**Canberra Health Services**

**Clinical Guideline**

**Guidelines for Registered Nurses-Credentialled Diabetes Nurse Educators (RN-CDE) to provide advice on insulin dose: (For outpatient use only)**

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| Guideline Statement |

**Background**.

The following set of guiding principles and guidelines have been established to enable Registered Nurses - Credentialed Diabetes Educators (RN - CDE) within the Canberra Health Service to provide insulin dose advice to outpatients. The Clinical Excellence Division of Queensland Health have developed a set of approved guiding principles for the provision of insulin dose advice which have been used to inform the CHS Insulin Dose Advice Guidelines. Utilising the skills of the RN-CDE in providing advice on insulin doses will relieve demands on Medical Officers.

**Key Objective**

* To improve diabetes care by assisting diabetes service outpatients to improve glycaemic control, enhance safe use of insulin and quality of life.
* To develop a set of guiding principles outlining the knowledge, skills and training that are required to ensure the relevant RN-CDE who undertakes this practice within their role in diabetes management is educated, safe and competent to do so.
* To provide an algorithm to assist in the provision of insulin dose advice (hyperlink to algorithm below). Note that this is not insulin titration.
* Reduce the potentially preventable hospitalisations and the number of presentations to outpatient departments.

**Alert**

* Only Registered Nurses- Credentialed Diabetes Educators (RN - CDE) employed by CHS may apply to be locally credentialed to provide advice on insulin

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| Scope |

This document refers to outpatients with insulin requiring diabetes mellitus who are treated at the adult diabetes service within the Canberra Health Service (CHS). The provision of advice on insulin dose is different from the task of titrating insulin based on interpretation of a dosage table, prescription or guideline written by the prescribing medical officer. Insulin titration is not the task to which this guideline is referring.

This document applies to CHS RN-CDE staff working within their scope of practice:

**Inclusion:**

* Registered Nurses - Credentialed Diabetes Educators (RN - CDE) within Canberra Health Services
* Medical Officers within Canberra Health Services Out-patients who are well and routinely using insulin to manage diabetes mellitus

**Exclusion:**

* Provision of advice to patients who have been commenced on insulin recently
* Patient groups who are Starting or stopping insulin treatment
* Management of the Paediatric and Adolescent patient with Diabetes
* Patients who are pregnant
* Inpatients of the Canberra Hospital – these patients will have their insulin prescribed on the National Subcutaneous Insulin Chart
* Patients who are unwell and using their sick day insulin adjustment management plans
* RN-CDE in private practice

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| Section 1 – Scope of Clinical Practice |

* The scope of practice for an individual is that which the individual is educated, authorised and competent to perform.
* The guiding principles
* Meet the needs of Canberra Health Service, the clinician and the consumer
* Comply with current legislation- registered nurse (AHPRA) and credentialled diabetes nurse educator requirements (ADEA)
* Comply with current legislation
* Are suitable for indigenous and non-indigenous populations

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| Section 2 – Governance of Annual Credentialing |

It is the responsibility of the RN CDE to demonstrate their competence to provide insulin advice through annual credentialing.

RN CDE must show they are competent in all for 4 domains as identified above.

It is the responsibility of the senior nurse diabetes lead to ensure RN CDE have relevant training and are annually credentialled.

 It is the responsibility of the senior nurse diabetes lead to maintain a competancy register.

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| Section 3 – Requirements of credentialled RN CDE |

The following is a list of requirements that a clinician may use to demonstrate competence, i.e. appropriate education, experience and competence to provide advice on insulin dose within the clinical setting.

**Essential RN CDE Requirements**

1. **Recognised health professional**
* Hold current registration as a Registered Nurse with the Australian Health Practitioner Regulation Agency (APHRA)
* Holds post-graduate qualifications from a university or tertiary institution in Diabetes Education.
* Is a credentialed diabetes educator through the Australian Diabetes Educators Association (ADEA)
1. **Demonstrated evidence of clinical experience in diabetes care (including application of primary health care principles)**
	1. Ability to provide advice on insulin dose based on a person with diabetes individual circumstances
2. **Demonstrated competence underpinning insulin dose advice as identified in**

