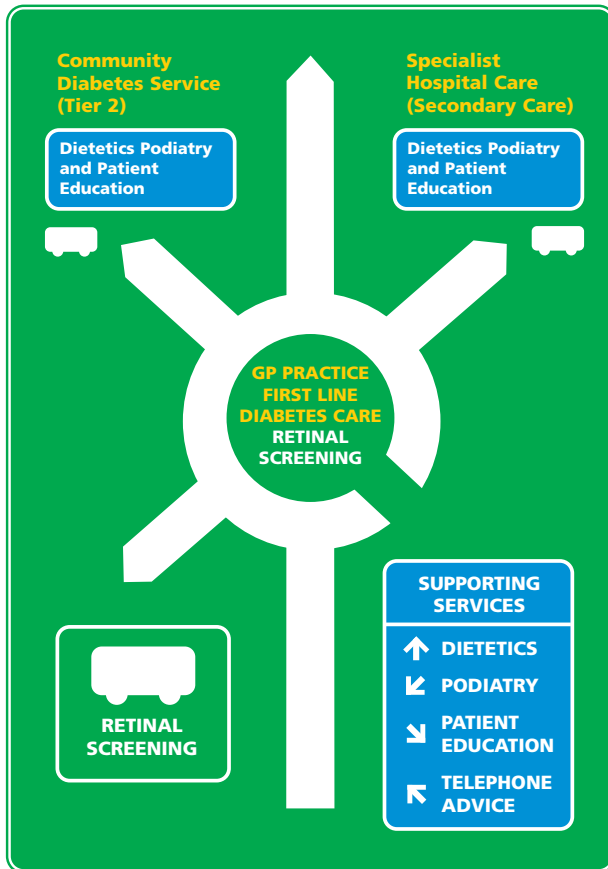


My Personal Diabetes Health Care Plan and Record



Name:

Please keep this record safe and share it with your healthcare professional

Signposting to Our Services

This booklet is intended to give you an awareness of the care you should expect, and the services available to you when you are first diagnosed with diabetes, or move to this area with pre-existing diabetes.

Within the first month of being diagnosed or moving into the area you should see or arrange to see the following people by contacting your GP Surgery:

- A diabetes specialist nurse or a practice nurse with an interest in diabetes
- Specialist Dietitian
- Be booked into the retinal screening programme (to be seen within 6 months)

The majority of your first line care will be directed by your GP and practice nurse. At certain times in your diabetes journey, you may require help from more specialist services such as:

1). **The Community Diabetes Service** (sometimes called Tier 2)

This service provides:

- Support with improving diabetes control.
- CREDIT, a locally offered structured group education programme (2 sessions programme over two consecutive weeks). It guides you through everything you need to know to manage your Type 2 diabetes.
- Insulin starts for those GP practices that are unable to offer this service.

Once you have had your package of care from this service, your GP will continue to provide ongoing support to your care.

You will see a specialist GP, a diabetes Specialist Nurse and a Specialist Dietitian.

2). **The consultant and multi professional team** including Specialist Diabetes Nurses and Dietitians who are based at the Diabetes Centre (Broomfield Hospital) or any other specialist service. For example:

- Group education for Type 1 diabetes BERTIE (*Broomfield Hospital's Education Resources for Training in Insulin and Eating*) (4 days over 4 weeks) including insulin adjustment and carbohydrate counting.
- Pre-conception and pregnancy care and advice
- Provision of Insulin pumps as clinically appropriate
- Complex care such as kidney problems
- Care of Type 1 adolescent and most Type 1 patients (although some patients will opt to have all their care at the surgery if the surgery has the facilities to offer this support)
- Treatment of acute diabetes foot ulcers
- Telephone or email advisory service

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Personal Health Care Plan and Record

This is your diabetes record and it is important that you use it to help you with your diabetes care.

Please take this record with you whenever you visit your:

- general practitioner (GP)
- diabetes clinic
- diabetes nurse specialist/practice nurse
- dietitian
- chiropodist/podiatrist
- optician/optometrist/consultant ophthalmologist
- accident and emergency department
- hospital, if you are admitted

If you are admitted to hospital, please ask your nurse to contact the Diabetes Specialist Team.

