

## Diabetes Diagnostic Aid

<b>Classification:</b>	Diagnostic Pathway / Guidance - Quick Reference Tool		
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<b>Authors Job Title:</b>	Lead Diabetes Specialist Nurse – MKUH / MKIDS		
<b>Authors Division:</b>	Medicine - Internal		
<b>Departments/Group this Document applies to:</b>	All clinical		
<b>Approval Group:</b>	<b>Date of Approval:</b>	10.9.21	
<b>Medicine SPEG</b>	<b>Last Review:</b>		
	<b>Review Date:</b>	Nov 2023	
<b>Unique Identifier:</b> GENM/GL/159	<b>Status:</b> Approved	<b>Version No:</b> 1.0	
<b>Guideline to be followed by:</b> All Nursing & Medical Staff			
<b>To be read in conjunction with the following documents:</b>			
<b>Are there any eCARE implications?</b> No			
<b>CQC Fundamental standards:</b>			
Regulation 9 – person centred care			
Regulation 10 – dignity and respect			
Regulation 11 – Need for consent			
Regulation 12 – Safe care and treatment			
Regulation 13 – Safeguarding service users from abuse and improper treatment.			
Regulation 14 – Meeting nutritional and hydration needs.			
Regulation 15 – Premises and equipment			
Regulation 16 – Receiving and acting on complaints.			
Regulation 17 – Good governance			
Regulation 18 – Staffing			
Regulation 19 – Fit and proper			

### Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.



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**This diagnostic aid is not to replace clinical judgement but to assist the decision-making process.**

- **Seek early advice** from Diabetes Medical Team If Diabetic Ketoacidosis (DKA) or Hyperosmolar Hyperglycaemic state is suspected.
- **Involve** the Diabetes Inpatient Specialist Nurse (DISN) Team as soon as possible (some patients may not need to be admitted).
- **Inform** the DISN team of all newly diagnosed patient with Diabetes.

**Newly Diagnosed Type 1 Diabetes**

**Priority:** Stop ketone production and avoid DKA (Patients who are clinically well may not need to be admitted if Monday to Friday (9 – 5pm) as you can make MKIDS (Milton Keynes Integrated Diabetes Service) aware, and they should be able to take the patient – 01908 619765 for verbal referral followed up with referral form (see Appendix 1)

	<b>Diabetes Team Involved</b>	<b>Diabetes Team Unavailable</b>
<b>Blood glucose and blood ketone monitoring</b>	Use ward glucose meter – point of care	Use ward ketone meter – point of care
<b>Insulin Regime Choice</b>	Tailored to the patient's age, need and ability	Levemir flexpen or levemir innolet device <a href="#">NICE July 2021</a> 6 – 10 units twice daily (breakfast and evening meal – sub-cutaneous) is safe to commence
<b>Insulin Prescription &amp; Delivery</b>	As per Diabetes Team documentation	As above (Insulatard)
<b>Education / Leaflets</b>  <i>Patients should be empowered from the outset to deliver their insulin.</i>	<ul style="list-style-type: none"> <li>• Can patient test blood glucose / ketones with glucose meter?</li> <li>• <b>Insulin Safety:</b> How to store? <b>Right</b> Insulin in the <b>Right</b> dose in the <b>Right</b> Way at the <b>Right</b> Time</li> <li>• Hypoglycaemia treatment</li> <li>• DVLA guidance literature</li> </ul>	
<b>Discharge</b>	<ul style="list-style-type: none"> <li>• Patient has insulin (<b>and enough needles</b>).</li> <li>• Patient has a means to test blood glucose and blood ketones.</li> <li>• Patient has contact details of MKIDS.</li> <li>• Referral made to MKIDS (Appendix 1)</li> <li>• Patient knows how to treat a low blood glucose (<b>less than 4.0mmol/l</b>)</li> <li>• Patient has been given take away pack.</li> </ul>	
<b>MUST INFORM PATIENT:</b> (Safety net advice)	<b>If they cannot tolerate fluids / or they are vomiting and blood ketones &gt;2.0mmol/l and not reducing they must return to the EMERGENCY DEPARTMENT</b>	

## **Newly Diagnosed Type 2 Diabetes**

Most patients with a new diagnosis of Type 2 Diabetes do not need to be admitted (unless for another reason).

