

DIABETES MANAGEMENT CHART

FACILITY: _____

TYPE 2 ☐ TYPE 1 ☐ OTHER ☐

PT ID									
SURNAME..... D.O.B.....									
OTHER NAMES.....									
ADDRESS.....									

DIABETES ASSESSMENT (Completed x medical officer).			REFERRALS BOOKED (Completed x medical officer).				
	LAST DONE	COMPLETED THIS ADMISSION	APPOINTMENT	TIME	DATE	SERVICE	SIGNATURE
HbA1C			Dietician				
Foot Assessment			Podiatrist				
Eye Review			Ophthalmologist				
Albuminuria			Diabetes Educator				
Creatinine			Social Worker				
Lipids			Other				

DIABETES MANAGEMENT PLAN (Nurse)		MANAGEMENT PLAN REVIEW (Daily By Nurse)			
		Date	Name	Designation	Signature
Oral Hypoglycaemics (types/frequency).....					
Insulin (types/frequency).....					
Insulin Delivery System (pen/pump etc.).....					
Blood Glucose Monitoring (time/frequency).....					
Dietary Requirements.....					
Activity (Physio).....					

INSULIN UNITS GIVEN (TIME) If B.G.L. < 3.5 refer to hypoglycaemia guidelines (over page)										BLOOD GLUCOSE / KETONES (TIME) If B.G.L. > 15 check ketones								
Date	Insulin / OHA Type	0300	0730	2hrs post	1200	2hrs post	1700	2hrs post	2100		0300	0730	2hrs post	1200	2hrs post	1700	2hrs post	2100
Day 1										BGL								
										Ketones								
Day 2										BGL								
										Ketones								
Day 3										BGL								
										Ketones								
Day 4										BGL								
										Ketones								
Day 5										BGL								
										Ketones								
Day 6										BGL								
										Ketones								
Day 7										BGL								
										Ketones								
Day 8										BGL								
										Ketones								
Day 9										BGL								
										Ketones								
Day 10										BGL								
										Ketones								

HYPOGLYCAEMIA TREATMENT RECORD							
Date	Time	BGL	Action Taken			Repeat BGL	Initial

MANAGEMENT OF HYPOGLYCAEMIA

Hypoglycaemia is defined as a Blood Glucose level of ≤ 4.0 mmol/L.

To facilitate rapid and appropriate hypoglycaemia management a HYPO TREATMENT TRAY is located in selected clinical areas on WARDS 3R, 4O, AMU, 4K, 5A, 5B, 5D, 6D, Specialist Clinics, DEM, DPU and the Renal Unit.

It is the responsibility of the Nurse in all clinical areas to ensure that there is a readily accessible supply of carbohydrate to treat Hypoglycaemia and that the Hypo treatment tray is restocked as soon as possible following use. It is the responsibility of all staff to familiarise themselves with the location and content of the Hypo treatment tray.

MILD HYPOGLYCAEMIA

Mild hypoglycaemia is defined as hypoglycaemia that can be SELF-TREATED. It is recognised that due to the unique circumstances in hospital, many episodes of otherwise mild hypoglycaemia will be treated with assistance.

Symptoms: weakness; trembling or shaking; light headed; dizzy; headache; sweating; irritability; tearful; lack of concentration; hunger; numbness.

Treatment of mild hypoglycaemia

APPLY THE RULE OF 15'S; Treat with 15 gms of Carbohydrate, Recheck BGL in 15 minutes.

1. Give **15 grams of fast-acting carbohydrate** to raise the blood glucose level quickly
 - 300 ml of soft drink (not diet) or
 - 300 ml of pure orange juice or
 - 6-7 large glucose Jelly Beans (8-10 normal Jelly Beans) or
 - 3 heaped teaspoons of sugar, glucose (tablets) or honey.
2. Repeat Blood Glucose Level (BGL) in 15 minutes and retreat if BGL not 4.5mmol/L or above.
3. Follow this up with **one serve of slow-acting carbohydrate** to maintain blood glucose level if next meal is more than 15 minutes away. Otherwise give meal immediately.
 - 1 slice of bread made into a sandwich or
 - 6 Jatz biscuits or 3 Sao biscuits and cheese
 - 1 apple, orange or banana
 - 1 cup milk or yoghurt
4. Insulin and oral hypoglycaemics agents should be reviewed by Medical Staff
5. Recheck BGL 1 hour after treatment to monitor for recurrent hypoglycaemia.

