Diabetes Management Policy and Guidelines

Whiddon

Document Control

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Policy Review

Date	Description of and Reason for review	Initiated by	Version
18 July 2019	New Policy Guide Residential and Community Care	Clinical Governance	1.0
Jan 2022	Time based review , format changes	GMC&R	1.1
Dec 2024	NDIS Inclusions/ Scheduled review. Updates from *Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020*	GMCR&C	1.2

Contents

Diabetes Management Overview

At Whiddon, the effective management of various conditions, whether physical, physiological, or psychological, is critical in the enhancement of our aged care residents or client's quality of life, choice and decision making, life-experiences and consumer outcomes.

As such, we have in place policies, processes and supports, to ensure our care and service delivery is not only best practice, but takes into consideration those very conditions. Having those structures and tools in place assists us in supporting our residents or clients have the best outcomes possible for their circumstances. This policy is about how our organisation manages directly, or oversees the management of, or assists the resident or client in their own management of their diabetic condition.

Diabetes can be debilitating and life threatening when inappropriately treated or responded to. Having diabetes can effect a person's nutrition, hydration, mobility and overall quality of life. As such, there is a direct correlation between the way a person's diabetic condition is managed and their enjoyment of lifestyle, activities, care and service. However, for the majority, if managed correctly, having a diabetic condition should not put up barriers for resident's or client's enjoyment of life and good outcomes.

This policy relates to Diabetes Management in the context of:

The Aged Care Quality Standards	Standard 3 – Personal Care and Clinical Care Requirement (3) (b): The organisation demonstrates the effective management of high impact or high prevalence risks associated with the care of each consumer. Requirement (3) (d): deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner Requirement (3) (e): information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared
Other standards	Standard 1 - Consumer Dignity and Choice Standard 2 – Ongoing Planning and Assessment Standard 4 - Services and Supports for Daily Living
Legislation or other requirements	Aged Care Act 1997 (CT), Schedule 1 User Rights Principles 2014. Charter of Rights and Responsibilities – Residential Care ed Care Act 1997 (Cth), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care Aged Care Act 1997 (Cth), Schedule 3 User Rights Principles 2014. Charter of Rights and Responsibilities – Short-term restorative Care Civil Liability Act 2002 (NSW). This Act sets out the circumstances in which a person or organisation can be considered to be negligent.

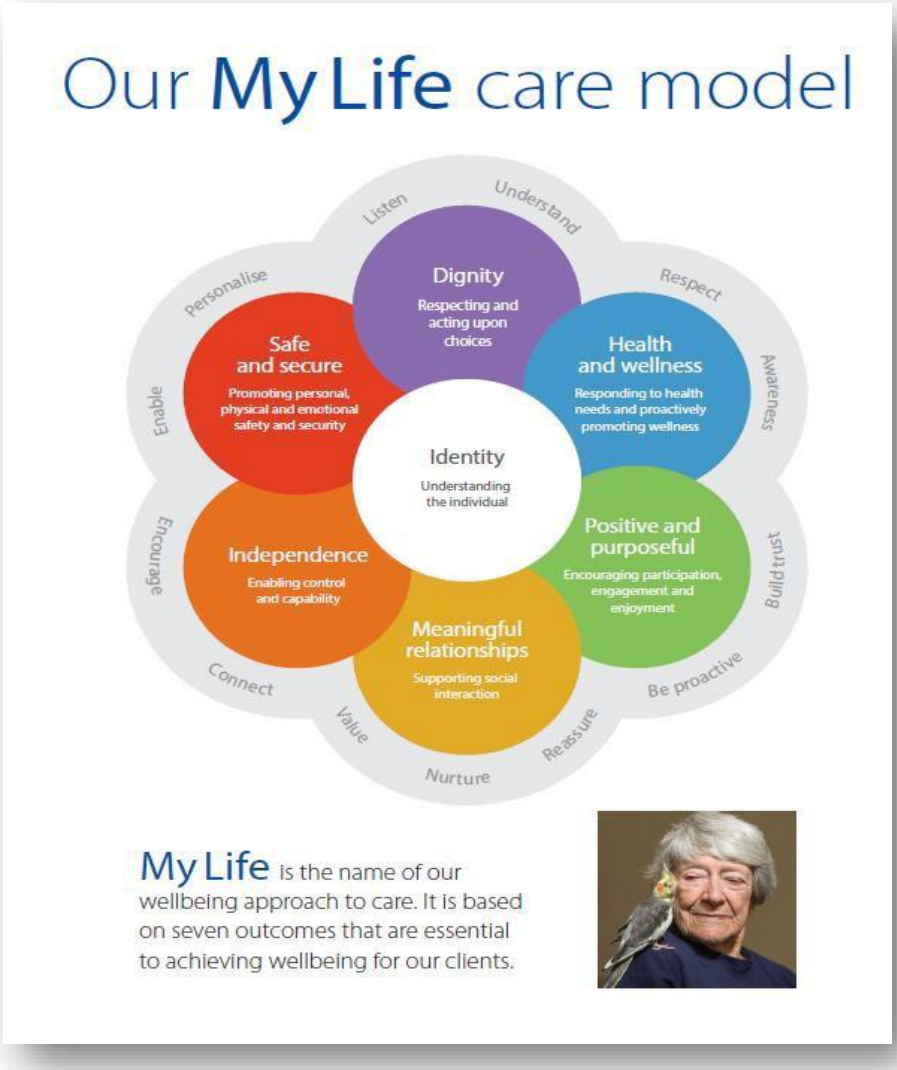
	Australian Diabetes Educators Association (2003). Guide for the Management and care of Diabetes in the Elderly. ACT: Australian Diabetes Educators Association Diabetes Australia (2012). Diabetes Management in General Practice (15th Ed.). ACT: Diabetes Australia Diabetes Australia (2016) Diabetes Management in Aged Care https://static.diabetesaustralia.com.au/s/fileassets/diabetes-Australia/f49f1343-e606-4dad-ac63-16bcced3a313.pdf See JBI for clinical care management in detail
Objective	That all residents and clients who have diabetes are managed in accordance with their management plan. That they are clinically monitored and managed in a safe and timely manner. Residents and clients will be involved in the development of their diabetic care and service plan.
Performance Measure	Residents and clients with diabetes will be assessed and monitored in a timely manner. Residents and clients with diabetes will not be compromised because clinical teams have failed to recognise a person at risk or experiencing hyperglycemia or hypoglycemia
Risk Assessment	All residents with diabetes will be assessed by a clinician, a management plan will be comprehensive, well documented and communicated to all team members including catering teams. All risks will be identified and discussed with the resident or client or their representative. There will be strategies implemented to eliminate or reduce complications associated with diabetes.

Diabetes Management

Introduction

The purpose of this policy is to support Whiddon's commitment to provide residents and clients and team members with information to enable residents and clients with diabetes to participate in the management of their condition and limit any adverse effects and complications from this disease. In turn, the effective management of diabetic conditions, may result in the improvement of an individual's pleasure with their lifestyle, their choices relating to care and services, and overall quality of life. This policy is designed to assist the clinical teams to understand and apply evidenced-based management of diabetes mellitus and accordingly how team members deliver this evidence-based care to our residents and clients.

Caring for residents and clients' health and wellbeing is an enactment of Whiddon's Mylife Care Model these are the outcomes we want for our residents and clients; Health and Wellness is about responding to health needs and proactively promoting wellness.



Application of Policy

This policy applies to all Whiddon care teams who provide direct care to residents or clients. This policy also includes the allied health professionals including but not limited to, diabetes consultants, dietitians and podiatrists.

Definitions

Blood Glucose Level (BGL): the level of glucose within the blood. Blood glucose levels are measured in millimoles per litre of blood (mmol/L). This may also be represented as BSL = Blood Sugar Level.

Hyperglycaemia (or high BGL) is when the individual's blood glucose is too high due to their body not properly using or making the hormone insulin.

Hypoglycaemia (or low BGL) is when the individual's blood glucose is too low or drops below normal for the individual for a variety of reasons.