**Appendix 1, including:**

* 1. Physiology and pathophysiology of diabetes
	2. Carbohydrate content of common foods
	3. Implications on glycaemic control during exercise and sick days
	4. Pharmacology of insulin including onset, method of action and excretion
	5. Insulin injection technique, injection sites
	6. Pharmacology of oral agents and other injectables
1. **Demonstrated evidence of:**
2. Competence in providing diabetes self-management education for people with diabetes of varying complexity (whilst utilising the nursing process) in a variety of inpatient and outpatient settings.
3. Capacity to plan, implement and evaluate diabetes related services and programs within a hospital environment and/or community health centre
4. Advanced interpersonal and communication skills (verbal and written) and proven ability to build relationships
5. Ability to work as an effective team member within a multidisciplinary team
6. Commitment to ongoing professional development to maintain knowledge and skill base
7. Commitment to research and quality improvement activities

**Recommended RN CDE Requirements**

Locally credentialled RN-CNE can provide advice on insulin dose only when requested to do so by the medical officer or nurse practitioner. The request for the provision of advice on insulin should be documented in writing which should include the monitoring and review process for advice provision. Further recommended requirements include:

1. Demonstrates knowledge of current legislation regarding the prescription and administration of S4 medication.
2. Demonstrates impact of S4 medication supply, prescription and administration on their practise
3. The Registered Nurse (RN-CDE) demonstrates the scope of practise of an RN who holds current competency to provide insulin advice
4. The RN demonstrates appropriate clinical reasoning and decision making when providing insulin advice
5. The RN demonstrates understanding of the relationship of providing insulin advice

in relation to the achievement of a target health outcomes and the frequency of insulin adjustment

1. The credentialled RN-CNE should demonstrate

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| Section 4 – Legislative Requirements |

Under the Therapeutic Goods ACT 1989, insulin is listed as a Schedule 4 Prescription Only medicine. RN - CDE providing advice on insulin dose are neither prescribing nor administering insulin.

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| Section 5 – Providing Insulin Dose Advice |

All patients with type 1 diabetes and many patients with type 2 diabetes, and diabetes due to secondary causes require treatment with insulin. Insulin regimens vary depending upon patient characteristics.

Glycaemic BGL targets must be individualised and depend on the clinical setting and patient characteristics. If the RN-CDE feels that a higher dose outlined below then a medical officer within the Endocrinology Department must be contacted. All insulin dose advice will be documented in the CPF under Ambulatory.

1. **Insulin dose advice may be provided using the following guidelines:**

 **Basal Bolus Insulin**

* **Usual dose of insulin** may be adjusted based on blood glucose patterns over several days (or longer) in 10% increments of the usual dose of insulin for that injection (but not exceed 8 units).
	+ **Insulin Pump**
* Insulin Pump settings maybe be altered commencing at 0.1unit/hr up to 0.2units/hr. (changes of 0.1unit/hr would be the usual increment). 10% changes of Correction factor ?? (CHOR) and Insulin Sensitivity Factor (ISF) are allowed. Overall total daily dose (TDD) should not be increased by more than 10% at a time.
	+ **Insulin sick day management**
* **Patients are advised to**  follow the sick day insulin adjustment guidelines developed by the Australian Diabetes Educators Association (ADEA) that can be found at: www.**adea**.com.au/wp-content/uploads/2013/08/**Sickday**\_summary.pdf
1. Various insulin titration algorithms exist but a pragmatic algorithm for non-pregnant adults, based on the lowest glucose reading over the preceding 3 days, is presented below:

**Preferred method for adjusting insulin doses**

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| **Lowest BGL (mmol/L) over previous 3 days (fasting or pre-prandial)\*** | **Adjust insulin dose once or twice weekly to achieve target BGL** |
| >10 |  ↑ by 4 units or 10% (whichever is greater) |
| 8–10 |  ↑ by 2 units |
| 7–7.9 |  No change or ↑ by 2 units |
| 6–6.9 |  No change |
| 4–5.9 |  ↓ by 2 units |
| <4 or severe hypoglycaemic event† |  ↓ by 4 units or 10% (whichever is greater) and consult with Endocrinologist or Endocrinology Registrar |

*BGL: blood glucose level.*
*\*Adjustment should be based on the lowest BGL over the previous 3 days.*

*\** *These targets may be unrealistic in obese patients with type 2 diabetes with severe insulin resistance who may gain excessive weight with large insulin doses. Glycaemic targets should be discussed with treating endocrinologist.*

**Alert:** All severe hypoglycaemic events or multiple significant hypoglycaemic events should prompt RN-CDE to consult with Endocrinologist or Endocrinology Registrar.

**Correspondence relating to insulin advice**

It is the RN CDE responsibility to ensure information relating to insulin dose advice is written in the Clinical Patient Folder (CPF) where all staff have access.