Please Remember

When you attend the diabetes clinic, either at the hospital or your GP surgery, please take with you:

- List of medication you may be taking
- This booklet
- Your self blood glucose monitoring diary (if you are currently using one)
- Your latest diabetes report from your GP practice 'My Diabetes Manager' system if available
- Any dietary information

In addition to the above it would be useful to know if you have participated in a structured education programme by naming the course (e.g. XPERT; CREDIT, BERTIE; DESMOND [Diabetes Education for Self Management: On going and Newly Diagnosed]; DAFNE [Dose Adjustment for Normal Eating] or Other) and year attended in the box provided below:

Structured Education Programme	Structured Education Programme
Year attended	Year attended

Personal Information

Name:

Date of birth:

NHS number:

Hospital number (if known):

Present address:

Postcode:

Home telephone no:

Mobile/work telephone no:

Email address:

Emergency contact (Next of Kin) name:

Relationship to you:

Home telephone no:

Mobile/work telephone no:

Family doctor / GP surgery:

Other personal information:

Useful Telephone Numbers

NHS Direct

0845 4647

Diabetes UK (East)

01376 501390

Diabetes UK Careline

0845 120 2960

Local Diabetes Centre

No: 01245 516371

Fax: 01245 516380

Community Diabetes Service

No: 01245 243481

Fax: 01245 243489

GP Practice

Local Pharmacist

Dietitian

Podiatrist

Other important number

Other important number

Other important number

Other important number

Medical History

Diabetes treatment *(please tick your treatment below):*

Type 1 diabetes

Diet, exercise and insulin

Date:

Diet, exercise, insulin and tablets

Date:

Type 2 diabetes

Diet and exercise only

Date:

Diet, exercise and tablets

Date:

Diet, exercise and insulin

Date:

Diet, exercise, tablets and insulin

Date:

Allergies/special instructions:

Other problems:

What do these results mean?

TEST	DEFINITION	GUIDELINE / HEALTHY RANGE (as at June 2012)
HbA1c	This is an important laboratory blood test to see how well your diabetes is controlled. It indicates the average amount of sugar (glucose) in your blood over the last 3 months	7- 7.5% or 53mmol/mol – 59mmol/mol in the majority of cases - please discuss with your doctor or nurse
BMI	A measure of how over or underweight you are	Ideal 19 -24.9kg per m ²
Blood Pressure	This result tells you how hard the heart has to work to move the blood around your body	Ideal: 140/80 or less
Total Cholesterol	A type of fat in your blood. Cholesterol levels that are too high could put you at risk of a heart attack	Ideal: 5.0 mmol/L or less
HDL Cholesterol	A good type of fat in your blood. High levels of HDL cholesterol can protect you against heart disease	Ideal: 1 mmol/L or more
LDL Cholesterol	A type of fat in your blood which is associated with an increased risk of heart disease	Ideal: 3.0 mmol/L or less
Triglycerides	Another type of fat in the blood	Ideal: 2 mmol/L or less

Please discuss with your doctor or nurse what targets you should be aiming for in the above tests. Healthy guideline ranges sometimes change.

Diabetes Care Plan

Date	Concerns/areas identified for change	Target(s) identified	My plan of action

Other advice worth noting

Dietary Needs

Diabetes is a condition in which the amount of glucose in the bloodstream is too high because the body cannot control it properly.

Diet plays a very important part in your treatment and it is important that you follow a healthy balanced diet. The plate below represents the food portions you should be aiming for.



Healthy Plate

The following guidelines should be followed until you have had a structured education or a one-to-one session with a dietitian.