First line treatment (*if eGFR>30*), not underweight, eating and hydrated:

### **Metformin 500mg tablets**

	<b>During or straight after breakfast</b>	<b>During or straight after evening meal</b>
<b>Week 1</b>		1 x 500mgs
<b>Week 2</b>	1 x 500mgs	1 x 500mgs
<b>Week 3</b>	1 x 500mgs	2 x 500mgs
<b>Week 4</b>	2 x 500mgs	2 x 500mgs

**Gliclazide** may be added to improve glycaemia more rapidly – discuss with Medical Team (must be reviewed by GP on discharge as sometimes dose may need to be reduced)

### **Appendix 1**

MKIDS is a multi-disciplinary team consisting of Diabetes Consultants and Diabetes Specialist Nurses with administration support. They work alongside colleagues in primary care to provide high quality, local care for people living with diabetes **with a Milton Keynes GP.**

They are presently based at: Willen Surgery, Beaufort Drive, Willen, Milton Keynes MK15 9EY.

Hospital staff can use the [referral form](#) (link also attached) and refer directly to:

[mk.ids@mkuh.nhs.uk](mailto:mk.ids@mkuh.nhs.uk)

No encryption is required: Please put patients initials and **NHS number** in the subject field (the clinical system there works on NHS numbers).

**NB.** This service is presently only available Monday – Friday 9-5pm (*excluding bank holidays*)

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## MKIDS Referral Form

Patient Details			
Date of referral		Referrer	
Name			
DOB:			
Telephone contact			
NHS No.			
GP Surgery (we can only take referrals from MK GP)			
Type of Diabetes (Please state)	Other - please state		
Newly diagnosed?	Choose an item.		
Admission			
Date of Admission		Date of Discharge	
GAD Antibody		Date taken	
Primary Cause of Admission			
Diabetes Concerns During Admission			
Medication			
Current diabetes medication and doses / changes			
Insulin regimen and doses			
Steroid dose and if reducing			
Who administers Insulin? <ul style="list-style-type: none"> <li>• self</li> <li>• district nurses</li> <li>• relatives</li> </ul>			
Meter given – type			
Ketone testing?			
Outcome of admission			
DSN Intervention during admission			
reason for referral to MKIDS			

## References

World Health Organization & International Diabetes Federation (2006) *Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia: report of a WHO/IDF consultation*. [Online]. Geneva: World Health Organization. Available from: [https://apps.who.int/iris/bitstream/handle/10665/43588/9241594934\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/43588/9241594934_eng.pdf) [Accessed 26 October 2021]

World Health Organization (2011) *Use of glycated haemoglobin (HbA1c) in diagnosis of diabetes mellitus: abbreviated report of a WHO consultation*. [WHO/NMH/CHP/CPM/11.1]. [Online]. Geneva: World Health Organization. Available from: [https://apps.who.int/iris/bitstream/handle/10665/70523/WHO\\_NMH\\_CHP\\_CPM\\_11.1\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/70523/WHO_NMH_CHP_CPM_11.1_eng.pdf) [Accessed 26 October 2021]

NICE 2021 : National Institute for Health and Care Excellence (2015; Last updated July 2021) *Type 1 diabetes in adults: diagnosis and management*. [NICE guideline NG17]. [Online]. Available from: <https://www.nice.org.uk/guidance/ng17> [Accessed 26 October 2021]

