care inspectorate

Blood monitoring of type 2 diabetes

Guidance for care homes and care at home services

HAPPY TO TRANSLATE

Guidelines on the Blood Monitoring of Type 2 Diabetes

Introduction

This guidance gives a brief overview of current national best practice in blood monitoring of Type 2 diabetes. This guidance is aimed at inspectors and service providers for information to assist managing this in registered services.

Background

Up till now, it had been common practice for registered residential adults and older people's care services to do pinprick blood testing on all their diabetic residents as a routine, the frequency of testing was varied. However, the evidence for this blood monitoring for all people with Type 2 diabetes was not clear.

Guidance

Guidelines were published in 2010 by the Scottish Intercollegiate Guidelines Network about the management of Diabetes Mellitus. It was known as "SIGN 116."

It discussed best practice on identifying, treating and caring for diabetes. It covered Type 1 diabetes (usually insulin controlled) and Type 2 (usually tablet or diet controlled).

The new guidance suggested that there was no evidence for routine pinprick blood monitoring in Type 2 diabetes except in the following situations:

- If the diabetic person was currently unwell for example, if they had an infection
- If they were pregnant
- If there had been a change in diabetic medication recently
- If the diabetic person's sugar control had been particularly difficult to control in the past
- If the diabetic person is fasting for example, for religious reasons
- If they are at increased risk of hypoglycaemic attacks due to being on the sulphonylurea group of antidiabetic tablets (see below)
- Or if there was professional concerns about current control for example, from doctor, nurse etc.

The sulphonylurea group are Glibenclamide, Gliclazide, Glimepiride, Glipizide and Tolbutamide.

The doctor or nurse will decide if blood monitoring should be restarted and the service user and/or family should be involved in the discussion. When to test and how often in the day will be entered in the care plan and results recorded. Staff will be clear about what is an "acceptable" reading and what action to take if the results are not acceptable to the person with clinical responsibility.

It is recommended that a resident's care plan should reflect the current level of monitoring being done, and what outcomes to look out for that might suggest that the level of monitoring needs to change, either up or down in frequency. How, and with whom this change was decided should be noted in the care plan.

NB All blood monitoring for people with diabetes treated with insulin should still be performed as usual.

See www.sign.ac.uk/pdf/sign116.pdf for the full guideline

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Published by: Communications

HCR-0417-133