

From hbA1c to Zzz...

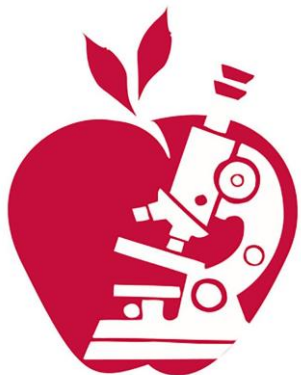
Planning for a hospital admission with diabetes

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United Through Diabetes

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Diabetes Research &
Wellness Foundation



Hello everyone!



What am I going to talk about?

- Diabetes in hospital
- Impact of illness and hospital-based interventions on the body
- Ideas on supporting diabetes self-care before being admitted to hospital
- Suggested diabetes related items to take with you

Let's talk about
Diabetes



- **Diabetes in hospital**
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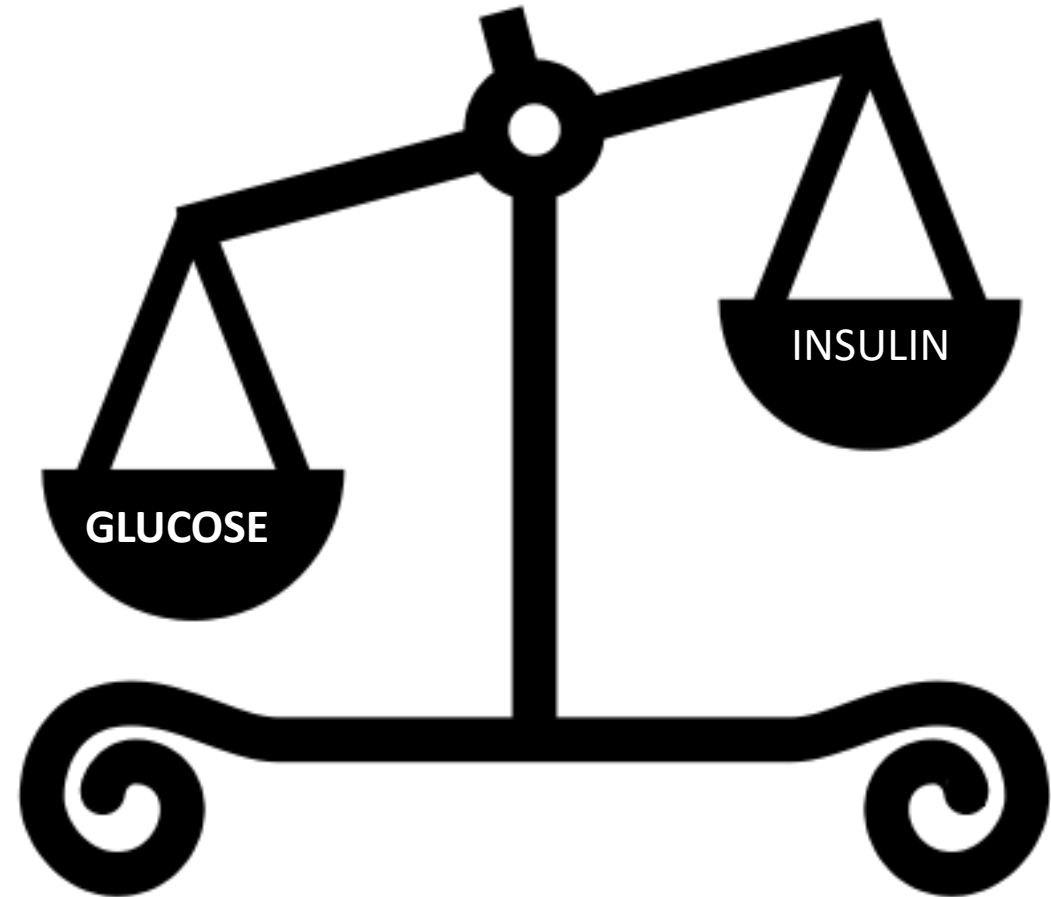
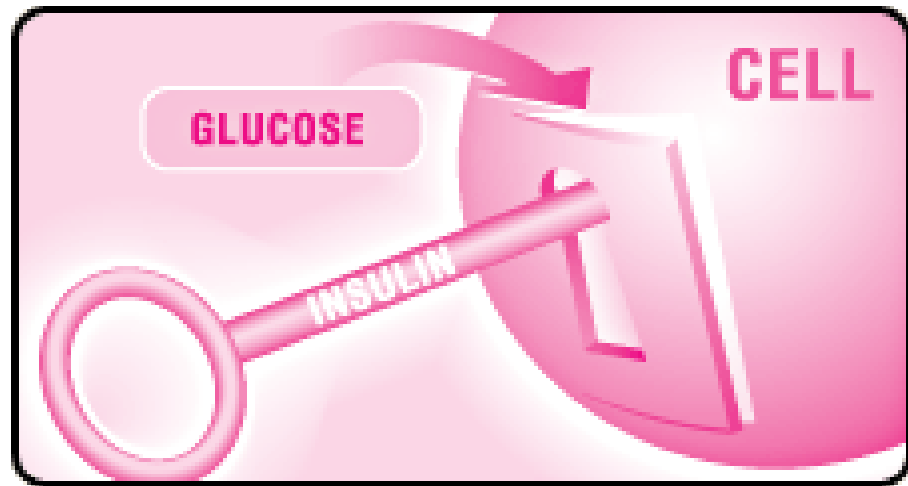
Diabetes in hospital....background

