhaps a relative or friend could help.



If this does not resolve the problem there are organisations that can provide you with information and advice about how to complain formally – translation services and interpreters can be provided for the complaints process, if necessary. See the following for details.

## If you live in:

- **England**

Contact the Patient Advice and Liaison Service (PALS) staff at your NHS trust hospital or primary care trust - [www.pals.nhs.uk](http://www.pals.nhs.uk) or contact NHS direct 0845 4647 or your local Citizens Advice Bureau (CAB) at [www.adviceguide.org.uk](http://www.adviceguide.org.uk)  
If your complaint is not resolved at the initial stage, you can contact the Independent Complaints Advocacy Service (ICAS). If still not resolved, it can be referred to an ombudsman. See [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

- **Scotland**

Contact your local health board [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Boards](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Boards) or your local Citizens Advice Bureau Independent Advice and Support Service at [www.cas.org.uk/iass.aspx](http://www.cas.org.uk/iass.aspx) for more information and advice. If your complaint is not resolved at this stage, it can be referred to the Scottish Public Services Ombudsman. Visit [www.spsso.org.uk](http://www.spsso.org.uk) or call 0800 377 7330.

- **Wales**

Contact your Community Health Council (CHC) at [www.patienthelp.wales.nhs.uk](http://www.patienthelp.wales.nhs.uk). Telephone: 0845 644 7814 or contact NHS Direct: 0845 46 47 or your local Citizens Advice Bureau at [www.adviceguide.org.uk/wales](http://www.adviceguide.org.uk/wales). If your complaint is not resolved at the initial stage, it can be referred for an independent review. If still not resolved it can be referred to the Welsh Public Services Ombudsman. Visit: [www.adviceguide.org.uk/Wales](http://www.adviceguide.org.uk/Wales)

- **Northern Ireland**

For a full copy of the standards and guidelines for complaints see: [www.dhsspsni.gov.uk/hsc\\_complaints\\_guidance\\_march\\_2009.pdf](http://www.dhsspsni.gov.uk/hsc_complaints_guidance_march_2009.pdf) If you would like support in submitting a complaint, you can contact the Patient and Client Council through [www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net) or email [complaints.PCC@hscni.net](mailto:complaints.PCC@hscni.net) or freephone 0800 917 0222. If you are not satisfied with the decision of the healthcare organisation you can then refer the matter to the Northern Ireland Ombudsman. Visit: [www.ni-ombudsman.org.uk](http://www.ni-ombudsman.org.uk) or call 0800 343424.



# About Diabetes UK

Diabetes UK is the charity for people with diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.

Diabetes UK stands up for the interests of people with diabetes by campaigning for better standards of care. We are one of the main funders of diabetes research in the UK which includes research into cause and prevention, care and treatment and finding a cure. We provide practical support and information to help people manage their diabetes.

## Did you know?

There are 2.6 million people in the UK diagnosed with diabetes and up to 500,000 people who have the condition but don't know it.

- Our website [www.diabetes.org.uk](http://www.diabetes.org.uk) has over 5,000 visitors a day.
- We have a **network of offices throughout the UK** – see back cover.
- Diabetes UK Careline staff answer **over 100 enquiries a day**.
- We fund more than **£7 million a year on diabetes research**.
- We produce a wide range of **magazines, books and leaflets** covering all aspect of diabetes.



All of this and more is made possible through donations, fundraising and membership of Diabetes UK.

## How can you help?

You can be actively involved in the work Diabetes UK does. For details call **020 7424 1000** or visit our website:

**Diabetes Campaigners Network** – [www.diabetes.org.uk/campaigns](http://www.diabetes.org.uk/campaigns)

**Fundraising ideas and events** – [www.diabetes.org.uk/fundraise](http://www.diabetes.org.uk/fundraise)

**Make a donation** – [www.diabetes.org.uk/donate](http://www.diabetes.org.uk/donate)

# Become a Supporting Member

Being a Supporting Member means you can:

- access an exclusive personalised Supporting Members' area on our website
- receive our bi-monthly magazine, *Balance*, packed with the latest news, research, recipes and celebrity interviews
- contact an experienced counsellor who will provide support and information on our confidential Diabetes UK Careline
- choose from a range of relevant and helpful publications on diabetes
- receive the latest updates and developments about diabetes from our researchers
- come along to one of our many local Diabetes UK groups and meet other people facing similar issues
- help us fund research into the latest care and treatment.