The RN CDE corresponds with the General Practitioner (GP) via a letter which is also saved in the CPF.

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 ***RN CDE Checklist when providing* Insulin dose advice**

**When to monitor your blood glucose levels**

* Check your blood glucose each morning before breakfast (fasting)
* Check BGL’s before main meals
* Check 2 hours after the start of a main meal
* Any time you are not feeling right *(to exclude hypoglycaemia)*
* Record each blood glucose level in your record book

**Important information**

**Factors which may change your blood glucose level**

* Changes in eating plan – such as the time or amount you eat
* No physical activity or more activity than usual
* Excessive alcohol
* Illness or infection
* A change in injection site
* A change in the time you give the insulin

**Keeping safe**

* Inject your insulin at the same time each day
* Always inject into the fatty tissue in the abdomen as taught
* Rotate within the injection site as taught
* Always carry identification stating that you take insulin
* Always carry fast acting sugar and a snack so that you can treat a low blood glucose level if it occurs
* It is important now you have started insulin to have a snack prior to bed

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|  Evaluation |

Insulin dose advice will be audited by the RN4.1 quarterly to ensure adjustments are compliant with the Guideline.

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| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* ACT Health Nursing and Midwifery Continuing Competence Policy
* CHHS Consent and Treatment Policy
* CHHS Patient Identification and Procedure Matching Policy

**Procedures**

* CHHS Healthcare Associated Infections Clinical Procedure
* CHHS Patient Identification and Procedure Matching Procedure

**Guidelines**

**Legislation**

* *Health Records (Privacy and Access) Act 1997*
* *Human Rights Act 2004*
* *Work Health and Safety Act 2011*
* *Therapeutic Goods Act 1989*

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| References |

Australian Commission on Safety and Quality in Health Care. Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Sydney: ACSQHC, 2015.

Guiding principles for local credentialing of registered nurses and accredited practising dietitians to provide advice on insulin dose- A Guide for Hospital and Health Services. Queensland Health, 2017.

Guiding principles for local credentialing of registered nurses and accredited practising dietitians to provide advice on insulin dose- A Guide for Clinicians. Queensland Health, 2017.

NMBA Proposed registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership – Public consultation paper 2018. <https://www.adea.com.au/wp-content/uploads/2018/11/NMBA-proposed-registration-standard_prescribing-in-partnership_discussion-paper-response_FINAL_180928.pdf>

<https://ilearnexternal.health.qld.gov.au/course/128/ahpoq-c-provision-of-advice-on-insulin-dose-training-package>

Professional Standards- Registered nurse standards for practice. Nursing and Midwifery Board of Australia. 2016. [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx)

The Role of Credentialled Diabetes Educators and Accredited Practising Dietitians In The Delivery Of Diabetes Self-Management And Nutrition Services For People With Diabetes, 2015. <https://daa.asn.au/wp-content/uploads/2015/05/ADEA-and-DAA-Joint-Statement-FINAL.pdf>

Australian Diabetes Educators Association (2006) *Guidelines for sick day management for people with diabetes*. Retrieved February 2014 from: [www.adea.com.au/wp-content/uploads/2013/08/Sickday\_summary.pdf](http://www.adea.com.au/wp-content/uploads/2013/08/Sickday_summary.pdf)

Fraser Health (2012) Decision Support Tool of Insulin Dose Adjustment (IDA by Registered Nurses. Retrieved February 2014 fraserhealth.ca/media/InsulinDoseAjustment\_CDST.pdf

Saskatchewan (2009) Insulin Dose Adjustment Module retrieved September 2011 http://www.health.gov.sk.ca/insulin-adjustment-module

Saskatchewan (2010) Advanced Insulin Dose Adjustment Module retrieved September 2011

http://www.health.gov.sk.ca/adx/aspx/adxGetMedia.aspx?DocID=97064501-e3e6-4220-be0c-94586997530f&MediaID=4670&Filename=sask-advanced-insulin-dose-adjustment-module-nov-2010.pdf&l=English

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| Definition of Terms |

The following table outlines the definitions of commonly used words within this document.

