

Diabetes Management

Optimising for discharge

No other acute problem
Stable, well, not acidotic & no DSN available
e.g. Out of hours
Glucose <20mmol, Ketones <1.5mmol

New Diabetes Diagnosis
Follow MWL Adult Diabetes Guidelines
[Mersey and West Lancashire Teaching Hospitals NHS Trust Intranet - Diabetes and Endocrinology Guidelines \(sthk.nhs.uk\)](#)

Type 1/3c Diabetes or diagnostic uncertainty about type of diabetes

Safety net
any worsening symptoms/signs of DKA etc to return to A&E

Send **detailed** referral to DSNs via Careflow Workspace **WITH** patient contact number. DSNs will arrange urgent appointment at clinic.

N.B. One-off treatment will unlikely provide any benefit e.g. stat dose of long-acting insulin.

Known Diabetes
Likely chronic,
No recurrent hypo's

Consider titrating medications. Refer to BNF or Insulin adjustment flashcard for advice.
GP or Practice Nurse to follow up **or patient to contact** usual Diabetes Team
Ensure on ICE discharge letter.

Type 2 Diabetes

Metformin MR
Typical starting dose is 500mg od with evening meal, see BNF for further advice

Gliclazide
See BNF dosing will require glucose meter, hypo & driving education
(Can obtain these from GP/ Practice Nurse).

Follow up
GP or Practice Nurses to follow up.
Ensure on ICE discharge letter.

Unwell
Clinically unwell
Needs admission

Diabetes related admission:

- New T1DM & Unwell
- Severe Hypoglycaemia**
- Diabetic Ketoacidosis (DKA)
- Hyperosmolar Hyperglycaemic State (HHS)

Management as per hospital policy alongside a prompt and detailed **referral to DSNs via Careflow Workspace**

**A severe hypo is any hypoglycaemic event where the patient has required third party assistance to treat as they were unable to treat it themselves.