Diabetes is a serious complex condition which can affect the entire body. It is a cause of blindness, kidney failure, heart attack, stroke, limb amputation and effects mental health, sometimes causing depression.

Diabetes requires daily self-care and if complications develop, diabetes can have a significant impact on quality of life and can reduce life expectancy. (Citation: Diabetes Australia).

In people with diabetes, their body either does not produce insulin or does not produce enough insulin, the insulin does not work effectively and/or the cells of the body do not respond to insulin effectively (known as insulin resistance)

Type 1 Diabetes

Type 1 diabetes is an auto-immune condition in which the immune system is activated to destroy the cells in the pancreas which produce insulin. We do not know what causes this auto-immune reaction. Type 1 diabetes is not linked to modifiable lifestyle factors. There is no cure, and it cannot be prevented.

Type 1 diabetes:

- Occurs when the pancreas does not produce insulin
- Represents around 10 per cent of all cases of diabetes and is one of the most common chronic childhood conditions
- Onset is usually abrupt and the symptoms obvious
- Symptoms can include excessive thirst and urination, unexplained weight loss, weakness, fatigue and blurred vision
- Is managed with insulin injections several times a day

Type 2 Diabetes

Type 2 diabetes is a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. We do not know what causes type 2 diabetes. Type 2 diabetes is associated with modifiable lifestyle risk factors.

Type 2 diabetes also has strong genetic and family related risk factors.

Type 2 diabetes: Is diagnosed when the pancreas does not produce enough insulin (reduced insulin production) and/or the insulin does not work effectively and/or the cells of the body do not respond to insulin effectively (known as insulin resistance).Represents 85–90 per cent of all cases of diabetes.

Usually develops in adults over the age of 45 years but is increasingly occurring in younger age groups including children, adolescents and young adults. Is more likely in people with a family history of type 2 diabetes or from particular ethnic backgrounds. For some the first sign may be a complication of diabetes such as a heart attack, vision problems or a foot ulcer

Is managed with a combination of regular physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, most people will need oral medications and/or insulin injections in addition to lifestyle changes over time.

Blood glucose monitoring

One of the main aims of diabetes treatment is to keep blood glucose levels within a specified target range. The key is balancing a person's food and their activity, lifestyle and diabetes medicines. Blood glucose monitoring can help you understand the link between blood glucose, food, exercise and insulin.

Glycosylated haemoglobin (HbA1c) test

The HbA1c test shows an average of a person's blood glucose level over the past 10–12 weeks and should be arranged by the resident or client's doctor every 3–6 months. This needs to be discussed with the residents' GP and captured in the resident or client's service and care plan. It does not replace the BGL monitoring.

IDDM: Insulin Dependent Diabetic

NIDDM: Non-Insulin Dependent Diabetic

Policy

This policy applies to consumers in Residential Care and Community Care funded by the Department of Health and Aged Care and the National Disability Insurance Scheme (NDIS)

To maintain clarity and consistency throughout the policy, the terms "consumers," "residents," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

At Whiddon all residents and clients with a diagnosis of diabetes will receive the appropriate and prescribed monitoring of their BGL's (Blood Glucose Level) and receive the correct and timely administration of medications or dietary needs prescribed to treat this disease.

Care team members will ensure that all residents and clients will be consulted about their wishes and goals regarding the management of their diabetes. The primary health aim is to relieve acute and chronic symptoms, optimise glycaemic control, minimise risk factors for diabetes complications and manage existing diabetes complications.

Residents and clients who live in a Whiddon home or receive care and services in their own home with a diagnosis of diabetes, will have an individualised diabetic management plan developed and a care and services nursing care plan, a general practitioner/medical officer will prescribe a diabetes management directive.

A resident and client will have contemporary documentation demonstrating clinical care provided, the review of medications and the communication of menu choices as relevant, reflecting dietary requirements as decided by the resident or client in consultation with a dietitians, diabetes specialist and or the resident or clients' general practitioner.

Individual management of diabetes will be regularly reviewed by the general practitioner (or medical specialist) and residents and as required clients will be supported to access allied health.

Guidelines

There are two Types of Diabetes: Type 1 and Type 2. As a clinician and care team member it is important to understand the signs and symptoms and the physiology of diabetes. (Excerpt Diabetes Australia 2019)