MODERATE HYPOGLYCAEMIA

In moderate to severe Hypoglycaemia judgement needs to be made about whether or not to treat with sweet foods. The client needs to be conscious enough to be able to swallow. If the client is too drowsy or disorientated to understand and follow simple instructions then **nothing should be offered by mouth.**

REFER TO SEVERE HYPOGLYCAEMIA FOR TREATMENT.

SEVERE HYPOGLYCAEMIA - This is an emergency

Hypoglycaemia is defined as severe when the client is unconscious, unable to take treatment orally and / or is unable to follow simple instructions.

The symptoms of a severe Hypo are:

- Behaviour changes ie crying, irritability or impatience
- extremely drowsy or disorientated
- unconscious, or
- having a fit or convulsion

Treatment of severe hypoglycaemia

Intravenous glucose is the treatment of choice

1. 25-50 mL of 50% Glucose given IV. Failure to respond rapidly requires assessment for an alternative cause of neurologic impairment but may occur after prolonged hypoglycaemia.

If IV Glucose is not able to be **administered immediately** (for example unable to obtain IV access or delay in medical review) **1mg Glucagon MUST be given by IM or SC injection.**

If patient FAILS TO RESPOND, or Glucagon induces vomiting, IV Glucose should be administered (as per point 1.)

2. As soon as patient is alert follow-up with 15 grams slow acting carbohydrate (as per mild hypoglycaemia).
3. Monitor BGL at 30 minute intervals until risk of recurrent hypoglycaemia resolved.
4. Insulin and oral hypoglycaemic agents must be reviewed by medical staff.
5. Client should be investigated for causes or other medical causes.

Abbreviation key

BGL = blood glucose level
DEM = Department of Emergency
DPU = Day Procedure Unit
gms = grams

HbA1C = glycosylated haemoglobin
IV = intravenous
mL = millilitres
mmol/L = millimoles per litre

OHA = oral hypoglycaemic agent
SC = subcut

INPATIENT BOWEL CHART

STATEWIDE

FACILITY: _____

PT ID								
SURNAME D.O.B. OTHER NAMES ADDRESS								

[illegible]

PRINT NAME:

DESIGNATION:

SIGNATURE:

DATE: DD / MM / YYYY

INCONTINENT CODE:

- Smearing
- Small amount
- Medium amount
- Large amount

INPATIENT BOWEL CHART



INPATIENT BOWEL CHART

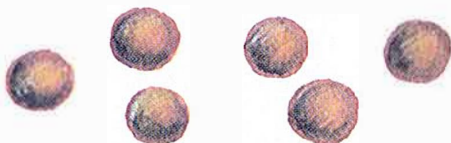
STATEWIDE

FACILITY: _____

PT ID									
SURNAME.....					D.O.B.....				
OTHER NAMES.....									
ADDRESS.....									

THE BRISTOL STOOL FORM SCALE

Type 1



Separate hard lumps,
like nuts (hard to pass)

Type 2



Sausage-shaped
but lumpy

Type 3



Like a sausage but with
cracks on its surface



Type 4



Like a sausage or snake,
smooth and soft



Type 5



Soft blobs with clear-cut
edges (passed easily)

Type 6



Fluffy pieces with ragged
edges, a mushy stool

Type 7



Watery, no solid pieces
ENTIRELY LIQUID

Reproduced by kind permission of
Dr KVV Heaton, Reader in Medicine at the University of Bristol.

PRINT NAME:

DESIGNATION:

SIGNATURE:

DATE: DD / MM / YYYY

Tasmanian
Government

FACILITY: _____

[illegible][illegible]

24 HOUR TOTALS

IV = Intravenous Prog = Progressive No. = Number

IV = Intravenous Prog = Progressive No. = Number