- 20-25% across the UK
- 95%+ of those are not under the direct care of a diabetes team
- An admission with diabetes for any reason can be associated with an increased length of stay
- Neglected diabetes care in hospital can cause problems
 - Can you help as the expert?



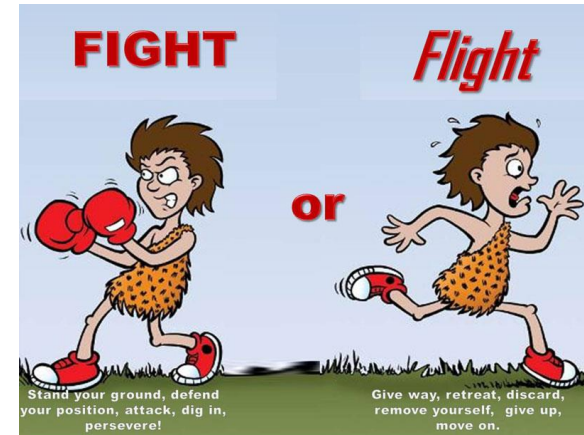
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Diabetes: We all need insulin to be working properly



Default in Diabetes = Hyperglycaemia

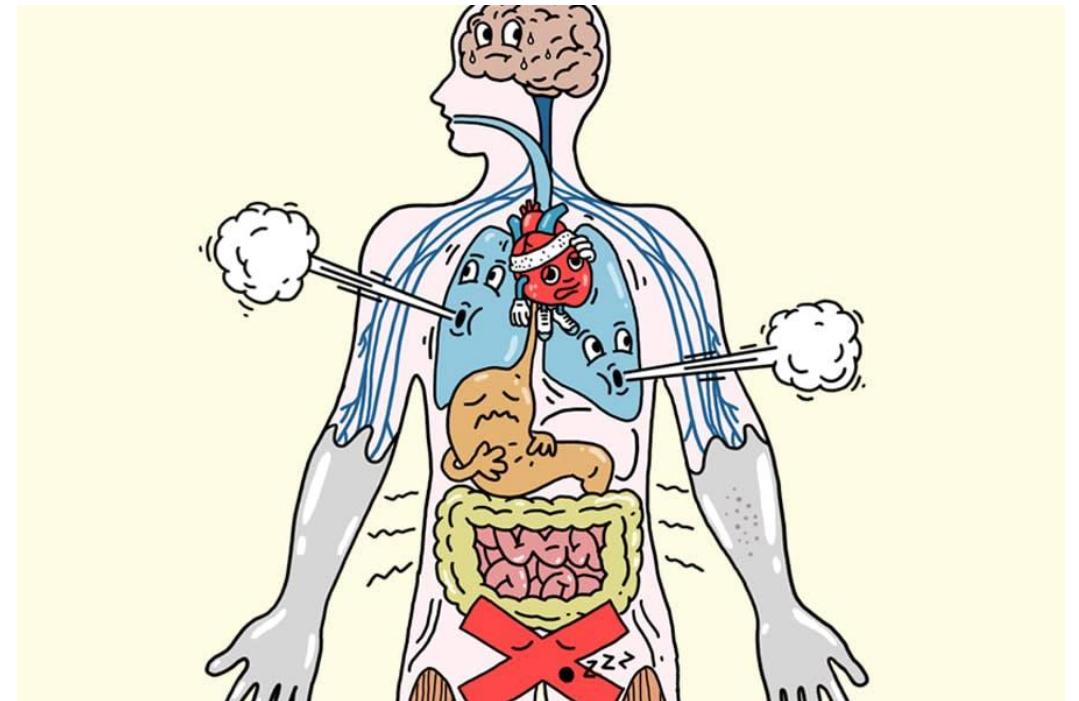
Diabetes: physical stress in the body 'fight or flight' (1 of 2)