Type 1 IDDM Physiology

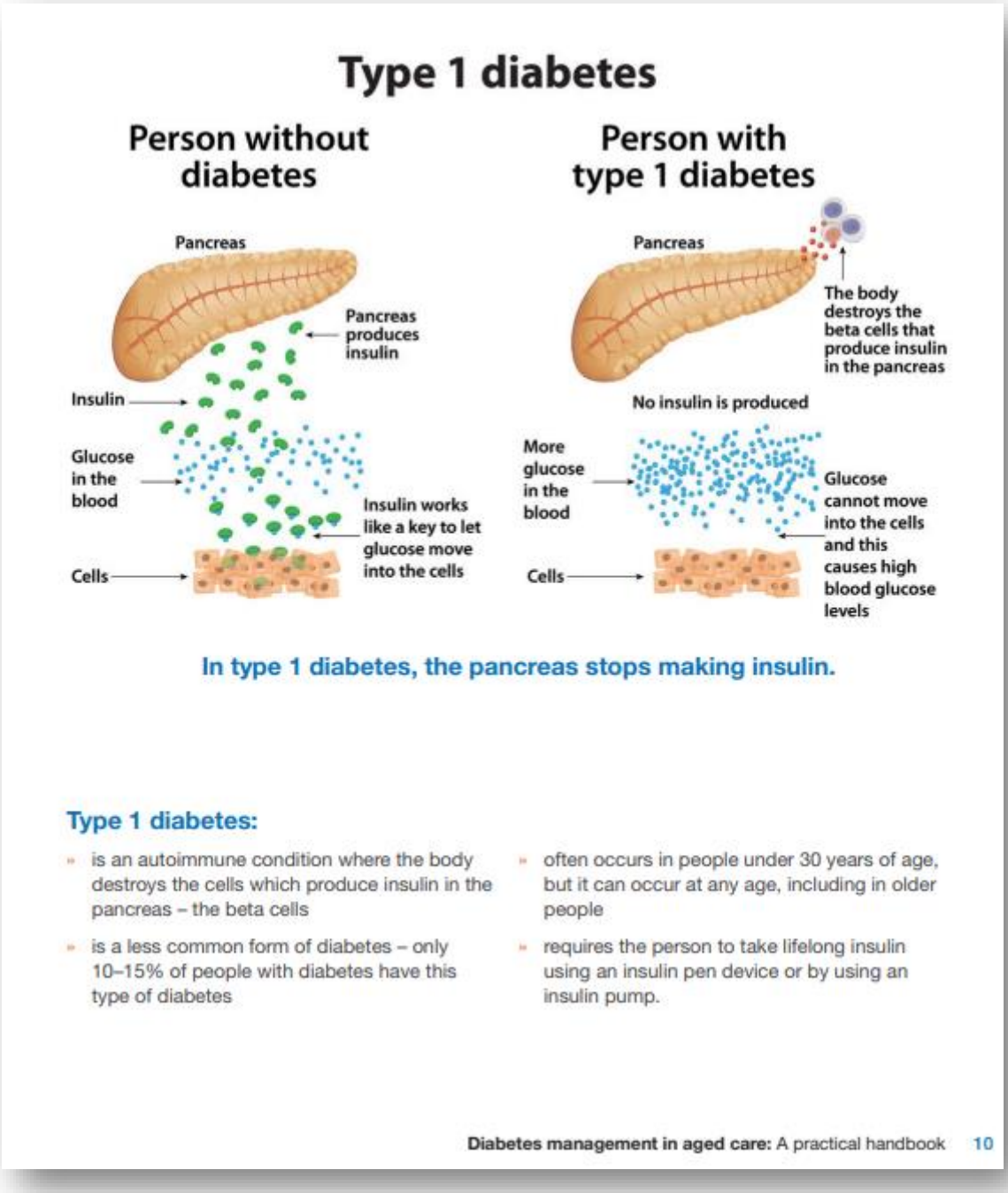
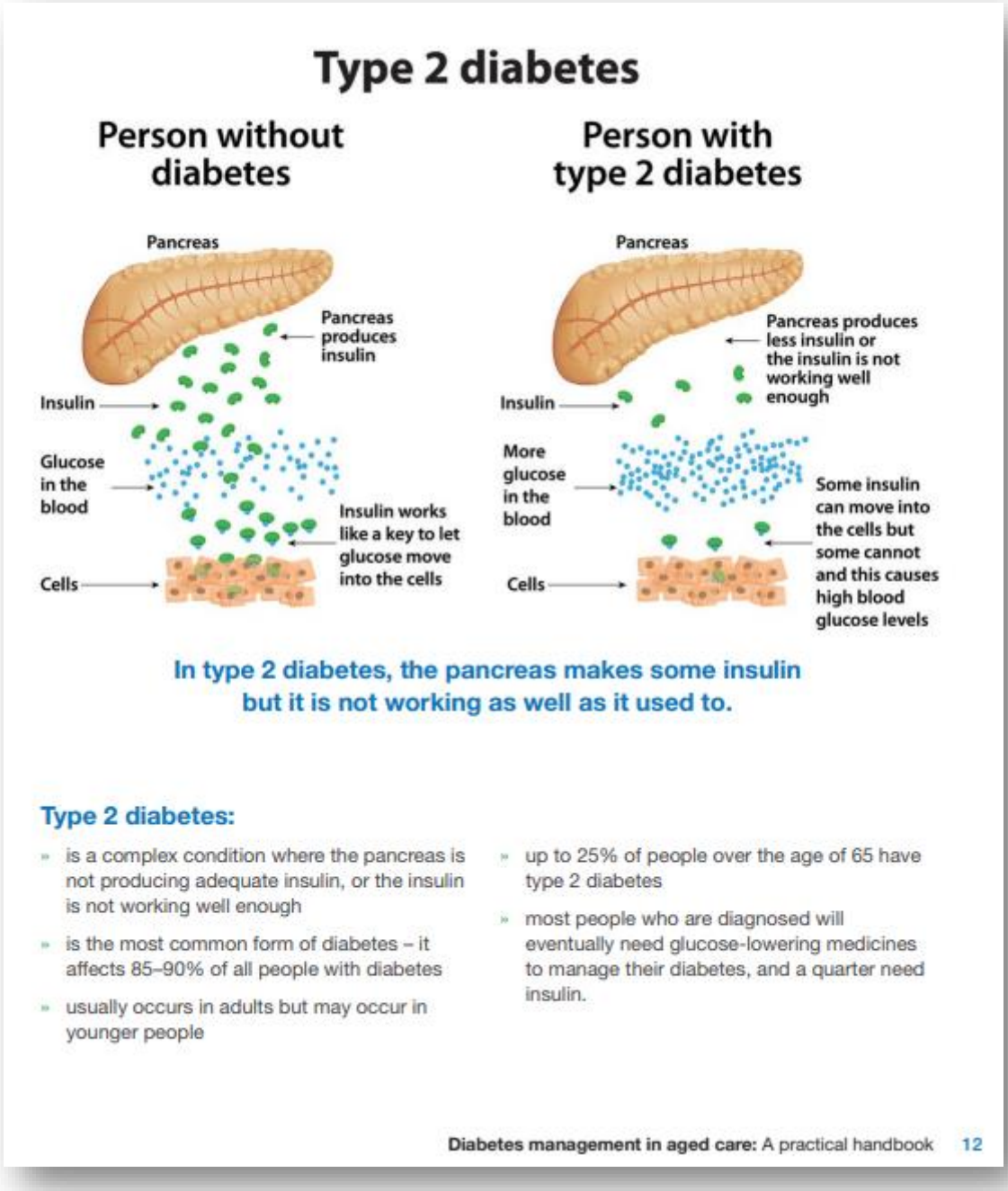


Image from Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020

Type 2 NIDM Physiology



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The Signs and Symptoms of Diabetes

Both type 1 and type 2 diabetes can occur at any age.

The signs and symptoms of diabetes in older people can be non-specific, so they may not be as obvious as in younger people. Older people with cognitive decline are also less able to report signs and symptoms. As a result, diabetes can be mistaken for other causes – including 'getting old' – which can delay the diagnosis.

Signs and symptoms in residents which indicate diabetes are shown below.

Actions

If you notice any of the signs or symptoms above, let your supervisor know.

Image from Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020

Residents who present with these symptoms should be screened for diabetes by measuring plasma glucose, as recommended for the general population.

Signs or symptoms of diabetes typically include: » Urinating more than usual »

- Feeling very thirsty »
- Increased or reduced appetite »
- Extreme tiredness

- Feeling lethargic
- Weight loss
- Glucose in the urine
- Dry mouth, lips or skin
- Sunken eyes
- Flushed face
- Feeling irritable
- Blurred vision
- Itchiness »
- Vaginal thrush in women and (occasionally) public thrush in men
- Loss of sexual desire in women » impotence in men.

Symptoms are often non-specific and can be attributed to 'old age'. This means diabetes is often only diagnosed when an older person presents for a routine health check or is hospitalised for an underlying illness (which can often be a complication of diabetes). In some cases, their diabetes is not revealed until they have an acute diabetes-related complication, such as a stroke or heart attack

What should you know about high blood glucose (hyperglycaemia)

The medical definition of hyperglycemia or high blood sugar, is an abnormally high blood level in the blood. Hyperglycemia is a hallmark sign of diabetes (both type 1 diabetes and type 2 diabetes) and prediabetes, diabetes is the most common cause of high blood sugar levels. Severely elevated glucose levels can result in medical emergency like diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar nonketotic syndrome (HHNS), also referred to as hyperglycemic hyperosmolar state. These so-called hyperglycemia crises are serious conditions that can be life threatening if not treated immediately.

Over time, hyperglycemia can lead to damage to organs and tissues. Long-term hyperglycemia can impair the immune response, leading to poor healing of cuts and wounds. It can also cause nerve damage, vision problems, and damage to the blood vessels and kidneys.

https://www.medicinenet.com/hyperglycemia/article.htm#what_are_the_complications_of_low_blood_sugar

The Blood Glucose Levels (BGL)

Each resident and client diagnosed with diabetes must have a diabetes management plan included in their service and care plan which includes BGL parameters as set by their General Practitioner/ Specialist.

There is a small range of BGLs that is considered normal. It is abnormal when it is too high (Hyperglycaemia), or too low (Hypoglycaemia). These levels may be different for each resident or client as a number of factors can be used to determine what is considered abnormal for that individual. If a resident or client's BGL is outside their documented normal range,

even if they are not displaying symptoms, the registered nurse should assess the resident in residential care who contact the General Practitioner for a review and or directives. In community care the community care team member is to contact the community care coordinator, or the medical officer as directed in the service and care plan.

All abnormal BGL measurements, and actions taken, must be documented in the resident' or Client's progress notes, handover sheets and BGL record chart. (As relevant)

Blood Glucose Monitoring

One of the main aims of diabetes treatment is to keep blood glucose levels within a specified target range. The key is balancing a person's food with activity, lifestyle and diabetes medication as ordered.

The number of times a blood glucose level is checked for residents or clients who use insulin varies according to a number of factors. The residents or client's general practitioner /medical officer will prescribe the monitoring plan however if a clinical team member or carer is concerned about a resident or client they should undertake a random BGL with the consent of the resident or client if the person has capacity. If the team member or carer has not successfully completed the 'Measuring and recording blood glucose level' skill assessment they must inform the registered nurse or Community Care Coordinator must be informed immediately who will assess the resident or client and take the BGL

What do you need to test a blood glucose level?

