



Diabetes Department

Patient Information Leaflet (PIL)

Patient Information Sheet: Information for patients with Diabetes ~ what to expect whilst in hospital (for 16 years and above)

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As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns. Chief Executive: Professor Joe Harrison Chair: Alison Davis





This leaflet is to explain to patients with diabetes what to expect when you have been admitted to hospital.

This leaflet has been designed to provide you with information to help you during your hospital stay.

During your time in hospital whether it is a planned or emergency admission you may find your capillary blood glucose will be monitored more frequently than you would at home. This is because illness can affect your glucose levels. Usually it will be checked before meals and before bed.

If you take insulin for your diabetes this should never be stopped or missed out. If you are on a long acting insulin e.g. Detemir (Levemir), Glargine (Lantus, Abasaglar, Semglee) or Tresiba (Degludec) these should be continued even if you are on intravenous insulin (insulin given through a cannula into your vein).

Low blood glucose (hypo) and treatment

If you have a reading **below 4mmol/I** this is called a **'hypo'** and you may experience the following symptoms:

- shakiness
- dizziness
- headache
- fatigue
- confusion
- weakness





Some people do not get symptoms, or get them at readings much lower than 4mmol/l. This is called 'Impaired hypo awareness'. Please let staff know if you do not feel your hypos.

If your glucose level is **below 4mmol/l** you need to take or be given fast acting glucose (15-20g carbohydrate, **even if you feel well**)

Each ward has a "hypo box" which contains recommended treatments including *Lift GlucoJuice* or *Lift GlucoTabs*. Please take the whole juice (60mls) or 4x GlucoTabs. You can use your own hypo treatment providing it contains the correct amount of fast acting carbohydrate.

Your blood glucose will be checked after 15 minutes and when it is above 4mmol/l again you will be offered a small snack of longer acting carbohydrate. If you are experiencing regular hypo episodes the ward staff will review your medications or refer you to our team.

High blood sugar levels

Sometimes during periods of illness and stress blood glucose levels can be higher than usual even if you are not eating much. You may need more medication or insulin during this time.

If your blood glucose levels are running higher than usual and you would normally adjust your insulin doses, please inform the staff to change the dose on your drug chart.

Ketones can be produced by periods without food, but in patients with diabetes they are produced when there is a lack of insulin. If your blood glucose is elevated (hospital guidance is above 18mmol/l, you may be



advised to check at lower levels when at home) ketones can be checked using a ketone machine. Ketones above 1.5mmol/l may indicate the need for more insulin.

If you have had elevated ketones during your admission or a condition called Diabetic Ketoacidosis (DKA) please ensure that you go home with a working ketone meter, ketone strips (available on request) and advice on how to manage elevated ketones. See <u>www.mkuh.nhs.uk/diabetes-education</u> for educational leaflets and videos.

Symptoms of elevated ketones:

- Abdominal pain
- Nausea
- Vomiting
- 'pear drop' smell on breath

Certain oral diabetes medications may be stopped temporarily when you are unwell. If you develop DKA with a drug called an SGLT2i ('flozins') these will be stopped. See leaflet type 2 Diabetes and DKA/sick day rules at <u>www.mkuh.nhs.uk/diabetes-education</u>

Self-managing your insulin in hospital

You should be supported to self-manage your diabetes as you would at home, unless you are not well enough to do so.

If you normally have your insulin immediately before meals, you may need to ask the nurses to open your bedside locker so you can continue to have it at this time.





Please ensure needles are disposed of in a sharps bin to protect other patients and staff from needlestick injuries.

Your insulin will become unusable 28 days after opening. It can be kept outside of the fridge at room temperature in the bedside locker except on extremely hot days.

It is possible to order snacks from the hospital food menu however it is a good idea to bring in a supply from home if you have specific needs/likes. If you would like to speak to the catering team there is a tick box option on the menu.

Footcare

Please do not walk around the ward with bare feet. Your feet should be checked on admission and any issues reported to the podiatry service or the diabetes specialist nurses. If you notice any problems or have issues with your feet, please inform the ward staff.

Injection sites

Lipo's (lipohypertrophy) are abnormal fatty deposits under the skin that can affect the action of insulin. For guidance on injection technique and how to manage Lipo's please see the leaflet titled *'injection technique matters'* <u>www.mkuh.nhs.uk/diabetes-education</u>





Contact us

Please let the diabetes team or ward staff know if there are any issues / queries with your diabetes that we can help you with during your stay.

The Diabetes Inpatient Specialist Nursing Team are contactable on 01908 996018 or 01908 996021. Alternatively, the Ward staff can refer to us via eCARE.

Other useful helplines/websites:

www.mkuh.nhs.uk/diabetes-education https://www.mkdiabetescare.org.uk/ https://www.diabetes.org.uk/