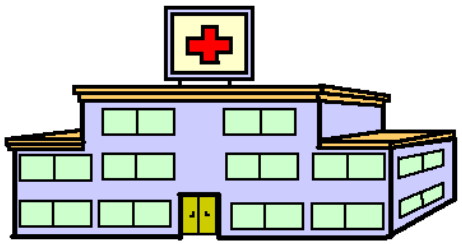
Hertfordshire Conference 2018 How to avoid admission of older people with diabetes

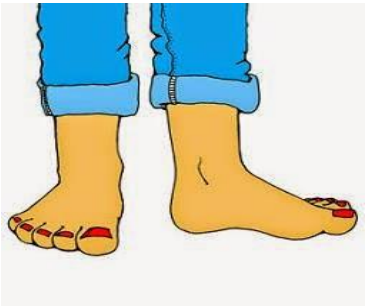
Diabetes Specialist Nurses

Considerations to prevent admission of an older person with diabetes

- Feet
- Hypoglycaemia
- Hyperglycaemia
- Medications
- Are they coping with their diabetes?



Who is at risk of feet problems?



- Anyone with Type 1 or Type 2 diabetes, whether controlled with diet, tablets or insulin, regardless of duration of diabetes and **regardless of age**.
- Is the person with diabetes checking their feet regularly?
- If not, is there a carer or relative that can check feet?
- Regular checks and education might prevent an admission
- If you find a foot problem refer to podiatry/acute care as appropriate

Hypoglycaemia – some considerations in the elderly

- Is the person coping at home? Are they able to provide meals/food for themselves?
- History of confusion or falls
- Low/very good HbA1c may suggest unrecognised/asymptomatic hypoglycaemia
- Remember, not just insulin can cause hypos, some oral agents can too e.g. gliclazide, especially if renal function has deteriorated
- Preventing hypos could prevent admission

Hypoglycaemia – some more considerations in the elderly

- If the person is on insulin/certain oral agents, do they know how to treat hypo?
- If patient has had admissions with hypos does the person know how to treat hypos?
- If not, ask the DSN/ practice nurse/ district nurse to teach the patient and relatives/carers

Hypoglycaemia

Conscious patient

1) 60 mls glucojuice or 5 dextrose tablets. (Repeat every 10 mins until BGL >4mmols/l)
2) MUST be followed by a Carbohydrate e.g sandwich, cereal, banana or meal if due

For NG/PEG fed patients:

1) 60mls glucojuice, flush with 100mls water (Repeat every 10 mins until BGL >4mmols/l)
2) Double rate of feed for one hour. If feed not running, give 100mls ensure plus milkshake as a bolus feed

A Blood Glucose Level Below 4 mmols/l MUST be treated immediately!

Don't forget lucozade strength has changed- you need 200mls now!!

Patient Unconscious or unable to swallow

1) Check ABC
2) Call for help/999/ambulance
3) 100mls 10% Glucose IV
   or
   Glucagon 1mg IM
3) Check BGL every 10 mins until >4mmol/l, repeat IV glucose as needed
4) On recovery MUST be followed by carbohydrate snack opposite.
5) Admit to hospital

Hyperglycaemia – some considerations in the elderly

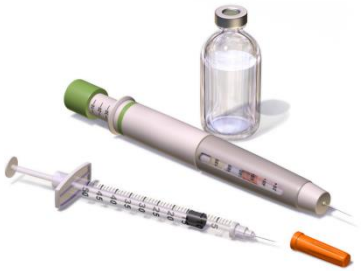
- Any BGL >15mmol/l – test for ketones if on insulin
- Identify cause – Diet / Sepsis / Steroids
- Modify diet if appropriate – refer dietitian?
- Review regular medication – does it need titrating/is patient taking it?
- Review who administers medication – does patient need additional support e.g. district nurses/family

Hyperglycaemia - some more considerations in the elderly

- Does the patient understand sick day rules?
- Have they been given literature and individual advice about dose titration/ correction doses/what to do with OHAs?