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| Accredited practising dietitians (APDs) | Accredited practising dietitians (APDs) have the qualifications and skills to provide expert nutrition and dietary advice. APDs are university-qualified professionals that undertake ongoing training and education programs to ensure that they are the most credible source of nutrition information, in line with the Dietitians Association of Australia Professional Standards |
| Credentialled\* Diabetes Educator® (CDE) | The Credentialled Diabetes Educator® (CDE) is a registered trademark allowing the Australian Diabetes Educators Association (ADEA) to define the conditions under which the term is used. CDEs hold a professional health care qualification and have completed a postgraduate certificate in diabetes education and management. They have demonstrated experienceand expertise in diabetes education and are required to undertake ongoing professional development related to diabetes to maintain CDE status. Qualification as a CDE does not automatically allow local credentialing for the adjustment of insulin dose.\*According to the Australian Association of Diabetes Educators, the term credentialled is spelt in this manner, when used within the accreditation *Credentialled Diabetes Educator®* (CDE). |
| Consumer | Health Consumers are identified as people who use, or are potential users, of health services including their family and carers of the CHS Diabetes service |
| Insulin dose advice | The provision of advice on insulin dose based on factors such as meal planning, activity and blood glucose levels. |
| Insulin titration | Alteration of insulin dose based on a written or verbal prescription that contains a specific structure to guide dosage. This structure may include a table or formula to calculate the dose required. |
| Local credentialing.Medical officer·Nurse practitionerPrescription | Canberra Health Service’s process of verifying an individual's qualifications and experience to form a view about their competence, performance and professional suitability to provide high quality care within specific settingsA medical practitioner (medical specialist or general practitioner) registered with the MedicalBoard of Australia who is treating the consumer. |
| A registered nurse whose registration is endorsed under the Health Practitioner Regulation National Law as being qualified to practice as a nurse practitionerHas the same meaning as in the *Health (Drugs and Poisons) Regulation 1996* (Qld), and means a prescriber's direction (other than a purchase order or written instruction) to dispense, in this particular case, insulin as provided for under the Regulation. A prescription, under section 190 of the Regulation, must include adequate directions regarding the use of the medicine. |
| Canberra Health Service | Includes the Department of Health and all Hospital and Health Services. |

Acknowledgement to Queensland Health Service and Queensland Government

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| Search Terms  |

Diabetes, Diabetes Advice, Diabetes Management, Insulin, Insulin dose

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| Attachments |

Attachment 1 - Provision of advice on insulin dose competencies

**Disclaimer**: *This document has been developed by Health Directorate, Canberra Hospital and Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

*(to be completed by the HCID Policy Team)*

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| Date Amended | Section Amended | Approved By |
|  | *Section 1* | *ED/CHHSPC Chair* |
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**Appendix 1- Provision of advice on insulin dose competencies**

