

## **1. Introduction**

This guideline is for all healthcare professionals looking after adult patients with diabetes and Covid-19. This is national guidance written by the National Inpatient Diabetes Covid-19 Response Group. The documents are regularly reviewed and updated and so should be accessed via the link provided to ensure using most upto date version.

<https://abcd.care/coronavirus>

## **2. Guideline Standards and Procedures**

This guideline sets out in four short documents management of the following scenarios:

- [“Front Door” guidance for admitting teams](#)
- [Management of inpatient hyperglycaemia](#)
- [Management of Diabetic Ketoacidosis \(DKA\) using subcut insulin \(where iv insulin infusion is not possible\)](#)
- [Safe and supported discharge](#)

This guidance does not replace current UHL guidance for inpatients with diabetes. This guidance is primarily for use in patients with diabetes and covid-19 and as a supplement alongside our current guidance documents.

If staff are unsure regarding the management of such patients despite referral to the guidance then they should seek advice from the specialist diabetes team or a senior colleague.

The Diabetes specialist nurse team can be contacted via ICE (electronic referral) or via switchboard (mobile phone) and this is a 7 day service 9-5pm at LRI and Mon-Fri 9-5pm at LGH and GGH. Diabetes SpR on-call via switch board Mon-Fri 9-5pm. Out of hours medical advice should be via the medical SpR on-call via switchboard.

## **3. Education and Training**

All clinical staff working in any location within UHL would be expected to seek support from a senior peer or member of the diabetes team if they if they were presented with a patient with diabetes and covid-19 and they did not feel adequately trained to manage the situation.

**All medical and nursing staff are required to complete essential to role Insulin Safety training. This training can be accessed via HELM and is renewable on a yearly basis.**

#### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Implementation of this guidance in appropriate areas	Case note reviews, datix incident reporting	Dr Kath Higgins,	Continuous	Report to the Diabetes Inpatient Safety Committee – meeting frequency monthly.

#### **5. Supporting References**

<https://abcd.care/coronavirus>

#### **6. Key Words**

Covid-19, Hyperglycaemia, Diabetes, DKA, Discharge, Checklist, Front door

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> Dr Kath Higgins (Clinical Lead for Inpatient Diabetes Care)	<b>Executive Lead</b> <b>Mr Andrew Furlong</b>
<b>Details of Changes made during review:</b> <b>N/A</b>	