- If not refer to DSN or practice nurse for further education

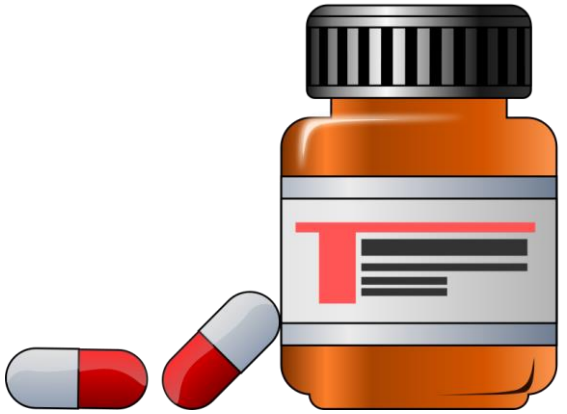
Injectable Medication e.g. Insulin or GLP 1



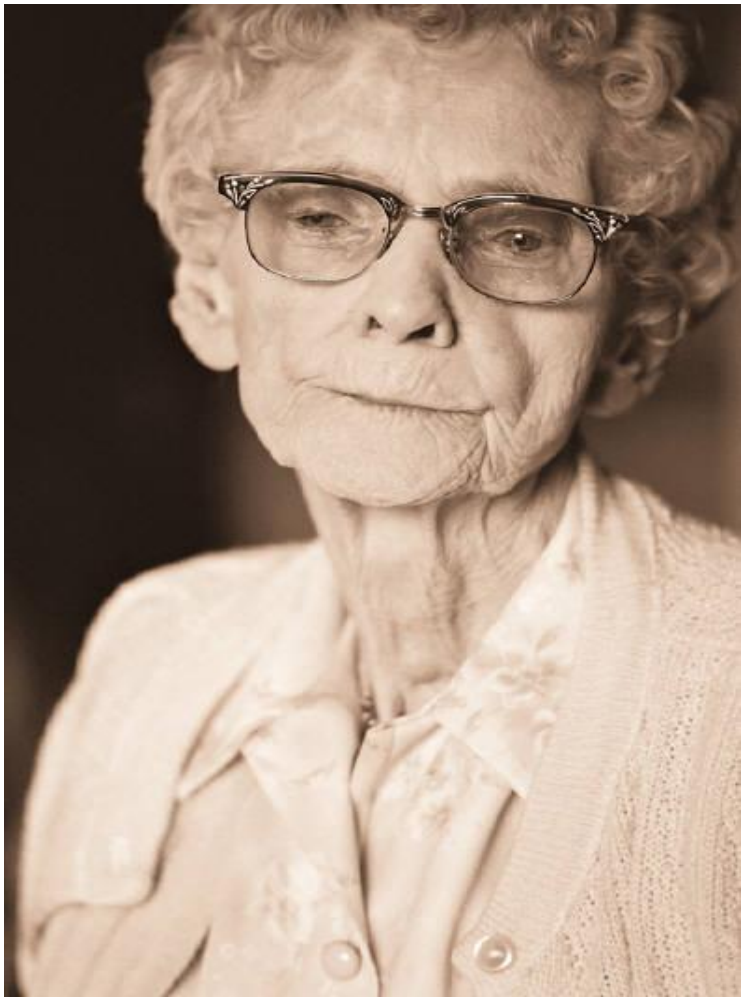
- Do they inject themselves?
- If new to insulin or GLP 1, have they been seen by a DSN/ practice nurse and taught how to inject?
- Do they have insulin pen and needles/ sharps box?
- What length pen needle are they using?
- Are they testing their BGLs appropriately?
- If not able to inject, have you set up district nurse or taught relative/carer?

Oral Medications

- Do they self-administer tablets?
- Is their memory reliable?
- Do they need a Dossett box?
- Have you involved the community pharmacist for help if you have concerns?



Scenarios
What do you see?
What would you do?



- Doris – 85 years old.
- On BD Humulin M3 (Luxura pen)
- Sight deteriorating
- Erratic blood glucose levels over last 2 months –

  5-17mmols/l
- Patient keen to maintain independence
- Admitted with recurrent UTI’s