- 1 Eat regularly, aim for three regular meals each day, including breakfast
- 2 Include some carbohydrate foods at all meals for example, bread, rice, potatoes or pasta
- 3 Aim for at least 5 portions of fruit and vegetables each day for example, apple, pear, peach, broccoli, spinach
- 4 Eat oily fish twice a week for example, mackerel, salmon or sardines
- 5 Eat fewer sugary foods and drinks
- 6 Eat less fatty foods, particularly saturated fats
- 7 Reduce the amount of salt and salty foods you eat
- 8 Avoid foods labelled Diabetic Foods as these may have more fats and carbohydrates than healthy non diabetic foods
- 9 Some foods labelled low fat can contain a lot of sugar which should be avoided
- 10 Attendance on a structured education programme or a one to one session with a diabetes nurse or dietitian will help you understand your dietary needs

Please note that culturally sensitive education materials are available from the diabetes UK website in a variety of languages

www.diabetes.org.uk

Diabetes and Exercise

People with diabetes are encouraged to exercise regularly and safely to aid optimal health. The recommendation for exercise is 30 minutes, 5 times a week for adults and one hour a day for children.

Being involved in sport and exercise can help diabetes in the following ways:

- Making it easier for the body to use insulin. Insulin is an essential hormone that aids the body in withdrawing energy from food, the function of which is depleted or entirely prevented amongst diabetics.
- Building muscle, burning calories and losing weight. Achieving and staying at a healthy weight is an essential part of fighting diabetes.
- Strengthening of muscles, bones and body.
- Lowering of risk of complications, including heart disease
- Improved balance, coordination, strength and endurance
- Increased energy levels
- Increased mental positivity and confidence
- Lower tension and stress

The reason for this is that muscles which are working use more glucose than those that are resting. Muscle movement leads to greater sugar uptake by muscle cells and lower blood sugar levels. Additional benefits of exercise include a healthier heart, better weight control and stress management.

Exercise precautions

Exercise precautions are designed to help people with diabetes avoid problems which can result from unwise exercise choices.

Hypoglycemia can occur if a person who is taking blood sugar lowering medication:

- Has eaten too little carbohydrate (fruit, milk, starch) relative to the exercise
- Has taken too much medication relative to the exercise
- Or a combination of the above factors

Diabetes and Fitness

Knowing that you have to exercise and how to actually do it are two different things. Start with your daily routine, but do things in a more energetic way.

The type, level and duration of physical activity that you undertake as a diabetic will depend on what is suitable for you, something you should agree with your doctor or healthcare team.

What counts as activity?

Activity counts as anything that will increase your heart rate and breathing rate. This could include any of the following:

- a brisk walk
- climbing flights of stairs
- shopping (not internet shopping though!)
- gardening
- housework
- DIY
- dancing
- yoga, pilates, tai chi
- active sports

Do things you enjoy, which suit you and your lifestyle. We are all recommended to achieve at least 10,000 steps a day - why not consider buying a pedometer to log how many steps you take.

Better fitness means better response to insulin and better control of **blood sugar levels**.

Safe Use Of Insulin

- The Right insulin
- The Right dose
- The Right way
- The Right time
- Hypoglycaemia

Insulin treatment improves quality of life in many people and saves the lives of others. It is used to lower blood glucose levels. However, insulin management and prescribing errors are very common and can lead to patient harm. These are often as a result of **not** having:

The Right insulin, in the Right dose, in the Right way and at the Right time

To keep safe you need to “think” about:

The Right Insulin

There are over 20 different types of insulin. Your Healthcare Professional will have discussed with you which insulin may best suit your needs. The packaging of insulin is often very similar and so are insulin names. This table shows some insulin names that are often confused:

Humalog	with	Humalog Mix 25 or Humalog Mix 50
Humulin S	with	Humulin I or Humulin M3
Humalog	with	Humulin I or Humulin S or Humulin M3
NovoRapid	with	NovoMix 30
Levemir	with	Lantus
Hypurin Porcine Neutral	with	Hypurin Porcine 30/70 Mix

Make sure you carry an insulin ID Card showing the correct name of your insulin (ask your GP / Specialist / Pharmacist if you have not been given one).

Remember to change your ID card if your insulin prescription changes.