- Informed Consent must be obtained
- A glucometer
- A lancet device with lancets
- Test strips
- A wet one or injection wipe
- Kidney Dish
- Sharps container
- Disposable gloves

Sample device

There are many different types of BGL devices, offering different features. Most of these are available from Diabetes Australia and pharmacies. All clients or residents with a diagnosis of diabetes should have their own personal glucometer.

How to test blood glucose levels

Team members must have successfully completed the 'Measuring and recording blood glucose level' skill assessment and a copy filed in the staff member's personnel file.

To test a person's blood glucose levels:

- Obtain Consent from the resident or client
- Explain the procedure, wash your hands and wear gloves
- Clean the persons finger to be pricked with a' wet one 'or injection wipe and let dry.
- Using a new lancet (the resident or client's own equipment)
- Add a small drop of blood onto a testing strip
- This strip is then inserted into the meter
- The strip and displays a number, this is the blood glucose reading. It is important that a BGL device is maintained as per manufactures instructions for cleaning, calibrating, charging etc.
- Give the resident or client a tissue for the finger to prevent blood seepage
- Dispose of the used lancet into the sharps container (never re-sheath)
- Wash your hands
- Document the BGL
- Clean device and return to safe storage
- Ensure the resident or client is comfortable and inform them of their BGL result and the action to be taken.

When and how often you should test blood glucose levels varies depending on each individual, the type of diabetes and the tablets and/or insulin being used. Blood glucose levels are measured in millimoles per litre of blood (mmol/L).

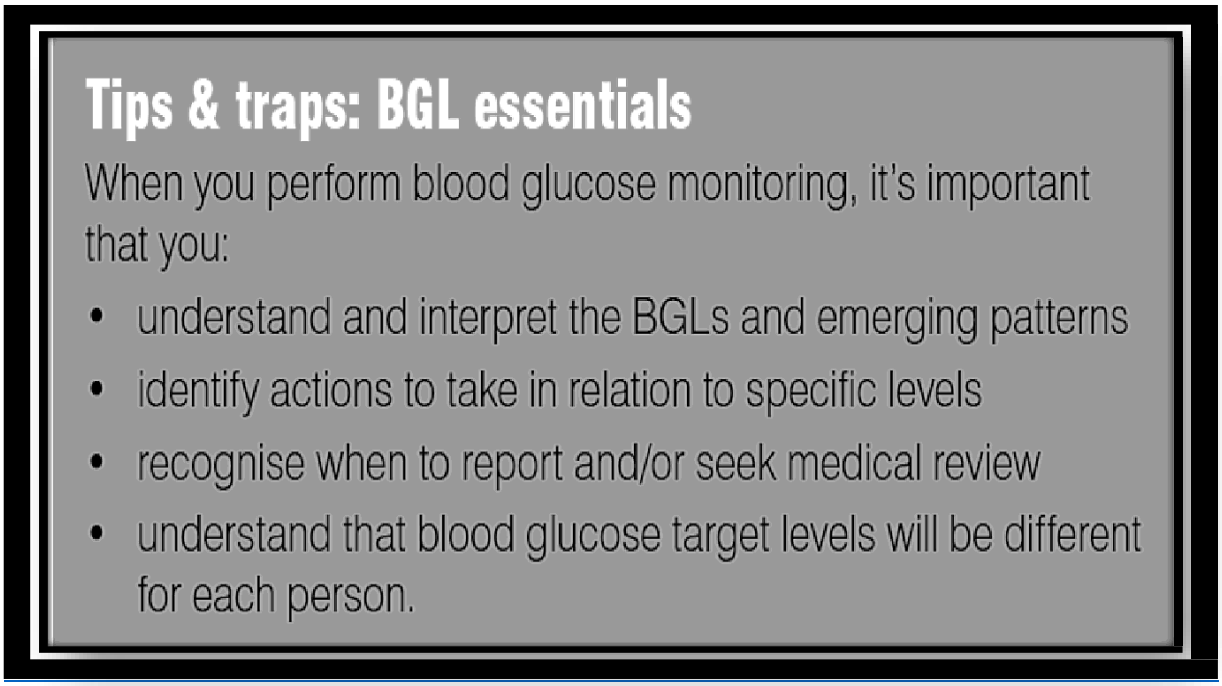
***B.G.L must be recorded once measured and if it is not within range for the resident* or client and/or they are displaying symptoms of concern, the general practitioner must be notified immediately.**

When should a blood glucose level be taken?

Testing blood glucose levels and how often varies depending on each individual, the type of diabetes and the tablets and/or insulin being used. The general practitioner will plan the frequency in accordance with the resident's or client's medical history and in consultation with the resident or client or their representative

Typically, a plan may be.

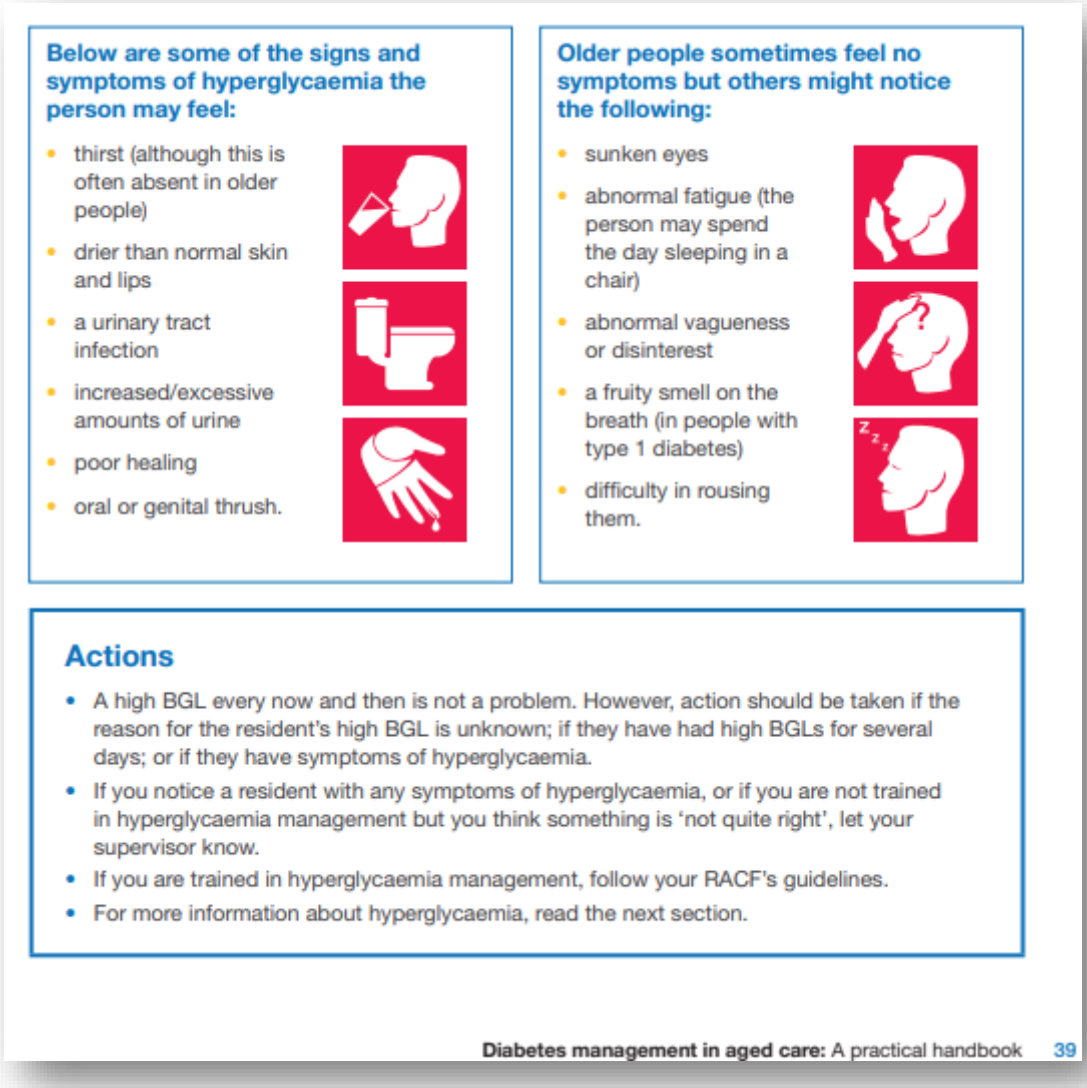
- Before breakfast (fasting).
- Before lunch/dinner.
- Two hours after a meal.
- Before bed.
- Before rigorous exercise.
- When a person is feeling unwell or is displaying symptoms.
- When a person in not eating normally



From Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020

Hyperglycaemia Signs and Symptoms (High Blood Sugar Levels)

The primary symptoms of hyperglycaemia are:



Below are some of the signs and symptoms of hyperglycaemia the person may feel:

- thirst (although this is often absent in older people)
- drier than normal skin and lips
- a urinary tract infection
- increased/excessive amounts of urine
- poor healing
- oral or genital thrush.