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| ***Competency Element*** | ***Competency Statement*** | ***Competency Indicators*** |
| 1. Professional Standards
 | 1.1 Works within professional and organisation standards | * Accepts responsibility for providing advice on insulin dose and understands the professional and legal implications
* Identifies and works within scope of practice and the guidelines of the employing health agency/ organisation
* Identifies limits of own knowledge and skill and works within them
* Demonstrates initiative to advance and maintain knowledge and skills needed for safe provision of advice on insulin dose
* Ongoing and regular experience in provision of advice on insulin dose to maintain confidence and competence
* Uses evidence-based guidelines, where they exist, to offer direction to management
* Records accurate, clear and timely clinical notes of insulin dose adjustments and related consumer education or advice
 |
| 2. Clinical and pharmacokinetic knowledge | 2.1Demonstrates current clinical and pharmacokineticknowledge relevant to insulin dose adjustment | * Describes the pharmacokinetics and action time of all available insulins in use within Queensland including onset, peak, duration and how these may be altered (e.g. by weight, lipohypertrophy, age, pregnancy, renal impairment etc)
* Describes the major types of diabetes including basic pathophysiology, distinguishing characteristics, and rationale for different treatment plans according to type of diabetes
* Identifies drugs that may inhibit or potentiate the action of insulin
* Identifies non-pharmacological and pharmacological approaches to treating different types of diabetes
* Identifies potential side effects of insulin therapy and how to avoid/minimize and manage them (e.g. hypoglycaemia, lipohypertrophy, weight gain, in rare cases allergy)
* Describes basic physiologic insulin requirements in type 1 and type 2 diabetes in adults
 |
| 3.Meal planning carbohydrate counting and insulin dose | 3.1Understands meal planning principles and carbohydrate counting in relation to insulin and uses these in assessment, education, and recommendationsfor provision of advice on insulin dose | * Describes glycaemic responses to different food groups/ types
* Describes the purposes of consistent carbohydrate (CHO) use and or CHO counting and identifies potential advantages/disadvantages of each, according to the consumer's situation
* Provides advice as to whether a set dose of insulin with consistent CHO intake or a flexible insulin regimen with flexible CHO intake is recommended based upon consumer skills, preferences and lifestyle
* Identifies the different approaches to carb counting (grams/10g portions/15g portions) and the potential advantages/disadvantages according to the consumer's situation
* Applies and teaches carbohydrate intake guidelines for periods of illness
* Identifies age appropriate dietary, activity, and
* / or insulin adjustments that can be made to improve blood glucose excursions associated with food
* Calculates, uses and evaluates insulin: carbohydrate ratios
* Calculates, uses, and evaluates insulin sensitivity factor (ISF), correction dose/or insulin scales
* Identifies dietary, activity, and/ or changes to insulin dose that can be made to improve blood glucose excursions associated with food
* Identifies dietary, activity and/or changes to insulin dose strategies for high fat and/or high protein meals
* Identifies dietary and/or changes to insulin dose strategies for snacks
* Identifies strategies to decrease risk of hypoglycaemia and identifies management strategies
* Identifies dietary and/or changes to insulin dose for physical activity
* Identifies effect of alcohol consumption on blood glucose values and provides education and advice to minimize risk of hypoglycaemia
* Works collaboratively with multidisciplinary team and makes appropriate consumer referrals for nutrition education and support
 |
| 4.Assessment and interpretation of blood glucose levels  | 4.1Assesses blood glucose and appropriately interprets information to make changes to insulin dose(s) or other components of diabetes treatment plan | * Identifies appropriate frequency, timing, and recording of blood glucose monitoring and interprets results
* Can explain to consumer rationale for monitoring and provide education regarding interpretation of results and insulin dose adjustment
* Describes strategies to optimise accuracy of Self ­ Monitoring of Blood Glucose (SMBG)
* Identifies age appropriate blood glucose goals and rationale for these
* Identifies situations in which standard blood glucose goals may need to be modified
* Perform a comprehensive assessment of the consumer's blood glucose
* Obtains pertinent information regarding carbohydrate intake, activity, illness , stress, hormonal changes, insulin, other medications and any other factors which may be influencing blood glucose and identifies appropriate intervention and follow up assessment plan
* Identifies strategies to assess basal and bolus dose
* Interprets assessment data and plans appropriate intervention based on data
* Identifies patterns of hyperglycaemia or hypoglycaemia, or changes in routines which require adjustment of insulin and/ or other components of treatment plan
* Identifies when, why and how to assess for nocturnal hypoglycaemia
* Describes the pathogenesis and management of impaired hypoglycaemia awareness (IHA)
* Describes factors that increase the risk of IHA
* Interprets data and recognise patterns from continuous glucose monitoring and implement appropriate interventions
* Communicates assessment findings to relevant team members as appropriate
 |
| 5.Insulin schedules and dose adjustments | 5.1Understands various insulin schedules and principles for insulin dose adjustment for conventional or intensive therapy | * Uses established principles and guidelines for insulin dose adjustment based on patterns
* Identifies situations when an insulin scale or correction dose needs to be used and/ or adjusted
* Describes principles and concepts of
	+ Single dose insulin (e.g. type 2)
	+ Twice or three times per day insulin doses
	+ Multiple daily injections (MDI)
	+ Basal- bolus (BB)
	+ Continuous subcutaneous insulin infusion

(CSII)* Identifies which insulin regimen is most appropriate for the consumer and recommends changes to medical staff if required
* Uses pattern management principles to establish, adjust and evaluate basal and bolus dose for different insulin schedules:
	+ Single dose insulin (e.g. type 2)
	+ Twice or three times per day insulin doses

