

Diabetes Top Tips

Hypoglycaemia	Patients under report episodes, ensure you ask the patients the following during reviews: Ask whether patients experience any symptoms of hypoglycaemia and how frequent At what level of blood glucose patients develop the symptoms Ensure patients know what a 'hypo' is and what to do if they have one
HbA1c control	Consider individualized HbA1c control in the elderly appropriate to their circumstances – very tight control may not be in their best interest
High HbA1c	Patients with a regularly high HbA1c should be referred within 6/12 to the Diabetes Integrated Specialist Team if the patient is on maximum tolerated oral therapy
Sulphonylureas	Elderly are especially prone to episodes of hypoglycaemia. Consider reducing dose of SUs if having episodes of hypoglycaemia with good HbA1c control
Blood Glucose monitoring	Where monitoring is appropriate please check patients have a machine, appropriate testing strips and they know how to use it. See http://www.rotherham.nhs.uk/files/Medicines%20Management/Guidelines/Self%20Blood%20Glucose%20Monitoring%20Dec%202011.pdf for BGM guideline
T1DM	These patients should have urine ketostix or blood ketone stix to use if unwell and hyperglycaemic
Newly diagnosed T1DM patients	Newly diagnosed well T1DM does not require admission if less ++ketonuria and if not vomiting. Refer to Integrated Specialist Team to be seen on the same day
Sick day rules	Remind appropriate patients about sick day rules as part of the annual review
Foot Ulcers	Refer all new diabetic foot ulcers to the MDT diabetic foot team within 24 hrs for assessment and management in order to reduce risk of further complications and hospital admission
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