Older people sometimes feel no symptoms but others might notice the following:

- sunken eyes
- abnormal fatigue (the person may spend the day sleeping in a chair)
- abnormal vagueness or disinterest
- a fruity smell on the breath (in people with type 1 diabetes)
- difficulty in rousing them.

Actions

- A high BGL every now and then is not a problem. However, action should be taken if the reason for the resident's high BGL is unknown; if they have had high BGLs for several days; or if they have symptoms of hyperglycaemia.
- If you notice a resident with any symptoms of hyperglycaemia, or if you are not trained in hyperglycaemia management but you think something is 'not quite right', let your supervisor know.
- If you are trained in hyperglycaemia management, follow your RACF's guidelines.
- For more information about hyperglycaemia, read the next section.

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Image from Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020

What is the treatment for high blood sugar?

Insulin is the treatment for people with type 1 diabetes, and for life-threatening increases in glucose levels. People with type 2 diabetes may be managed with a combination of different oral and injectable medications (including dietary plans). Hyperglycemia due to medical conditions other than diabetes (e.g. pancreatitis, Cushing's syndrome, pancreatic cancer) is generally treated by treating the underlying condition responsible.

See Staying Healthy : for the prevention of complications

Hypoglycaemia Signs and Symptoms (Low Blood Sugar Levels)

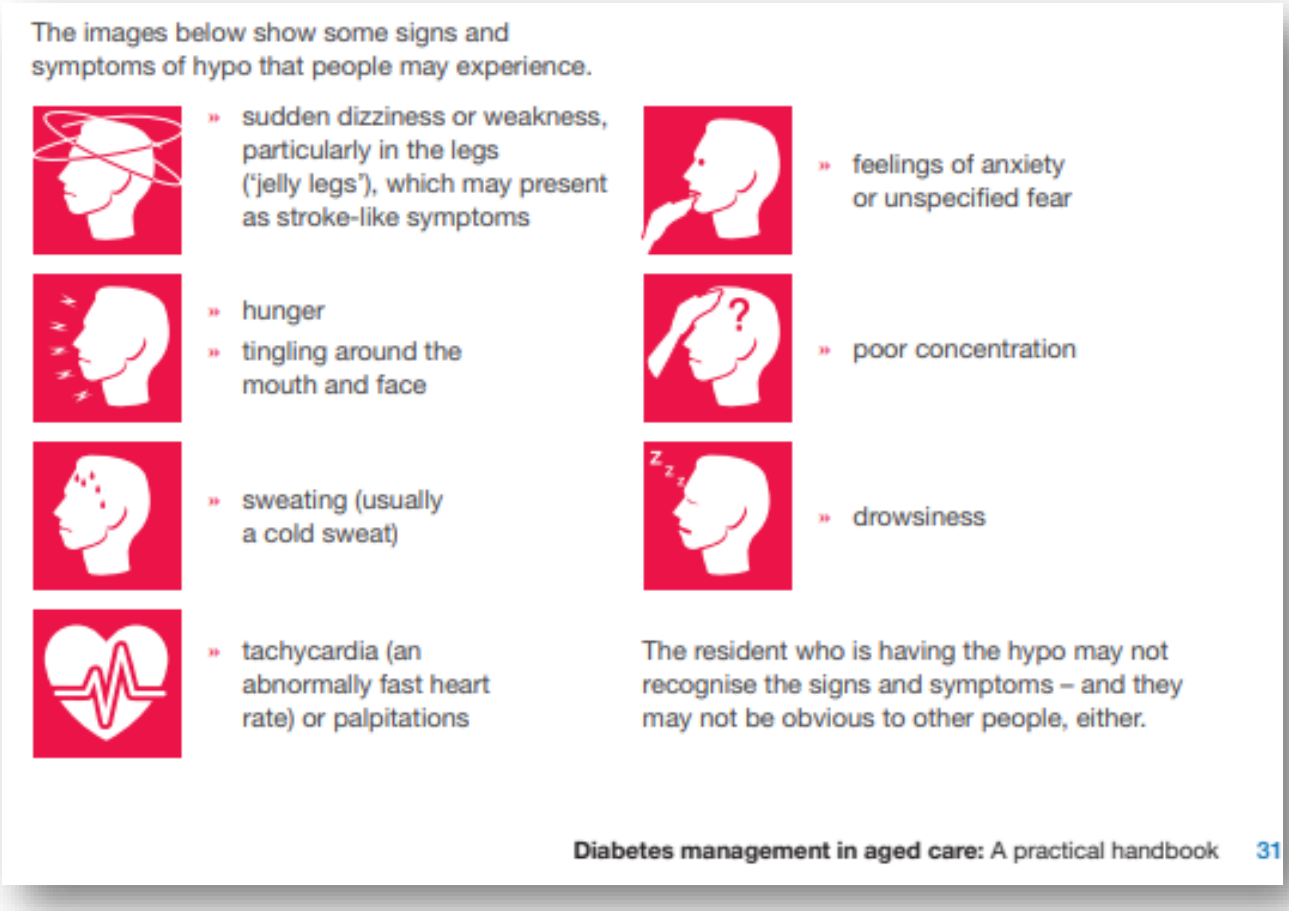
Hypoglycaemia is a condition caused by a very low level of blood sugar (glucose), the body's main energy source.

Hypoglycaemia is often related to the treatment of diabetes. However, a variety of conditions — many rare — can cause low blood sugar in people without diabetes. Like fever, hypoglycaemia isn't a disease itself — it's an indicator of a health problem. Immediate treatment of hypoglycaemia is necessary when blood sugar levels are below 4.0mmol/L (Diabetes Australia).It is essential that the GP/MO provides clear direction on the management of a residents' or clients' blood glucose levels range

Treatment involves quick steps to get blood sugar level back into a normal range (usually 4.0-7.8 mmol/l) either with high-sugar foods or drinks or with medications. Long-term treatment requires identifying and treating the underlying cause of hypoglycaemia.

Symptoms

If blood sugar levels become too low, signs and symptoms may include:



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As hypoglycaemia worsens, signs and symptoms may include:

- Confusion, abnormal behavior or both, such as the inability to complete routine tasks.
- Visual disturbances, such as blurred vision.
- Seizures.
- Loss of consciousness

