

DIABETES MANAGEMENT CHART

FACILITY/
WARD _____

TASMANIAN HEALTH ORGANISATION
– North

M.R.N.

SURNAME D.O.B.

OTHER NAMES SEX

TYPE 2 ☐ TYPE 1 ☐ OTHER ☐

DIABETES ASSESSMENT (Completed x medical officer).

	LAST DONE	COMPLETED THIS ADMISSION
HbA1C		
Foot Assessment		
Eye Review		
Albuminuria		
Creatinine		
Lipids		

REFERRALS BOOKED (Completed x medical officer).

APPOINTMENT	TIME	DATE	SERVICE	SIGNATURE
Dietician				
Podiatrist				
Ophthalmologist				
Diabetes Educator				
Social Worker				
Other				

DIABETES MANAGEMENT PLAN (Nurse)

Oral Hypoglycaemics (types/frequency).....
Insulin (types/frequency).....
Insulin Delivery System (pen/pump etc.).....
Blood Glucose Monitoring (time/frequency).....
Dietary Requirements.....
Activity (Physio).....

MANAGEMENT PLAN REVIEW (Daily By Nurse)

Date	Name	Designation	Signature

INSULIN UNITS GIVEN (TIME) If B.G.L. < 3.5 refer to hypoglycaemia guidelines (over page)

Date	Insulin / OHA Type	0300	0730	2hrs post	1200	2hrs post	1700	2hrs post	2100
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									
Day 6									
Day 7									
Day 8									
Day 9									
Day 10									

BLOOD GLUCOSE / KETONES (TIME) If B.G.L. > 15 check ketones

	0300	0730	2hrs post	1200	2hrs post	1700	2hrs post	2100
BGL								
Ketones								
BGL								
Ketones								
BGL								
Ketones								
BGL								
Ketones								
BGL								
Ketones								
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** ie 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.