The Right Dose

Insulin comes in vials for use with insulin syringes and pumps, in cartridges for insulin pens or pre-filled pens. Each should be clearly labelled with the name of the insulin. **You should keep a record of the amount of units of insulin you are taking.**

There are 2 different designs of insulin cartridge so not all cartridges can be used in all insulin pens. **If you use cartridges you need to know which pen is right and safe for you to use.**



Pre-filled pens should contain your prescribed insulin, **check the name of the insulin is correct with your Pharmacist before you leave the pharmacy.**

If insulin is prescribed using the letter “U” after the dose needed instead of writing the word “units” in full, the “U” can be mistaken for an “0”. This can lead to a risk of you having an overdose of insulin, for example 40 units instead of 4. If someone else gives your insulin **always ask to check the dose.**



The Right Way

- Insulin should be injected at a 90° angle
- You can use the upper outer thighs, buttocks and abdomen as injection sites
- Vary the places you inject into to avoid the development of fatty lumps (lipohypertrophy) which will delay insulin absorption
- Change your insulin pen needle every time you inject

The Right Time

Some people need to take insulin with or just after food; others up to 40 minutes before, and some at bedtime. **Please ask your healthcare professional to explain when you should take yours.**

If you are admitted to hospital and are well enough, ask to keep your insulin with you so you can self manage your diabetes - **this is really important if an insulin pump is used.**

If you can't give or keep your own insulin, don't be afraid to ask staff when you need it.

Storage and disposal

- Store unopened supplies of insulin in a refrigerator - it must not freeze
- Insulin in use can be kept at room temperature but avoid direct sunlight and heat e.g near radiators, fires or window sills
- Always dispose of needles into a “sharps” bin - these are available on prescription
- Make sure that you have enough supplies of insulin - especially when you are going on holiday

Hypoglycaemia (Hypos)

Hypoglycaemia is the main side effect of insulin treatment. This can happen if your blood glucose levels drop below 4 mmol/l. Early symptoms of hypos are:

- Sweating heavily
- Anxiety
- Trembling and shaking
- Tingling of the lips
- Hunger
- Going pale
- Palpitations
- Dizziness

How to avoid hypos:

- Eat regularly
- Keep to recommended alcohol limits and do not drink on an empty stomach
- Take your insulin at recommended doses and times
- Test before driving and **do not** drive if your blood glucose is less than **5.5 mmol/l**
- Always carry glucose, snacks and your meter
- You may need to reduce insulin doses before and after exercise

If you have a lot of hypos ask to see the specialist diabetes team.

How to Treat a Hypo

Step 1

Fast acting sugar (Gives a quick rise in blood glucose within 5-10mins)
This should contain 10-20g of fast acting carbohydrate such as:

- 3-6 dextrose tablets
- 60 - 100ml Lucozade original
- 150 - 300ml Coke(non-diet)/Lemonade(non-diet)
- 2 - 4 tsp sugar
- 3 - 6 Jelly Babies or Wine Gums
- 1 - 2 tubes hypostop /glucogel
- 200ml orange juice

If your blood sugar is below 3mmol/l, you may need to take a larger dose of fast acting sugar initially for example, 6 dextrose tablets

Step 2

After 10 minutes test your blood glucose to ensure it has risen above 4mmol/l, if not repeat Step 1

Step 3

Slow acting sugar is required to ensure your blood glucose levels do not drop again. This should be taken once your blood glucose level has risen above 4mmol/l. You should aim to have 10-15g carbohydrate of slow sugar, such as:

- 1 slice of bread
- 1 piece of fruit, for example a banana, apple or orange
- 1-2 digestive or rich tea biscuits
- 125-150mls Yoghurt
- 2 finger Kit-Kat / standard size chocolate bar for example Cadbury's Twirl
- 200ml milk

If you hypo just before a meal ensure you have fast acting sugar but you can then have your meal without having a slow sugar snack as stated above.

Hyperglycaemia

Hyperglycaemia is when your blood glucose is too high, usually consistently more than 17 mmol/L

Signs of Hyperglycaemia are:

- Tiredness
- Thirst
- Headaches
- Blurred vision
- Passing a lot of urine

What causes hyperglycaemia?

- Not enough insulin
- Too much of the wrong type of food
- Not enough exercise
- Sickness
- Stress
- Weight gain
- Infection or fever

What to do:

Don't panic! Everyone experiences fluctuations in blood glucose levels throughout the day whether they have diabetes or not.