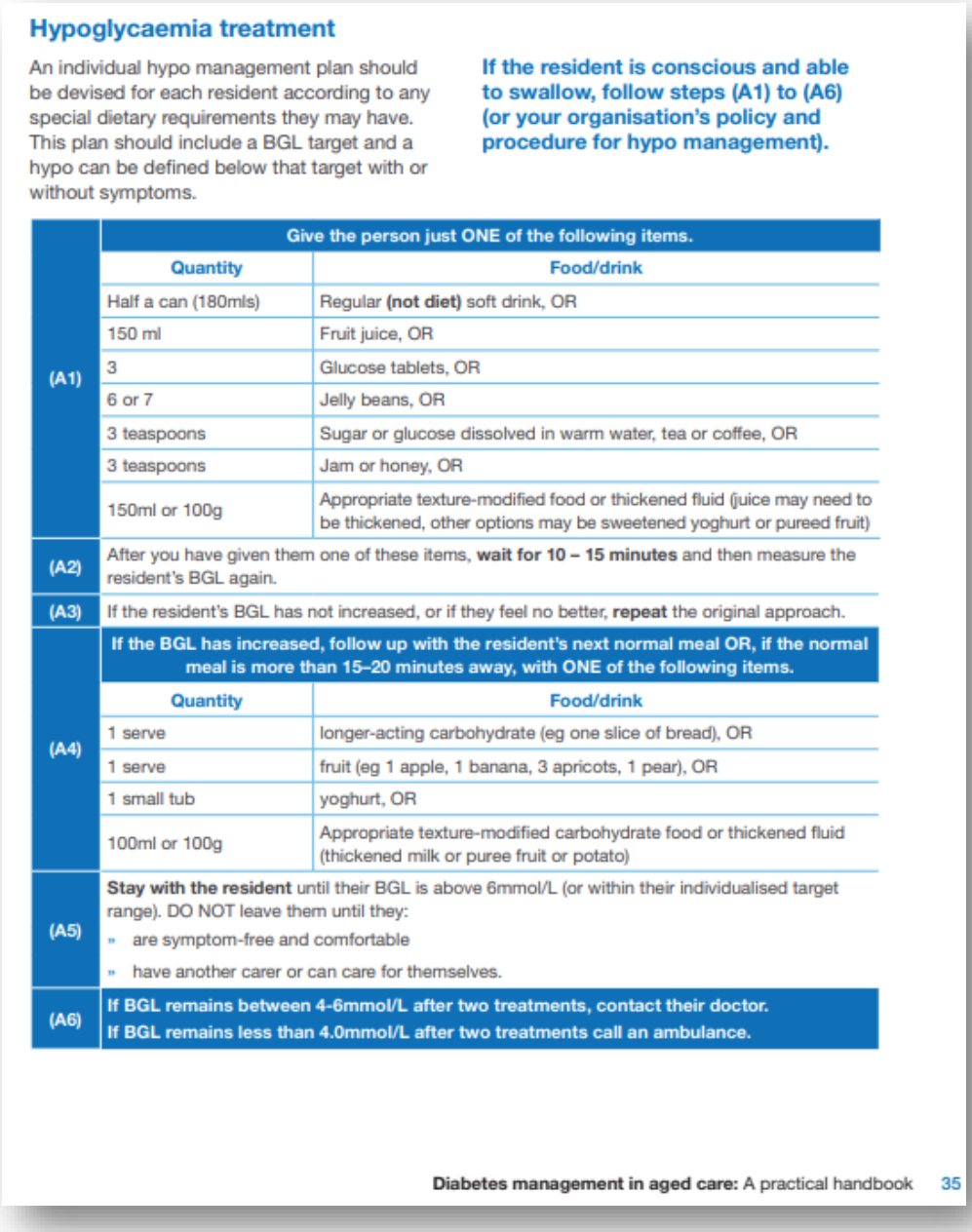
Hypoglycaemia Management

Hypoglycaemia Must be Treated as a Medical Emergency

– Residential Care : every diabetic resident should have their own glycogen injection – this must be checked to ensure that it is in date as per manufacturer instructions.

Community Care: The carer must follow the clients care and service plan – in an emergency always call an ambulance.DO NOT LEAVE THE CONSUMER ALONE

People with severe hypoglycaemia may appear as if they're intoxicated. They may slur their words and move clumsily. https://www.mayoclinic.org/diseases-conditions/hypoglycaemia/symptoms-causes/syc-20373685



Hypoglycaemia treatment

An individual hypo management plan should be devised for each resident according to any special dietary requirements they may have. This plan should include a BGL target and a hypo can be defined below that target with or without symptoms.

If the resident is conscious and able to swallow, follow steps (A1) to (A6) (or your organisation's policy and procedure for hypo management).

(A1)	**Give the person just ONE of the following items.**	
	Quantity	**Food/drink**
	Half a can (180mls)	Regular **(not diet)** soft drink, OR
	150 ml	Fruit juice, OR
	3	Glucose tablets, OR
	6 or 7	Jelly beans, OR
	3 teaspoons	Sugar or glucose dissolved in warm water, tea or coffee, OR
	3 teaspoons	Jam or honey, OR
	150ml or 100g	Appropriate texture-modified food or thickened fluid (juice may need to be thickened, other options may be sweetened yoghurt or pureed fruit)
(A2)	After you have given them one of these items, **wait for 10 – 15 minutes** and then measure the resident's BGL again.	
(A3)	If the resident's BGL has not increased, or if they feel no better, **repeat** the original approach.	
(A4)	**If the BGL has increased, follow up with the resident's next normal meal OR, if the normal meal is more than 15–20 minutes away, with ONE of the following items.**	
	Quantity	**Food/drink**
	1 serve	longer-acting carbohydrate (eg one slice of bread), OR
	1 serve	fruit (eg 1 apple, 1 banana, 3 apricots, 1 pear), OR
	1 small tub	yoghurt, OR
	100ml or 100g	Appropriate texture-modified carbohydrate food or thickened fluid (thickened milk or puree fruit or potato)
(A5)	**Stay with the resident** until their BGL is above 6mmol/L (or within their individualised target range). DO NOT leave them until they: » are symptom-free and comfortable » have another carer or can care for themselves.	
(A6)	**If BGL remains between 4-6mmol/L after two treatments, contact their doctor.** **If BGL remains less than 4.0mmol/L after two treatments call an ambulance.**	

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Image from Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020

If a resident is unconscious or unable to swallow follow this protocol:

- Do not give anything by mouth

- Do not leave the resident /client alone
- If there is a registered nurse on shift – administer Glucogen® injection immediately (must me competent) and call 0 000 ambulance and state you have a DIABETIC EMERGENCY
- If there is no registered nurse immediately call 0 000 ambulance and state you have a DIABETIC EMERGENCY
- Contact the resident /client GP and their representative

  When practicable contact the Service Manager/ Community Care Coordinator and complete an incident report

Tips & traps: Glucogen® hypo kit

Anyone who is prescribed insulin or a sulphonylurea should have ready access to a Glucogen® kit in case they have a hypo, and they cannot swallow, or they are unconscious. The kit should be prescribed and documented by their doctor.

Glucogen® is a hormone that is also produced in the pancreas which has the opposite effect from insulin, and it speeds up people's recovery from hypoglycaemia. Glucogen® comes premeasured in a syringe – so it is impossible to give too much – and the full amount should be given to adults.

The syringe is inserted under the skin (subcutaneously), into the muscle (intramuscularly) or into a vein (intravenously).

The treatment can be administered by any person who has had the relevant training (*Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020)*

Sick Day Management

Being sick can make things more difficult for a resident and client with diabetes. The illness might cause their blood glucose levels to rise, and it might also make it harder to manage their diabetes. How diabetes is managed during an illness depends on whether the resident has type 1 or type 2 Diabetes. Residents and clients may need more frequent blood glucose monitoring and more insulin (if they usually take insulin) or not ,this depends on their food intake and if they are vomiting. The registered nurse must monitor the BGL's and consult with the resident or client's medical officer /General practitioner.

Actions

- Take action when you notice the symptoms or signs of an illness.
- If you think a resident or client is sick, tell the Registered Nurse, Community Care Coordinator, who must inform the GP and resident /client and or their representative Immediately.
  - Symptom my include
  - Fever
  - Sore throat
  - Runny or stuffy nose
  - Muscle or body aches
  - Headache
  - Cough
  - Diarrhea
  - Vomiting
  - Tiredness

(Diabetes Management in Aged Care a Practical Handbook Diabetes Australia v3 July 2020)

Residential Care Management Process

Includes, but is not limited to:

(1) Upon admission, The **Initial Clinical Assessment** is commenced within 24 hours of admission which generates an **Interim Agreed Care** and **Services Plan** to guide staff regarding the delivery of care until the **Agreed Care and Services Plan** is completed. The resident's diabetic management requirements are established, clarified & documented. A **Diabetic Screening and Management** form is to be generated and signed off by the GP and recorded in Autumn Care at the earliest opportunity. The directive consists of upper and lower acceptable range for BGLs, the frequency of monitoring and the baseline actions to be taken when results are outside of acceptable ranges.

