

SFHDiabHD6

Assist individuals with diabetes to manage their condition when they have been admitted to a hospital ward for other health needs



Overview

This standard covers the actions to be undertaken when an individual with diabetes is first admitted to a general ward, to enable the person to manage their diabetes in the best possible way, and to ensure that colleagues provide whatever special measures are required in relation to diet, additional medication and care. This standard covers working with an individual who already knows they have diabetes. It may not be possible to discuss with the individual the full implications of treatment, on account of their condition and other health needs, but the healthcare practitioner should avoid disempowering those individuals who are capable of managing their diabetes.

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 discuss the needs of the individual with diabetes admitted to the ward directly with the individual and carer promptly following admission
- P2 communicate with individuals and carers in a manner which is appropriate to them and encourages an open exchange of views and information
- P3 identify through discussion with the individual and carer the normal dietary needs and medication they require to manage their diabetes, whether they normally monitor glucose levels, and if so the methods and equipment they normally use
- P4 assess through discussion the individual's
 - P4.1 understanding of diabetes, its management and complications
 - P4.2 understanding of the importance of optimal glycaemic control in the hospital setting, in relation to improved wound healing and reduced infection
 - P4.3 glycaemic control prior to the reason for admission
 - P4.4 self management skills and responsibilities prior to admission
 - P4.5 understanding of the potential impact of diabetes on their presenting condition
- P5 discuss the individual's needs with their carers or with members of their diabetes healthcare team, where there is uncertainty about their needs or about the normal methods of managing their diabetes
- P6 evaluate whether the individual's normal care plan for their diabetes should be revised as a result of the condition which has precipitated the admission
- P7 identify through discussion with the individual and carer other needs related to diabetes
- P8 refer to diabetes specialists within the hospital where there are indications of complex reactions between the person's diabetes and the reasons for their admission
- P9 discuss with the individual the effects of their illness or incapacity on their ability to manage their diabetes
- P10 agree with the individual and with colleagues the degree of self management that will be appropriate during the individual's time in hospital, taking into account
 - P10.1 the individual's ability to self manage
 - P10.2 hospital protocols
- P11 agree a dietary plan with the individual and with colleagues, taking account of
 - P11.1 their normal needs and preferences
 - P11.2 any modifications needed as a result of their current condition
 - P11.3 their reduced activity levels while in hospital

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- P12 agree a medication plan with the individual and with colleagues, taking account of possible reduced activity in hospital, changes in meal timings and hospital protocols
- P13 agree arrangements with the individual and with colleagues to record blood glucose levels and monitor glycaemic control
- P14 agree arrangements with the individual and with colleagues for monitoring the individual's feet during periods of immobility
- P15 assess and reinforce the individual's understanding of what is needed to manage their diabetes in their current condition
- P16 ensure that appropriate equipment for self managing their diabetes is available to the individual and provide education on its use if it is different from what they normally use.
- P17 agree contingency plans with the individual and with colleagues for hypoglycaemic incidents
- P18 make written information available to colleagues and to the individual and carer to support the plan

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Knowledge and understanding

You need to know and understand:

- K1 the NSF for diabetes
- K2 NICE guidelines on diabetes monitoring, management and education
- K3 causes of diabetes
- K4 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 psychological reactions to injecting insulin
- K13 the social, cultural and economic background of the patient/carer group and relevant attitudes towards injecting insulin
- K14 the impact of nutrition and physical exercise
- K15 the effects of smoking, alcohol and illicit drugs
- K16 the effects of, and how to manage, intercurrent illness
- K17 the impact of illness and immobility on glycaemic status
- K18 the differences between achieving glycaemic status at home and in hospital
- K19 the medications used to manage diabetes
- K20 the effects of insulin on diabetes
- K21 types of insulin
- K22 how to obtain and store insulin
- K23 insulin delivery and blood testing systems
- K24 the range of delivery devices that are used in the UK
- K25 local sharps disposal procedure
- K26 how to avoid and how to manage hypoglycaemia
- K27 the long term complications of diabetes and when they are likely to occur
- K28 how to examine feet and assess risk status
- K29 how to monitor cardiovascular risk
- K30 how to monitor for renal disease
- K31 how to monitor for diabetic retinopathy
- K32 the law and good practice guidelines on consent
- K33 legal aspects of transporting insulin and hypodermic needles
- K34 the staff member's role in the healthcare team and the role of others
- K35 local guidelines for management of diabetes in non-specialist areas
- K36 referral pathways within the hospital
- K37 local systems for recording patient information
- K38 quality assurance systems
- K39 the process of notification for legal and insurance purposes

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- K40 sources of practitioner and patient information on diabetes
- K41 contact details of local and national support groups
- K42 how individuals can access 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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