SFHDiabHA1
Assess the healthcare needs of individuals with diabetes and agree care plans

Overview

This standard covers assessing the healthcare needs of an individual with diabetes and agreeing a care plan with the individual. This involves gathering and interpreting information through discussion with the individual, and through examination. The care plan may be the first one an individual has agreed, or the result of a regular health review. The activity of agreeing a care plan may be accompanied by specific interventions, set out in more detail in other standards.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 communicate with individuals and carers in a manner which encourages an open exchange of views and information
- P2 listen to the individual's description of their health and gather information on:
  - P2.1 what they see as their health needs
  - P2.2 their patterns of eating, diet and physical activity
  - P2.3 any concerns with their medication and other aspects of managing their diabetes
  - P2.4 self management issues, for those who are not newly diagnosed
- P3 assess through discussion:
  - P3.1 the individual's understanding of their diabetes
  - P3.2 their ability to self manage
  - P3.3 their attitude to self managing
  - P3.4 their emotional/psychological needs in relation to living with diabetes
- P4 explain to the individual and carer the purpose and nature of any examinations which need to be carried out, and confirm that the individual understands and consents to this
- P5 conduct the examinations in a manner which encourages the participation of the individual, and ensure that any unnecessary discomfort is minimised
- P6 review all of the information gathered from the individual, including that from screening services, and evaluate their overall risk against agreed guidelines and any targets previously agreed with the individual
- P7 consult with colleagues, or seek advice from others who are able to assist, where the information you have gathered is difficult to interpret
- P8 identify evidence of the development of long-term complications of diabetes and assess the overall risks for the individual
- P9 communicate with the individual and carer throughout in a way that fully involves them in discussing how to manage their diabetes
- P10 explain the findings from the assessment of the individual's healthcare needs, allow the individual and carer time to identify their issues of concern
- P11 in discussion with the individual jointly identify priorities for managing their diabetes in the immediate future, taking into account:
  - P11.1 the risks revealed by the assessments
  - P11.2 the individual's beliefs and values
  - P11.3 the choices facing the individual
- P12 offer to help the individual and carer develop a care plan that will address the issues and risks raised by the assessment
- P13 where the individual and carer accept your offer, help them to develop a

realistic plan of care that is appropriate to the needs, circumstances and wishes of the

P14 agree upon what responsibility the individual will take for managing their diabetes, and what responsibilities will be taken by healthcare professionals and by carers, and provide appropriate encouragement and support

P15 explore with the individual their preferred methods of communication for maintaining contact

P16 provide appropriate information about agencies and sources of support and advice, to help the individual to access relevant services

P17 refer the individual for further tests or treatment, with their consent, where the information you have gathered from the examinations or discussions indicates a further health risk

P18 make an accurate record of the discussion and any agreed plan that can be followed by other members of the care team, the individual and carer

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Knowledge and understanding

You need to know and understand:

K1 the NSF for diabetes
K2 the NICE guidelines on diabetes monitoring, management and education
K3 the causes of diabetes
K4 the signs and symptoms of diabetes
K5 normal and abnormal blood glucose and HbA1c values
K6 how to monitor glucose levels, HbA1c, blood pressure
K7 typical progressive patterns of diabetes
K8 the importance and effects of patient education and self management
K9 the psychological impact of diabetes, at diagnosis and in the long term
K10 how to gather information from patients about their health
K11 how to work in partnership with patients and carers
K12 the social, cultural and economic background of the patient/carer group
K13 the impact of nutrition and physical exercise
K14 the effects of smoking, alcohol and illicit drugs
K15 the effects of, and how to manage, intercurrent illness
K16 how to manage hypoglycaemia
K17 the medications used to manage diabetes
K18 the long term complications of diabetes and when they are likely to occur
K19 how to examine feet and assess risk status
K20 how to monitor cardiovascular risk
K21 how to monitor for renal disease
K22 how to monitor for diabetic retinopathy
K23 the law and good practice guidelines on consent
K24 the staff member's role in the healthcare team and the role of others
K25 local guidelines on diabetes healthcare
K26 local referral pathways
K27 local systems for recording patient information
K28 quality assurance systems
K29 the process of notification for legal and insurance purposes
K30 sources of practitioner and patient information on diabetes
K31 contact details of local and national support groups
K32 how individuals can access local facilities for exercise and physical activity, education and community activities

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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