(2) After the admission period an Agreed Care & Services Plan is developed with the consumer. The

Care plan will be include but not be limited to

- Dietary requirements.
- BGL monitoring.
- Identification of Hypoglycaemic and Hyperglycaemic interventions.
- Support for diabetic management including self-management if applicable.
- Risk minimisation strategies.
- Sick day management.
- Podiatry , dental and nutritional support and management.
- Registration of clients with diabetes with National Diabetes Services Scheme

(3) This care plan is reviewed three monthly and as required in consultation with the resident, whereby "Agreed goals of care "are identified, agreed and evaluated.

(4) The identified reportable blood glucose levels/ parameters (BGLs) must be documented in the **Diabetes Screening and Management form/GP Diabetic Directive** in Autumn Care The directive consists of upper and lower acceptable range for BGLs, the frequency of monitoring and the baseline actions to be taken when results are outside of acceptable ranges. In addition, there are interventions and guidance regarding podiatry/foot and skin care contained within the directive and resulting **Agreed Care and Services plan.**

(5) The **BGL Monitoring chart** in Autumn Care lists the times and frequency of monitoring, the reportable levels (below and above), and provides instructions for staff. This information is populated directly into the BGL Chart from the **Diabetic Screening and Management Form**. This chart can be used to document actions or conversely the progress notes. The Autumn Care BGL Chart is designed to alert staff when a reading is outside of the agreed parameters.

(6) Staff are required to escalate BGLs outside of the acceptable range to the senior registered nurse or as directed by the Diabetic Screening & Management Form/Directive.

(To ensure team members are able to accurately measure resident's or client's BGL levels the

'Measuring and recording blood glucose level' skill assessment is required to be undertaken by Certificate IV and Certificate III Assistants in Nursing and re-tested annually.

All BGL kits (machine) must be calibrated as per manufacturer's recommendation and recorded on the booklet that comes with the machine.

Community Care Management Process

Includes, but is not limited to:

- On admission to the service, a Comprehensive Assessment is completed, and the client's diabetic management requirements are established, clarified & documented.
- The client's Care Plan details the client's diabetes management requirements, and the assistance required from Whiddon team members in managing their diabetes. The Care Plan is updated on a regular basis and as required due to changes in the client's condition or circumstances.
- The client's general practitioner is asked to complete the Diabetic Management Directive which details the management plan for the client including frequency of BGLs, reportable BGL levels, and reporting directives.
- The Emergency Management Plan is completed which details actions to be taken in the event of the client experiencing issues related to their diabetes.
- Team members are required to escalate BGLs outside of the acceptable range to the Community Care Coordinator or delegate.
- To ensure team members are able to accurately measure clients BGLs, Blood Glucose Monitoring Competency Assessments are required to be undertaken by Certificate III and Certificate IV Assistants in Nursing and re-tested annually.
- All BGL kits (machine) must be calibrated monthly or as per manufacturer's recommendation and recorded on the booklet that comes with the machine.

Staying Healthy

For Prevention and Management of complications: please see Fact Sheets – these can be distributed and made available to all residents and clients.

Fact Sheets and handbook Diabetes Management in Aged Care June 2016 is available from https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/01ebfd4b-99b9-439e-8c19-126090cbb9c3.pdf

13. Healthy eating

FAST FACTS

Healthy eating helps to manage diabetes.

People with diabetes should eat the same healthy foods as other residents: they don't need a special diet, and they can eat sugar and desserts.

Often, older people lose their appetite or have problems with their mouth, teeth or swallowing. If you notice this, let a supervisor know.

Losing weight when you are older can sometimes do more harm than good. If people lose muscle, this can affect their functional ability and make them more prone to falls.

Read the following 'Tips & traps' for advice about how to help your residents maintain a healthy diet.

Tips & traps: Encourage healthy eating

- Make sure the resident's meal is set up where they can reach it, and their cutlery is also within easy reach. All food should be accessible and packets open.
- For people who can't see their meal properly, provide a description of where particular food is on the plate, and try to place things in the same layout for each meal.
- If the resident has dentures, make sure they are in place, and that they are clean and fit well.
- Check that the person has no mouth problems, such as a dry mouth, furred tongue, ulcers or tooth decay. Make sure their mouth is moist before meals.
- If the resident has a small appetite, provide smaller, attractively presented meals.
- If a person has difficulty swallowing or increased coughing/choking during a meal, refer them for medical assessment. Softer meals may be helpful but pureed food is not necessary for most people and can be unappetising.
- Advise residents that if they are on a glucose lowering medicine (insulin or a sulphonylurea), skipping their meal could cause hypoglycaemia. If they don't eat their meal, they need to consume some carbohydrate from a different source (eg milk shake, toast or bread, fruit juice, custard or dessert).

14. Sexual health

Sexual health is often overlooked in people who live in residential care. However, sexual health and sexual health problems should be assessed and managed in the same way as any other health concern.

Sexual health includes being able to maintain healthy intimate relationships. Sexual function is affected by low and high blood glucose levels and by long-term diabetes complications. Sexual health problems caused by diabetes complications can include erectile dysfunction in men and vaginal dryness in women.

Actions

- Make sure sexual health is acknowledged as important.
- If you think a resident is having sexual health problems, tell a supervisor.

15. Mental health

FAST FACTS

Depression is a condition that may affect diabetes and also be affected by diabetes.

Symptoms of anxiety and depression in older people are sometimes not recognised because they are seen to be part of 'getting old'.

It's important to tell a supervisor if you notice the following signs or symptoms in a resident.

- sadness
- tiredness or sleeping a lot
- trouble falling or staying asleep
- unexplained aches and pains
- slowed movement or speech
- reluctance to participate in activities
- loss of appetite or not eating
- neglecting personal care (if they usually do this)
- a fixation on death or talking about self-harm or suicide.

You can also help residents manage their own health by:

- detecting and reporting (early) any changes in their:
  - behaviour
  - mood
  - pain
  - BGLs
  - physical symptoms.
- ensuring they take their medicines as prescribed
- encouraging them to eat healthy and nutritious meals
- giving them opportunities for social activity and engagement with other residents, and their family members or support network (for example, encouraging them to eat meals in the dining room rather than alone)
- encouraging their active engagement in other preferred solitary or group activities, such as reading, arts and crafts
- providing opportunities for physical activity.

Symptoms of anxiety and depression in older people are sometimes not recognised because they can be seen as part of 'getting old'.

16. Physical activity

FAST FACTS

Regular exercise is good for everyone, even older people.

It can:

- improve muscle and heart function
- reduce tension and stress
- increase mobility
- improve quality of life
- help lower blood fats, blood pressure and BGLs
- reduce the risk of health problems.

Exercise may seem difficult for people in RACFs but with the help of an exercise physiologist* or physiotherapist, plans can be developed for residents with issues such as vision problems, hearing loss, reduced physical energy and flexibility, or pain.

You can help by:

- encouraging and supporting residents to participate in activities
- making sure residents wear comfortable, well-fitting shoes
- check the residents feet after exercise for any redness or blisters
- providing plenty of fluids during exercise
- ensuring residents do not start new activities without checking with a supervisor
- watching for hypoglycaemia in residents this might affect.

***Note:** *An exercise physiologist is an allied health professional who specialises in designing, implementing and educating about exercise programs that prevent and manage chronic disease and injuries.*

Exercise may seem difficult for people in RACFs but with the help of an exercise physiologist* or physiotherapist, plans can be developed for residents with issues such as vision problems, hearing loss, reduced physical energy and flexibility, or pain.

