

Guidelines: Diabetes Nurse Educator Intake Priority Tool

PRIORITY 1 CLIENTS:

Priority 1 clients will preferably be contacted by a Diabetes Nurse Educator within 24 hours. If this is not possible the client will be contacted by a Community Health Nurse or other clinical health professional within 24 hours.

Initial assessment will be undertaken by phone or face to face at the time of first contact. Based on the outcome of this initial conversation an appointment will be made with the Diabetes Nurse Educator immediately if warranted or within 7 working days.

If the assessor is concerned about the client's condition and a diabetes nurse educator is not available contact should be made with the client's G.P. for advice or alternatively the client should be referred to emergency if indicated.

- Notes:
1. **Individuals NEWLY DIAGNOSED WITH TYPE 1, WHO ARE SYMPTOMATIC AND HAVE MOD-LARGE BLOOD OR URINE KETONES need to be medically assessed and commenced on insulin immediately. (a).**
At present these clients should be referred to the hospital emergency department for immediate treatment and admission as currently insufficient support structures are in place to enable such clients to be managed safely in an outpatient setting.
(a). (b).

N.B. These individuals should be detected on the Diabetes Educator Priority Tool before Priority 1.

2. **The following clients need to be commenced on insulin within 24 hours. (c)**
 - (a) **Those who are newly diagnosed with Type 1, only mildly symptomatic, with less than small blood or urine ketones and who have been medically assessed as being clinically suitable for outpatient stabilisation.**
 - (b) **Those who are newly diagnosed with Type 2, symptomatic and have been medically assessed as clinically suitable for outpatient stabilisation.**

N.B. These clients can be managed in an outpatient setting provided a coordinated, planned programme of comprehensive assessment, concurrent clinical care, education, skills training and support is available as well as a multidisciplinary team to support the client and 24 hour access to clinical advice.
(b).

3. **Women who are pregnant and have diabetes including gestational should be referred as soon as possible to an antenatal clinic for specialised management of both their pregnancy and their diabetes.**
 - (a) **If the woman has gestational diabetes and blood glucose levels remain elevated despite adequate diet and physical activity, based on a medical assessment she should be commenced on insulin within 1-5 days. (e).**
 - (b) **Women with Type 2 diabetes taking OHA who become pregnant will need to be commenced on insulin within 48 hours. (f)**

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PRIORITY 2 CLIENTS:

Will be contacted by the Diabetes Nurse Educator, Community Health Nurse or other clinical health professional within 1 - 5 working days.

Initial education and assessment will be undertaken by phone or face to face at the time of first contact. Based on the outcome of this initial consultation an appointment will be made with the Diabetes Educator within 1-4 weeks. The client may also be booked into the "Caring for Diabetes" education group if appropriate.

- Notes:**
- 1. Individuals with Type 2 diabetes who are not dehydrated nor severely symptomatic may commence insulin therapy (based on medical assessment) within 2 – 4 weeks. (g).Also See (b).**
 - 2. Clients who are having difficulty getting to appointments may be socially isolated, live alone or have poor family support. Such clients may benefit from an alternative service provider who can provide education and support in the client's home such as district nursing.**

PRIORITY 3 CLIENTS:

Will be contacted by the Diabetes Nurse Educator, Community Health Nurse or other clinical health professional within 7 working days.

Initial assessment and education will be undertaken at that time. Unless otherwise indicated Clients with Type 2 diabetes will be offered enrolment in the "Caring for Diabetes" education group followed by an individualised appointment within 4 - 8 weeks of the completion of the group. If assessed as not being suitable for group education an appointment will be made as soon as practicable within 4 – 8 weeks.

NOTES:

1. HYPOGLYCAEMIA.

Severe hypoglycaemia is only possible if clients are taking insulin or an oral diabetes medication (OHA) that is an insulin secretagogue such as a Sulphonylurea or a Meglitinide. Metformin, Avandia, Actos, Acarbose, Byetta & Januvia do not cause severe "hypos" when used alone. Client's not on insulin or insulin secretagogues who are experiencing "hypo" like symptoms should be reassured, encouraged to rest and to eat a low GI carbohydrate food such as a piece of fruit.

2. CLIENTS WHO ARE UNWELL.

**Refer to "Guidelines for Sick Day Management for People with Diabetes." Australian Diabetes Educators Association (ADEA) 2006. All versions can be downloaded or ordered from the ADEA free of charge.
Website: www.adea.org.au**

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References:

Australian Diabetes Educators Association. *National Standards for the Development and Quality Assessment of Services Initiating Insulin Therapy in the Ambulatory Setting*. 2004. ADEA. Canberra.

(a).Page 17, 2.1

(b).Page 13, 1.2

(c).Page 17, 2.2

(d).Page 17, 2.3

(e).Page 17, 2.5

(f).Page 17, 2.6

(g).Page 17.2.4

Australian Diabetes Educators Association. *Guidelines for Sick Day Management for People with Diabetes*. 2006. ADEA. Canberra.

Australian Diabetes Educators Association. *Guidelines for the Management and Care of Diabetes in the Elderly*. 2003. ADEA. Canberra.