- 'The Highs and Lows of blood glucose'
 - Stress hormone release raises glucose levels, even without eating → **HIGH**
 - Reduced intake (e.g. nausea, vomiting) AND usual meds/doses taken → **LOW**
- Risk of Diabetic Ketoacidosis (DKA) – types 1,3c and with flozin tablets
 - Preventable, requires hospital-based care if develops
- Dehydration → DKA and Hyperosmolar Hyperglycaemic State (HHS)
 - Can cause body salt derangement

Diabetes: physical stress in the body 'fight or flight' (2 of 2)

- Impaired immune response & delayed healing/recovery
- An altered response to insulin
- Nutritional challenges
- Increased risk of hospitalisation
- Stress, anxiety, fatigue





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Diabetes management when you are ill

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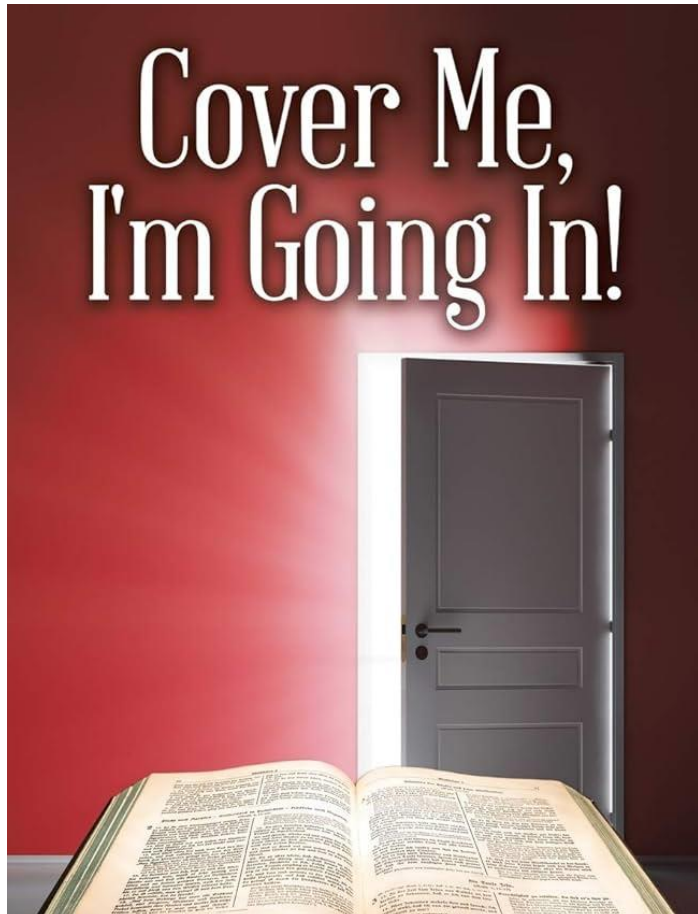
If admitted to hospital **unexpectedly**....

‘expect the unexpected...’

- **ID** - Ensure staff know you have diabetes so blood glucose testing can be started, DKA excluded etc
- **NBM** - Fasting might be needed
- **DRIP?** Use of IV fluids +/- insulin might be needed
- **SWEET TREATments**: Interventions that could upset diabetes:
 - Feeds, dialysis, steroids, operations
- **Review** by the diabetes team might be requested (e.g. treatment change etc)



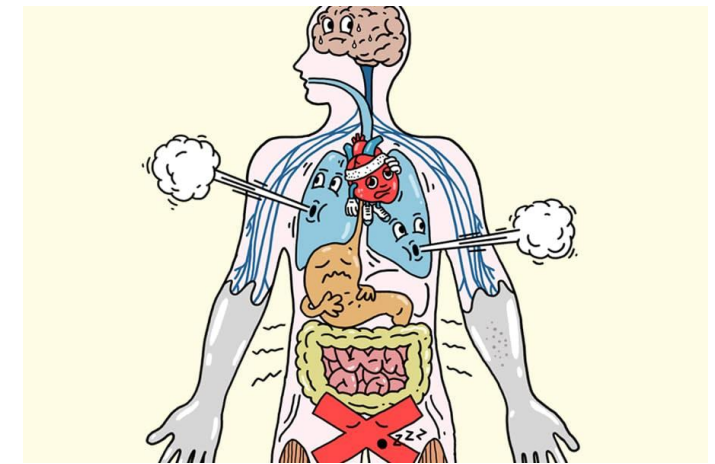
The **planned** hospital admission:



Mission: In-Hospital

Supporting 'Operation: Sweet Success..'