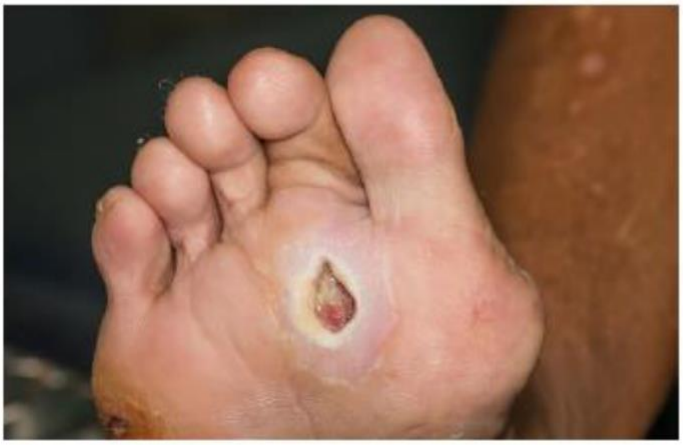
17. Foot care

FAST FACTS

Foot care is an important part of managing diabetes. The nerves and blood vessels to the feet can be damaged by having diabetes for many years.

In older people with diabetes, foot problems may contribute significantly to:

- pain or absence of pain
- a higher risk of falls
- the risk of significant wounds, infection, amputation and even death.



The nerves and blood vessels to the feet can be damaged by having diabetes for many years.

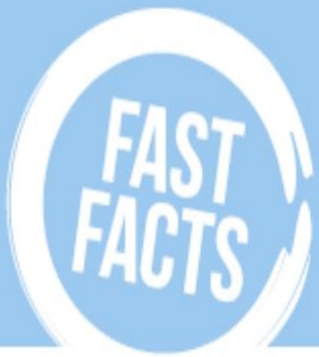
All residents with diabetes should have a foot care plan. It's important that they – or you – undertake daily foot hygiene that includes:

- washing and drying their feet, especially between the toes
- moisturising the skin but avoid between the toes
- looking at their feet and telling your supervisor about skin changes or pain.

Residents with diabetes may not be able to feel their feet, so it's important that they:

- wear shoes that fit well
- do not wear thongs – these are not recommended
- check the inside of their shoe for foreign bodies or broken lining or anything else that might damage their feet
- wear socks or stockings that are not too tight, with shoes
- never walk in bare feet, wear shoes during the day and have slippers available at night.

18. Skin care



As skin ages, it becomes thinner and loses elasticity and moisture. As a result, older people's skin damages more easily, and it takes longer to heal if it gets cracked or torn.

This process is a normal part of ageing, but diabetes can speed it up. Having diabetes can also make it slower to recover from skin infections and sores.

It's important to:

- avoid over-washing the skin
- use warm – not hot – water to wash
- use a pH-neutral soap or non-soap cleanser
- pat the skin dry, rather than rubbing it vigorously
- moisturise the entire body after each bath, shower or body wash
- let a supervisor know if you notice any of the following in your residents:
  - redness
  - infection
  - cracks
  - itching
  - bruises
  - swelling of any of the limbs
  - changes in skin colour, moisture or temperature.

Having diabetes can also make it slower to recover from skin infections and sores.

19. Eye care

FAST FACTS

Diabetes can cause damage to the tiny blood vessels on the back of the eye (called the retina). People with diabetes need regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.

It's important to make sure that diminishing sight in older people with diabetes is not assumed to be a normal part of ageing, and it should be assessed by a doctor/optometrist.

If a resident with diabetes reports any of the following, let your supervisor know:

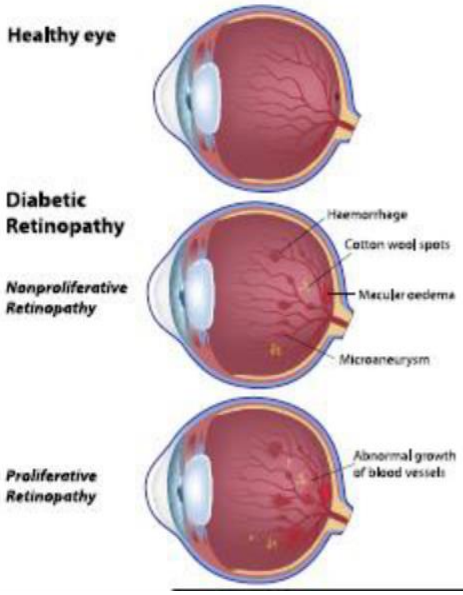
- sudden loss of sight or blurred vision
- flashes of lights in their eyes
- eye pain
- double vision
- redness or swelling of the eye or eyelid.

You can also help your residents by ensuring they have:

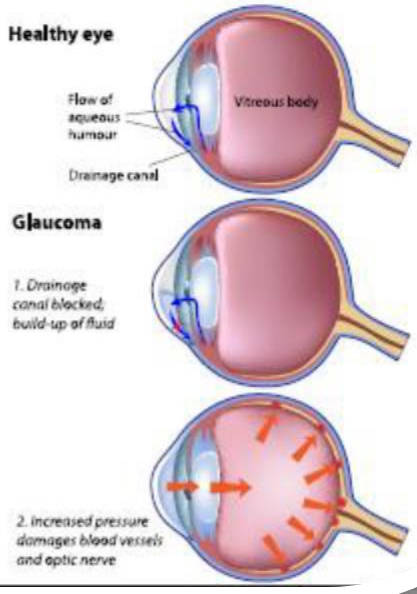
- their glasses clean and accessible, so they can wear them when they need them
- their sunglasses on when outside.

People with diabetes need regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.

Development of diabetic retinopathy



Development of glaucoma



20. Oral care

FAST FACTS

People with diabetes have more glucose in their saliva than other people, which can result in more tooth decay and gum disease.

Diabetes can also lead to some people having a dry mouth and other oral problems.

Following are some of the signs and symptoms of oral health problems. If you notice any of these in a resident who has diabetes, let a supervisor know:

- reduced appetite
- weight loss
- dry mouth
- bleeding gums
- red, swollen gums or tongue
- loose teeth
- a change in the way teeth fit together, or how the person is able to bite
- a change in the fit of dentures
- refusal to wear dentures
- pain or burning tongue or gums
- ulcers
- persistent bad breath.

People with diabetes have more glucose in their saliva than other people, which can result in more tooth decay and gum disease.

21. National Diabetes Services Scheme

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government. The scheme provides diabetes-related products at subsidised prices, as well as a range of information and services to people with diabetes. Registration is free and open to all Australians diagnosed with diabetes.

Registration

People who are registered on the NDSS have access to quality diabetes self-management support and education services delivered through:

- the infoline (phone 1300 136 588)
- the website at ndss.com.au
- individual and group education programs
- a range of diabetes-related resources, including fact sheets.

It's important to register all newly diagnosed residents and those who have diabetes who are not yet registered with the NDSS. Contact the NDSS on 1300 136 588 to:

- check whether all eligible residents are registered
- register new residents
- update a registrant's details if their diabetes management is changing to injecting insulin or a glucose lowering medicine
- update a registrant's details with their new address when they move into the facility, or to advise the NDSS if the resident passes away.

Services, products and resources

Support services for people with diabetes who live in RACFs, and resources for staff (such as this guide), are provided through state- and territory-based agents. All resources are listed on the NDSS website at ndss.com.au and agents are available through the NDSS Infoline 1300 136 588 to discuss the services and resources they offer to RACFs in their area.

The NDSS supplies a large range of subsidised products that help people to affordably self-manage their diabetes. These include:

- subsidised blood glucose testing strips
- subsidised urine testing strips
- free insulin syringes and pen needles (if insulin or an approved non-insulin injectable medication is required)
- subsidised insulin pump consumables (for approved people with type 1 diabetes or gestational diabetes).

RACF residents can receive a further discount on some NDSS products if they hold one of the following concession cards:

- Health Care Card
- Pensioner Concession Card
- Safety Net Card
- Department of Veterans' Affairs Card.

Diabetes-related products can be accessed through community pharmacy NDSS Access Points. RACF staff can find these on the NDSS Online Services Directory at http://osd.ndss.com.au/search/

For more information about the NDSS, visit the website at ndss.com.au or call the infoline on 1300 136 588.