## 5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1.0	9.7.21	CIG	New document

## 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Dr Humayun	Diabetes/ Endocrinology	28.06.21	29.06.21	No change	Yes
Dr Ali	Diabetes/ Endocrinology	28.06.21	29.06.21	Changed GAD request & Diabetes Medical Team to be added	Yes
Dr Chandran	Diabetes/ Endocrinology	28.06.21	13.07.21	Verbal – no change RR	Yes
Dr Randhawa	Medicine CSU Lead	28.06.21	13.07.21	Verbal – no change	Yes
Mel Kennedy Siobhan Franklin	DISN	28.06.21	28.06.21	No change	Yes
Elizabeth Winter	DCN Medicine	28.06.21	30.06.21	No change	Yes
Kelly Hodgson	DISN	28.06.21	6.7.21	Mon – Fri add for MKIDS Glucose meter instead of glucometer MK GP for MKIDS	Yes
Jacqui Harrison	DSN MKIDS	28.06.21	30.06.21	No change	Yes
TDC		13.9.21	22.9.21	Replaces Diagnostic aid 16+	Yes
Pharmacy – Matt Burnett	Pharmacy	10.9.21	24.9.21	Change Insulatard to Levemir as per NG17	Yes, with change
Jayne Plant	Library	10.9.21	26.10.21	References added – Diappbetes link added	Yes

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Julia Price	TEG	30.11.21		Sent for submission for noting	
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### 5.3 Monitoring of Guideline

How will compliance of this Guideline be evidenced?

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Review at CIG	n/a	CIG	2 yearly	Medical CIG

### 5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Medical Internal	Department	Diabetes
Person completing the EqIA	Tessa Kidd	Contact No.	Tessa.kidd@mkuh.nhs.uk
Others involved:	No	Date of assessment:	
Existing policy/service	Yes	New policy/service	New
Will patients, carers, the public or staff be affected by the policy/service?		Yes	
If staff, how many/which groups will be affected?		All staff	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		

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Sexual orientation	NO		
What consultation method(s) have you carried out?			
<b><i>E mail with clinicians involved</i></b>			
How are the changes/amendments to the policies/services communicated?			
<i>E mail</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
N/A			
Review date of EqlA	July 2023		



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## Checklist for Guideline and guidelines documentation

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Check	Tick
Latest template	<input type="checkbox"/>
Fonts should be Arial 14 for headers 12 for main body	<input type="checkbox"/>
Clear Title and replace with document title Font Arial 22	<input type="checkbox"/>
Authors Job title:	<input type="checkbox"/>
Authors Division:	<input type="checkbox"/>
Department/Groups this document applies to:	<input type="checkbox"/>
Date of approval:	<input type="checkbox"/>
Review date:	<input type="checkbox"/>
Approval Group/approved by (according to policy requirements):	<input type="checkbox"/>
Last review date:	<input type="checkbox"/>
Unique Identifier: if known (new documents will be assigned at publication)	<input type="checkbox"/>
Status: Approved	<input type="checkbox"/>
Version numbers are the same throughout document	<input type="checkbox"/>
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To be read in conjunction with the following documents:	<input type="checkbox"/>
Are there any eCARE implications?	<input type="checkbox"/>
Latest CQC fundamental standards referenced: <a href="#">Trust intranet page with fundamental standards</a>	<input type="checkbox"/>
Footers completed to match main page : (on all pages)	<input type="checkbox"/>
References are updated (contact the library (Jayne Plant 3077) for help if required)	<input type="checkbox"/>
Consultation history includes key stakeholders required to embed document. Pharmacy are consulted if the document contains medication	<input type="checkbox"/>
Audit and monitoring criteria is completed and clear (where possible reference the relevant section of the policy)	<input type="checkbox"/>
Include full & correct consultation history	<input type="checkbox"/>
Dissemination should be clear	<input type="checkbox"/>
Check relevant hyperlinks work	<input type="checkbox"/>

Completed by name:	Position:	Division	Date
			(DD/MM/YYYY)