MDI* + Basal - bolus
* Identifies when a change in the time of insulin administration would be appropriate
* Applies exercise guidelines appropriate to the consumer/consumer insulin schedule
* Applies guidelines appropriate to the consumer for short term changes to insulin dose for a test or procedure
* Calculates and applies insulin sensitivity factors, correction dose and/or insulin scales for MDI
* Calculates and uses insulin to carbohydrate ratios
* Identifies factors related to insulin injection technique which may impact on the absorption and action of insulin
* Identifies when a change in the type, time or device (syringe/pen/CSII) of insulin administration would be appropriate
* Provides appropriate recommendations when a consumer has made an error in their usual insulin dose.
 |
|  | 5.2Understands principles for prevention and management of hypoglycaemia | * Provides consumer with appropriate advice on insulin dose following severe hypoglycaemia
* Identifies patterns of hyperglycaemia or hypoglycaemia, or changes in routines which require adjustment of insulin and/or other components of treatment plan
* Identifies when, why and how to assess for nocturnal hypoglycaemia and potential rebound hyperglycaemia.
 |
|  | 5.3Understands various insulin schedules and principles for advice on insulin dose for shift work and assesses and implements an alternate insulin schedule for shift work | * Identifies high risk working situations that require alternative insulin schedule(s)
* Identifies times of greater hypoglycaemia risk based on insulin action and when requirements are different for wakefulness and sleep
* Uses pattern management principles to establish, adjust and evaluate basal and bolus dose for different insulin schedules:
	+ Single dose insulin (type 2),
	+ Twice or three times per day insulin doses
	+ MDI
	+ CSII
* Analyses relationship of matching insulin action with possible irregular timing of carbohydrate intake and activity levels and identifies appropriate adjustments/ action
* Identifies when a change in the type, time or device (syringe/pen/CSII) of insulin
* administration would be appropriate for shift work and notifies Medical Officer (MO)
* Identifies and discusses the need to introduce alternative insulin schedules if greater flexibility required and subsequently describes principles and concepts of these regimens
* Identifies when and if shift work is a safety concern and notifies MO for alternative plan.
 |
|  | 5.4Understands various insulin schedules and principles for insulin dose adjustment for sick day management3 | * Able to rapidly assess consumer situation for home management versus emergency room visit/ hospital admission
* Identifies variables in diabetes management and consumer capacity which may affect provision of advice on insulin dose for home management of sick days
* Uses recognised guidelines to create a consumer­ specific plan for sick day management
* Identifies circumstances requiring consumer follow up and identifies need for medical follow­ up or management
* Identifies situations which require referral to medical care or hospital
* Identifies the need for consumer follow up post-acute illness for continuing education and preparation for self-management during an illness in the future
 |
|  | 5.5Understands various insulin schedules and principles for provision of advice on insulin dose for travel across time zone | * Identifies situations that require adjustments to insulin dose, timing or type for travel across time zones
* Identifies information needed to prepare a travel plan and advises consumer of same
* Provides information and advice on insulin dose required for travel across time zones taking into account the consumer's current insulin regimen and delivery method, flight distance, length of travel and time changes for:
* outbound trips
* return trips
* Explains travel plan to consumer(s) and assesses understanding
* Teaches consumers/ patients principles for travelling safely across time zones with insulin, taking into consideration their learning needs and level
* Identifies when a change in the type, time or device (syringe/pen/CSII) of insulin administration would be appropriate and consults with Medical Officer as required by organisation's policy.
 |
| 6.Diabetes self -ca re learning needs | 6.1Assesses and addresses diabetes self-care learning needs and readiness to learn insulin dose adjustment | * Assesses knowledge, ability and readiness to learn:
* basic provision of advice on insulin dose according to blood glucose patterns
* intensive therapy with MDI or CSII
* Completes comprehensive assessment of learning needs and provides timely, consumer centred education for insulin dose adjustment
* Provides consumer/family education, as appropriate, using sound educational theories and principles
* Identifies specific learning needs and formulates learning plan with patient/consumer to address basic provision of advice on insulin dose
* Evaluates learning and plans follow-up as appropriate to consumer/family needs and circumstances
* Confirms consumer's understanding of instruction or advice provided.
 |
| 7.Communication | 7.1Communicates with the patient/consumer and other team members towards the goal of appropriate insulin adjustment | * Involves consumer in reviewing and interpreting blood glucose values to make informed decisions about adjustments to the treatment plan
* Demonstrates sensitivity and empathy when addressing consumers' questions, emotions and concerns
* Assesses learning needs and provides clear, relevant instructions to the consumer about insulin and insulin dose adjustment (e.g. what insulin(s) to change, specific dose, and expected outcomes)
* Confirms consumer's understanding of instruction or advice provided
* Builds relationships with patients/consumers to promote self-care and learning and does not encourage ongoing dependence on health professionals for advice on insulin dose
* Negotiates learning plan to assist patients/ consumers in developing knowledge, skills and confidence for self-adjust i ng insulin dose
* Notifies and/or consults with other team members as appropriate
* Records relevant data on the appropriate records and consults with Medical Officer as required by organisation's policy
* Notifies the consumer and their MO if a safety risk related to driving is identified as per QLD government guidelines.
 |