Never Stop Your Insulin

- Monitor your blood glucose levels at least **4** times a day
- Do not respond to one-off abnormal reading
- If your blood glucose is consistently greater than 15 mmols, adjust your insulin (refer to 'Adjusting your Insulin')

Ketones

Ketones are produced when there is a lack of insulin. Glucose is unable to enter the cells and fat is broken down to be used as energy. Ketones are a by-product of this process.

Ketones are an acid and when produced in large quantities can be harmful. Small amounts can be present if you are not eating regularly. You can test your urine for ketones using ketostix or ketodiastix.

If lots of ketones are present you may feel:

- nauseated
- your breath may smell of pear drops
- you may feel quite drowsy

You must seek medical attention urgently if you have these symptoms.

Adjusting your Insulin

One off high readings should not require insulin adjustment but frequent high readings may require insulin adjustment. We would suggest a 10% increase in dose, (e.g. If you take 40 units of insulin, increase by 4 units) every 3-4 days until your blood glucose levels fall to normal limits.

Twice daily regime

- *AM* (morning) dose affects pre-lunch and pre-evening meal readings (If both of those readings are raised you should increase your *AM* dose)
- *PM* (evening) dose affects pre-bedtime and pre-breakfast readings (If both of those readings are raised you should increase your *PM* dose)

Four times daily regime

- Blood glucose readings always indicate the previous injection of insulin; for example, if your lunchtime reading is raised, you may need to take more insulin at breakfast time.

If you do not feel confident adjusting your own insulin regime, you should contact your diabetes nurse to ask for advice.

Planned Fasting

Some people may wish to fast for religious reasons although most religions exempt people with diabetes.

To ensure you fast safely you should contact your nurse or doctor to ask for individual advice at least 1-2 months BEFORE you plan to fast.

It is advisable that the following people do not fast:

- People with diabetes complications
- Pregnant and breastfeeding women with diabetes
- People with Type 1 diabetes
- People with poorly controlled Type 2 diabetes
- People who have had recurrent hospital admissions because of their diabetes

Diabetes and Illness

The stress of an illness or infection, with or without fever, can affect your blood glucose levels. Stress increases the need for insulin and the blood glucose levels rise. Additionally you may not eat as you usually do so your blood glucose levels may go up too high or down too low.

Guidance for Periods of Illness

- Drink at least 5-6 pints of unsweetened fluids in every 24 hours that you are ill
- Do try to eat little and often. If you are unable to manage solids and the glucose level is low, sip sugary fluids
- Test your urine for ketones. If there are large amounts of ketones contact your doctor
- If you are vomiting and unable to keep food down you must seek medical advice
- If you are unsure what to do contact your Diabetes Team or your GP
- Blood ketone testing may be needed for some patients with Type 1 diabetes

The best way to prevent a minor illness from becoming a major problem is to work out a plan of action for illness days ahead of time. Then, when you become sick, you will feel safe and secure and will already know what to do.

People with Diabetes are entitled to and should have an annual flu vaccination and a vaccination against pneumonia. Speak to your GP practice for more information.

Diabetic Retinopathy

Diabetic Retinopathy is when changes occur to the blood vessels in the inner layer of the eye. This leads to bleeding or scarring in the centre of the retina which stops light rays reaching parts of the back of the eye.

You should have an annual eye check called Retinal Screening to check for diabetes eye disease called *Diabetic Retinopathy*.

Retinal Screening

Retinal Screening requires your pupils to be dilated. This is achieved by applying eye drops before the examination takes place. Your GP practice will arrange for you to attend retinal screening. **Annual eye checks help early detection of such problems.**

Essential Foot Care

Foot problems can affect everyone with diabetes. Diabetes may affect your circulation, ability to feel pain (sensation), the healing of injuries and how your body fights infections.