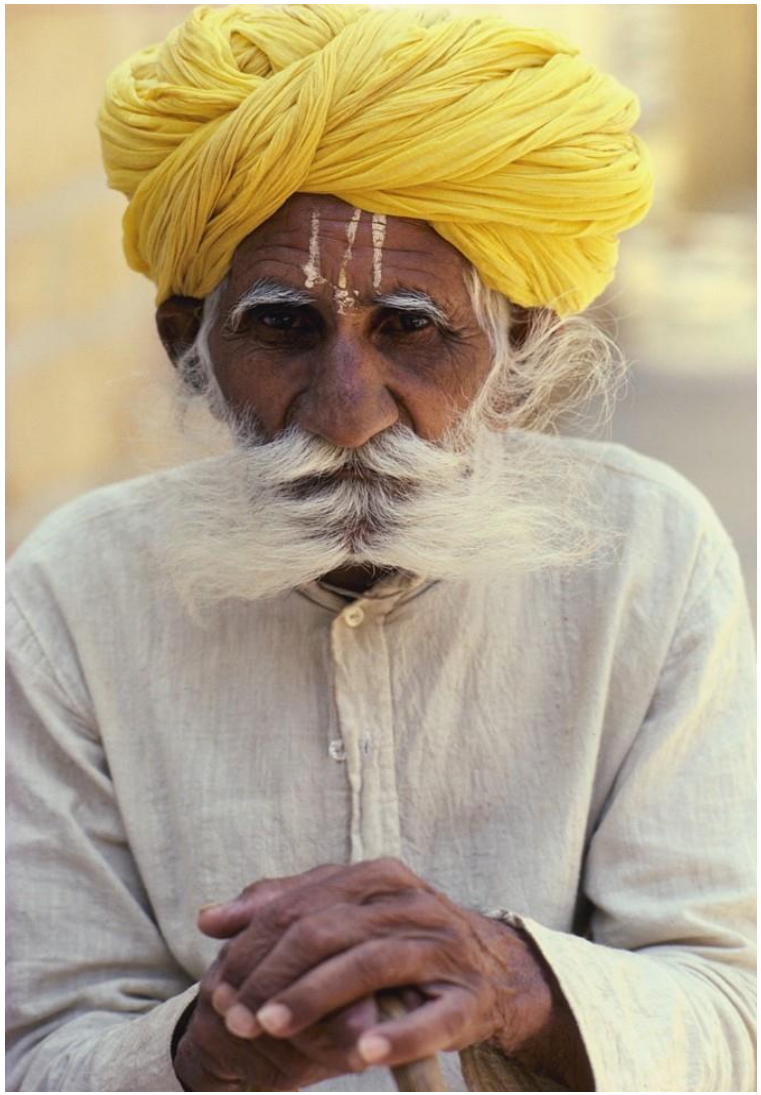
What factors could be affecting her glycaemic control?

- Infection
- Sight: Correct dosage / Injection technique
- Dexterity: Administering full dose
- Injection Sites: Lipodystrophy / Site rotation / Needle length
- Diet
- Equipment: Faulty / Too complicated

What should be done to help overcome these problems/prevent further admissions?

- Treat Infection
- HBA1c
- Insulin Adjustment with support from GP/PN/DSN
- Safety first! Aim BGL 6-12 mmol/l
- Refer to DSN:
- Assess use of device and safety - ?Kwikpen ?DN
- Check sites
- QC meter and change if needed
- Refer to dietitian: check diet appropriate

- Mr. Singh 79 yrs old
- On Once daily Glargine 18 units for 3 years
- BMI – 18
- HBA1c 11.5%
  (102 mmol/mol)
- DNs giving insulin
- Blood Glucose today is 27.5 mmols/l at 11.00
- Usually runs blood glucose 7-9mmol/l pre breakfast – tested by daughter



What would you do about his hyperglycaemia today?

- Check urine or blood for ketones
- Check dietary intake
- Assess patient – is he well? Does he feel any different from usual. Can this be managed or does he need admission?
- Review medication ?? Stat insulin – CAUTION!

What does his HBA1c indicate?

- Extremely poor glycaemic control. Most blood glucose levels running >15 mmols/l
- Weight Loss / Osmotic symptoms
- Current insulin not adequate

What needs to be done longer term?

- BD insulin e.g. Humulin M3, Novomix 30.
- Refer to DSN/PN for education of daughter
- Liaison with District Nurse and GP/PN/DSN for dose titration
- Dietetic review and monitor weight

- Betty – 73 years old
- On Humalog Mix 25 BD and Metformin
- HBA1c 7.5 %
- Erratic control – Blood glucose running 2.1 – 18.7 mmols/l
- 2 ambulance call-outs/ admissions in last 6/12 due to hypoglycaemia
- Intermittent confusion reported by husband but denied by patient

What is the priority with this lady?

- Hypoglycaemia / Confusion

What could be causing the hyperglycaemia?

- ?Hypoglycaemia Over –treatment
- ?Omission of insulin post hypo treatment- Rebound high

What should be done?

- Assess cause of hypoglycaemia
  e.g. insulin timing and doses, food intake, exercise, alcohol intake
- Reduce Insulin
- Refer to DSN/PN to check sites and educate re: correct treatment of hypoglycaemia

Any questions?