



Hosp no: \_\_\_\_\_ NHS no: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_ DoB: \_\_\_\_\_  
 GP: \_\_\_\_\_  
*(or attach patient label)*

# Diabetes Day Case Pathway

**Type of diabetes:**  
 Type 1  Type 2  Other: \_\_\_\_\_  
**Pre-admission diabetes therapy:**  
 Diet  Injectable therapy (GLP-1)   
 Tablet  Insulin

**Contact numbers**  
**Diabetes Inpatient Nurse Specialist:** Ext 6184 or Bleep 825  
**Diabetic Foot Team:** Ext 6912 or Bleep 801 or 983  
**Diabetes Consultant:** Bleep 140

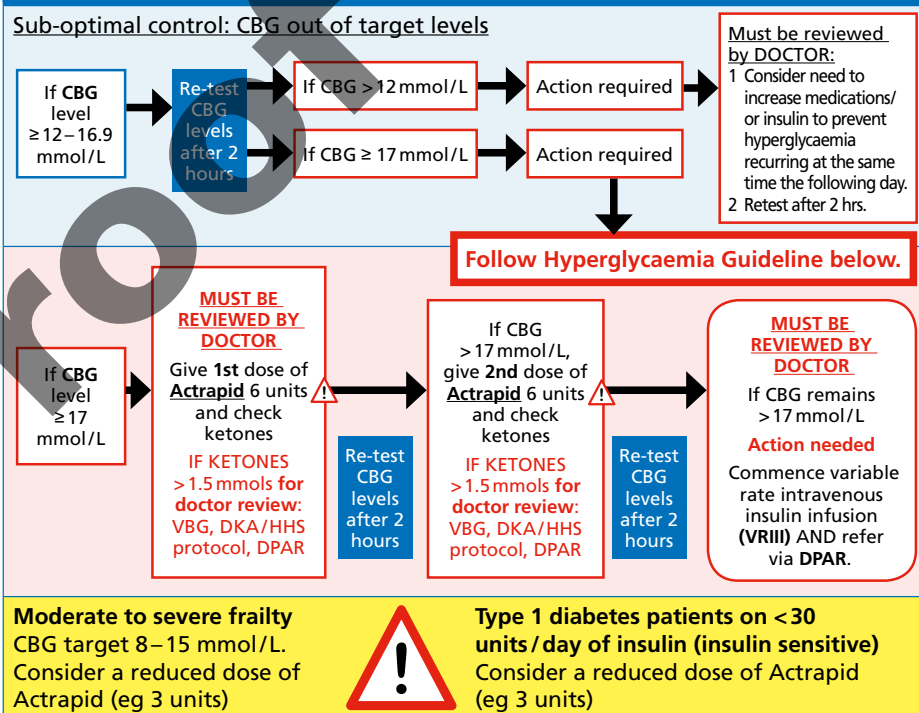
**HbA1c:** \_\_\_\_\_ % **Date taken:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Capillary Blood Glucose (CBG) Monitoring Record (mmol/L)

Tick boxes for test times	Date		
Admission glucose Target: 5-12	Time		
	Above target		
	In target		
	Below target		
	Sign		
Pre-surgery glucose Target: 5-12	Time		
	Above target		
	In target		
	Below target		
	Sign		
Recovery glucose Target: 5-12	Time		
	Above target		
	In target		
	Below target		
	Sign		
Discharge glucose Target: 5-12	Time		
	Above target		
	In target		
	Below target		
	Sign		
Additional CBG test Target: 5-12	Time		
	Above target		
	In target		
	Below target		
	Sign		

All CBG results including patient self-monitoring must be recorded on this chart.  
 If CBG in target, record result in blue  box.  
 If CBG out of target, record result in red  box.  
 Frequency of monitoring (tick green  box).

### For Type 1 and Type 2 diabetes. **Hyperglycaemia Guideline**



**As Required Insulin Prescriptions** Medical staff: Please document need for additional insulin in medical notes to aid management of patient.

Date	Time	Insulin Type	Dose	Route	Signature	Given by	Time
			units	subcutaneously			
			units	subcutaneously			

### Hypoglycaemia: Capillary blood glucose (CBG) < 4mmol/L

- Full guidance given in HYPOBOX and on intranet.
- Symptoms and signs are variable but include sweating, palpitations, shaking, hunger, drowsiness, odd behaviour, convulsions, coma etc.
  - Do not delay treatment to wait for doctor to be available – suggestive symptoms and low capillary blood glucose (< 4mmol/L) are sufficient grounds to treat as per protocol.
  - Following a hypo, **DO NOT** omit insulin if due (dose review may be needed).

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## Diabetes Prescription Chart: Regular Insulin Prescriptions

TIME	Insulin: State species and <b>exact</b> type (no abbreviations). State insulin delivery device.	Dose (Ranges can be used if patient varies dose)	NURSES – RECORD ADMINISTERED DOSE BELOW		
			Date		
BREAKFAST	Type	Units	Dose Units		
	Delivery device: <input type="checkbox"/> Disposable pen – name if known: ..... <input type="checkbox"/> Refillable pen <input type="checkbox"/> Insulin vial and syringes	Pharm	Sign Date	Time Sign	
	Type	Units	Dose Units		
	Delivery device: <input type="checkbox"/> Disposable pen – name if known: ..... <input type="checkbox"/> Refillable pen <input type="checkbox"/> Insulin vial and syringes	Pharm	Sign Date	Time Sign	
LUNCH	Type	Units	Dose Units		
	Delivery device: <input type="checkbox"/> Disposable pen – name if known: ..... <input type="checkbox"/> Refillable pen <input type="checkbox"/> Insulin vial and syringes	Pharm	Sign Date	Time Sign	
EVENING MEAL	Type	Units	Dose Units		
	Delivery device: <input type="checkbox"/> Disposable pen – name if known: ..... <input type="checkbox"/> Refillable pen <input type="checkbox"/> Insulin vial and syringes	Pharm	Sign Date	Time Sign	
	Type	Units	Dose Units		
	Delivery device: <input type="checkbox"/> Disposable pen – name if known: ..... <input type="checkbox"/> Refillable pen <input type="checkbox"/> Insulin vial and syringes	Pharm	Sign Date	Time Sign	

### Foot Protection Programme

A foot inspection is **mandatory in all** with diabetes.

Remove socks/dressings and inspect whole foot including heel, between toes and sole.

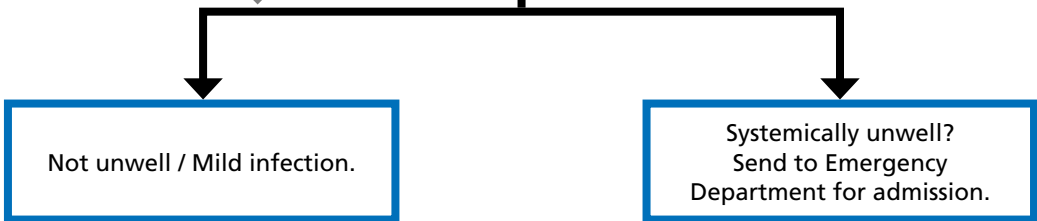


**If it's RED keep it off the bed**

Date			
Healthy			
Unhealthy*			
Heels elevated			

\*Any new foot ulcer/acute red/hot/swollen foot?

**Yes**



**Refer immediately via bleep 983 or 801 and complete DPAR referral.\*\***

\*\*The Diabetic Foot Clinic is open Monday to Friday, 8am–4pm and will aim to see patients the same day as the referral.

Outside these hours, consider referral to the Emergency Department if there are concerns of infection for antibiotic cover and foot X-ray.