Keep your feet safe by:

- Checking them **every day**, reporting any problems promptly to your GP, Diabetes Nurse or chiropodist (**e.g. cuts, blisters or cracks**)
- **Contacting your GP if you suspect you have a foot infection.**
- **Wearing shoes that fasten** rather than slip-ons. Make sure they are the right size and shape
- **Washing your feet every day** paying special attention to drying well between the toes. Cut your nails to the shape of the toe and not too short, filing gently any rough edges. If you cannot cut your toe nails, you may file them gently before bathing.
- **Having your feet examined at least once a year** by your GP practice to check on their circulation and sensation

If you go into hospital with a foot problem for example, new pain, a sore, inflammation, fracture, or an ulcer you should have it **checked by a doctor, nurse or podiatrist immediately.**

You may self refer to NHS Podiatry if you have a podiatric need (e.g foot ulcer, corns, callous etc.) by ringing 01245-318567

Managing Work

There is no reason why people with diabetes should not have equal access to job opportunities. It is important that you disclose your diabetes if required to do so on an employment application. You may also wish to advise your work colleagues of your condition.

Jobs as listed below, may be considered to be unacceptable due to the type of treatment your diabetes requires and / or a diabetic complication. Treatment with insulin even with careful monitoring, carries a risk of hypoglycaemia and diabetes complications such as cardiac disease and peripheral neuropathy could affect your employment.

Are there any jobs which are denied to people on insulin?

Yes. Unfortunately being on insulin may preclude you from taking up the following opportunities.

• Driving HGVs, buses and taxis	• Prison service
• Armed forces	• Airline pilots and Airline Cabin crew
• Fire service	• Air traffic control
• Ambulance service	• Offshore work (e.g. oil rigs & ships)

Shift Work and Diabetes

Shift work may cause difficulty with diabetes control, especially for people on insulin, however, with proper training in managing your diet, exercise, medication and self-monitoring and preparedness, shift work should be manageable.

Driving

You must notify the DVLA that you have diabetes if you:

- Are treated with insulin or insulin plus tablets
- Are treated with Exenatide (byetta), liraglutide (victoza) or gliptins
- Have diabetes complications
- Have frequent or unrecognised hypos

Your licence will be renewed every three years. Insulin treatment may prevent you holding a licence for an HGV vehicle. You may wish to seek advice from the DVLA.

You must inform your vehicle insurance company and check that your blood glucose is above **5.5mmol/l** before driving. You must **stop immediately** if you have a hypo whilst driving and take appropriate treatment. You must not resume driving for **45 minutes** after resolution of the hypo.

Further information on diabetes and driving can be found from the *Drivers' Medical Unit, DVLA, Sandringham Park, Swansea, SA7 0EE*
Tel: 0870 2400 009 or www.dvla.gov.uk

Travel

You need to plan ahead when travelling. Does your travel / health insurance cover you for any diabetes emergencies? Is your insulin available at your destination? Do you require any vaccinations for your chosen destination? Do you have identification or a letter of confirmation of your diabetes from your GP?

The journey

- Carry your insulin and equipment in your hand luggage (insulin will freeze if stored in the luggage hold). A cool bag will help keep your insulin stable on your journey especially in hot countries.
- Have extra carbohydrate snacks available in your hand luggage, just in case you experience delays with the journey. Don't forget to carry hypo treatment.
- When crossing time zones keep your meal and insulin/medication to your watch time and change your watch on arrival and when you arrive back home.
- When travelling WEST, the day is longer and you may need **more** insulin / tablets / food.
- When travelling EAST, the day is shorter and you may need **less** insulin / tablets / food.

During the holiday


Monitor your blood glucose levels. A warm climate can lower your blood sugar and you may need to reduce insulin / tablets. Hot and cold climates can affect the accuracy of blood glucose strips therefore you need to be more vigilant than usual about how you feel.

You may need to adjust your insulin / tablets taking into account your exercise levels, food and alcohol intake as well as the climate.

Insulin Passport

Make Sure you carry an Insulin I.D Card which you can obtain from your GP or specialists or pharmacists.

Alternatively you can use the one created below.



INSULIN PASSPORT

I have diabetes and I am prescribed:

insulin

Name:

NHS Number: D.O.B:

Emergency Contact Name and Number:

Diabetes UK Careline 0845 1202960

I have diabetes and I am prescribed Insulin

**In an emergency if I am ill, please give me
some form of sugar eg: a sugary drink
(not the diet version), dextrose tablets,
sweets or glucose.**

**If I am unconscious DO NOT give me
anything by mouth. Call a doctor or
Ambulance immediately.**