To find out more email [SupporterServices@diabetes.org.uk](mailto:SupporterServices@diabetes.org.uk) or call **0800 138 5605**.

## Further information

We welcome any feedback you may have on this or about any of our information. Please email [InfoFeedback@diabetes.org.uk](mailto:InfoFeedback@diabetes.org.uk)

### Diabetes UK Publications

A copy of our position statement, *Improving Inpatient Diabetes Care – what care adults with diabetes should expect when in hospital* can be found at:

[www.diabetes.org.uk/about\\_us/our\\_views/position\\_statements](http://www.diabetes.org.uk/about_us/our_views/position_statements)

See Diabetes UK's online shop for the full range of our publications: [www.diabetes.org.uk/onlineshop](http://www.diabetes.org.uk/onlineshop) or call **0800 585 088** and request a copy of our catalogue quoting code 9000. See the back page of this booklet for contact details should you wish to contact Diabetes UK about any other matter.

# Diabetes UK

## National and regional offices

Central Office

## Telephone

020 7424 1000

Diabetes UK Cymru

029 2066 8276

Diabetes UK Northern Ireland

028 9066 6646

Diabetes UK Scotland

0141 245 6380

Diabetes UK Eastern

01376 501390

Diabetes UK East Midlands

0115 950 7147

Diabetes UK London

020 7424 1116

Diabetes UK Northern and Yorkshire

01325 488606

Diabetes UK North West

01925 653281

Diabetes UK South East

01372 720148

Diabetes UK South West

01823 324007

Diabetes UK West Midlands

01922 614500

Visit [www.diabetes.org.uk/in\\_your\\_area](http://www.diabetes.org.uk/in_your_area) for email addresses

## Useful contacts

Become a Supporting Member

0800 138 5605

Supporter Services

0845 123 2399

Advocacy Service

020 7424 1840/1847

Publications orderline

0800 585 088

**Diabetes UK Careline** is here to give support and information about diabetes: [careline@diabetes.org.uk](mailto:careline@diabetes.org.uk) or call **0845 120 2960** (please check the costs of calls to 0845 numbers with your phone provider). Or call 020 7424 1000 and ask to be transferred to the Careline.

Visit [www.diabetes.org.uk](http://www.diabetes.org.uk) for further information about diabetes and Diabetes UK.



## The charity for people with diabetes

Macleod House, 10 Parkway, London NW1 7AA

**Telephone** 020 7424 1000 **Fax** 020 7424 1001

**Email** [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

**Website** [www.diabetes.org.uk](http://www.diabetes.org.uk)

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This organisation has been certified as a producer of reliable health and social care information.

[www.theinformationstandard.org](http://www.theinformationstandard.org)

# Checklist

## Before your stay – Have you:

- discussed and agreed a plan of your care with a member of your healthcare team? Remember to take it with you to hospital.
- received information about preparing for your planned procedure?
- told a member of your healthcare team whether you wish a relative or friend to be told about your care during your stay?

Remember:

- to check who will be overseeing your care in hospital
- to take your prescribed medication (in its original packaging), any equipment and snacks with you.

## During your stay

Has a member of your healthcare team discussed and agreed a plan of your care with you? It should include:

- how to contact the diabetes specialist team
- what care you can expect to receive and information about your stay
- managing hypo and hyperglycaemia
- how your blood glucose levels will be monitored
- management of your diabetes
- any dietary requirements
- co-ordination of meals with your medications
- priority at mealtimes
- appropriate food choices and access to snacks
- any cultural and religious needs.

- You should have access to a place to store your treatments and equipment.

If you are self-managing your diabetes, you should:

- have access to an accurately functioning blood glucose meter
- know where and how to record your meter readings and medications taken.

## After your stay

Have you received information about:

- any treatment changes and how to manage your diabetes until you see your usual diabetes healthcare team?
- how to give feedback about your stay or complain if you've been unhappy with the care you've received?

You should have received a copy of your discharge letter and your usual diabetes healthcare team should also have a copy.

# Record card

Name:

Telephone no:

In an emergency, contact:

Their telephone no:

Type of diabetes:

Current **diabetes** medication (*including dose/how often*):

Insulin device used (*circle if applicable*):

syringe / pre-filled pen / cartridge pen / pump

Any special dietary or other requirements:

Your individual blood glucose target ranges:

*Before meal:*

*2 hours after meal:*

Allergies:

*Remember to make changes when necessary to keep the information on this record card up to date.*