- Helping to Diabete the stress of surgery
- Impact of surgery on diabetes – as 'fight or flight' and...
 - Glucose highs and lows
 - Increased infection risk and delayed wound healing
 - DKA & HHS
 - Cardiac and Blood pressure 'wobbles'
 - Fluid and body salt imbalance
 - Kidney 'wobbles'
 - Gastric 'wobbles' (eg reduced action → nausea &/or vomiting)



Mission: In-Hospital

Knowing you are going... offers time to be prepared

- Likely to have been seen by a surgeon and be listed for an operation
- HbA1c – national aim before elective/planned surgery is as close to/below **69mmol/mol** as possible in the immediate 3-6 months
 - Aims to help reduce risk of the surgical impact on post operative glucose levels, fight or flight impact etc
 - Surgery might be postponed if risk of proceeding too early is deemed too high
- Cancer operations less likely to be delayed, but would require ‘shared decision making’
- Ask for help/referral for diabetes management if needed



Knowing you are going...

- Surgical preassessment consultation
 - Ensure diabetes status is documented
 - Ask about changes to diabetes treatments (doses, suspending drugs etc)
 - Should be provided written guidance on what to do
 - Trying to reduce risk of hypos as being fasted etc
- Insulin pump user?
 - Let your pump team know, may need to come off pump depending on what is planned



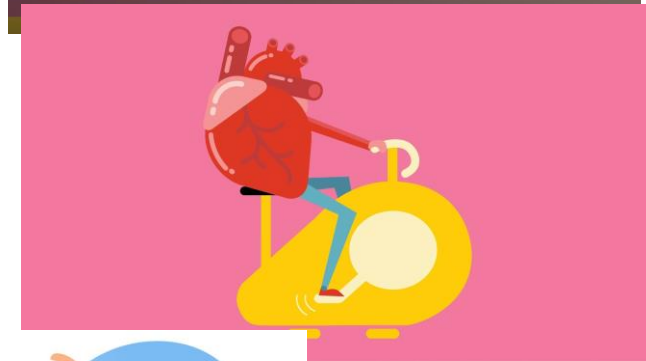
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Knowing you are going...in the days, weeks & months before...

Prehabilitation can help improve outcomes after surgery!

Suggestions:

- Act on daily glucose data (if advised to monitor)
- Maintain a healthy diet, avoiding excessive carbohydrates
- Ensure well hydrated, reduce salt, caffeine and alcohol
- Keep as physically active as the body permits
 - Chair based exercises (NHS Live well website)
- Take medications as advised
- Attention to footcare daily and footwear
- Stress management – yoga, deep breathing, meditation
- Follow sick day guidance as needed



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Diabetes related items to consider taking in...

- NOK information
- Phone + charger
- Tablets
- Medication list (photo on phone?) with doses
- Wearable glucose sensors/home meter – **limitations ??**
- Wristband/lanyard
- Favourite hypo snacks
- Insulin (vials, pens, needles etc) - ensure prescribed and doses clear
- Insulin pump associated supplies
- Slippers
- Notebook and pen

Did I miss anything?

Mission: In-Hospital



After surgery...

Post operatively:

- Sluggish bowels – ‘Ileus’
- Prolonged fasting needed? Swallow safe?
- Food choices variable
- Less active/effect of surgery – effect on BGLs
- Steroids? Feeds?
- Wound care - infection risk?
- **Zzz** – disturbed sleep, e.g. IV insulin use
- footcare



Finally, eating and drinking?

- Communicate dietary preferences - ask for carbohydrate content menu
- Might need IV insulin and fluid drip until able to eat and drink enough
- Might need a change to diabetes usual diabetes treatment (e.g. HbA1c) to help support recovery and reduce infection risk



Hometime?

- Discharge planning
 - Understand why diabetes treatments &/or doses changed
 - Ensure ok to self-administer insulin, or who will do it?
 - All equipment present, and correct?
- Consider feeding back based on your hospital experience with diabetes



To conclude

- Admission to hospital with diabetes can be stressful
- Taking steps in the immediate weeks and months before (and after!) to optimise diabetes and lifestyle where necessary is very advantageous
- Taking the right diabetes kit in can be helpful
- Don't leave hospital with unanswered questions, especially diabetes related ones
- Feedback on your experience to help change things if necessary



Thanks for listening
Questions?

MISSION:
ACCOMPLISHED