

SCOPE DEFINITION

Guideline Title: Self-management of diabetes for hospitalised inpatients

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <p>Adult inpatients with diabetes mellitus admitted to non-critical care settings</p>
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence to facilitate:</p> <ul style="list-style-type: none"> • Improved inpatient self-management of diabetes mellitus • Identification, monitoring, documentation and support for self-management of diabetes in hospital
Outcome	<p><i>What will be achieved if the guideline is followed? (This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support identification of:</p> <ul style="list-style-type: none"> • Patients suitable to self-manage diabetes in hospital • Patients suitable to self-administer insulin in hospital • Contraindications to self-management and/or self-administration in hospital • Staff responsibilities • Accurate assessment and correct documentation • Storage requirements of insulin and insulin pumps • Situations requiring discontinuation of self-management • Discharge planning • Development and implementation of local policies
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Standard care as outlined in the Queensland Clinical Guidelines <i>Standard care</i> guideline • Routine inpatient care • Management of pregnant or postpartum women • The use of continuous glucose monitoring in hospitalised patients • Self-management and administration of non-insulin therapies for diabetes • Perioperative management of diabetes • Management of patients with diabetes having total parental nutrition (TPN) or nasogastric (NG) feeding regimes

Clinical questions

Question		Likely Content/Headings/Document Flow
Introduction		Communication
1.	What are the implications and possible benefits of self-management?	<ul style="list-style-type: none"> • Definition • Role for improved inpatient management • Identification of those requiring further inpatient education
2.	Who are the patients that should be offered self-management? What factors/criteria indicate a patient is suitable for self-management?	<ul style="list-style-type: none"> • Assessment of competency for self-administration of insulin via injection and/or insulin pump • Exclusion criteria, e.g. Patient is requiring surgery, undergoing TPN or NG feeds or is not tolerating oral intake • For insulin pump: patient has suitable pump supplies • Ongoing assessment
3.	Who are the patients that should not be offered self-management? What factors/criteria indicate a patient is not suitable for self-management?	<ul style="list-style-type: none"> • Patients who prefer their diabetes management to be performed by the healthcare team during their inpatient admission • Patient is requiring surgery, undergoing TPN,NG feeds or is not tolerating oral intake • Patients who are at risk of self-harm • Patients with a lack of capacity as defined by the <i>Mental Health Act 2016</i> • Patients who will not be self-managing or self-administering on discharge • Following anaesthesia or whilst patient-controlled analgesia is in progress • Patients admitted with diabetic ketoacidosis (DKA) or hyperosmolar hyperglycaemic state (HHS) requiring intravenous insulin infusion
4.	Staff responsibilities What are staff responsibilities when the patient is self-managing?	<ul style="list-style-type: none"> • General staff responsibilities <ul style="list-style-type: none"> ○ Written agreement with patient ○ Continual assessment of clinical condition and suitability to self manage or administer • Nursing staff • Medical staff • Allied health <ul style="list-style-type: none"> ○ Pharmacy ○ Dietician • Diabetes team • Dispensing and storage of insulin and insulin pumps
5.	Blood glucose monitoring What information about blood glucose monitoring is required for self-management?	<ul style="list-style-type: none"> • Glucometer <ul style="list-style-type: none"> ○ Personal glucometer ○ Hospital glucometer • Monitoring intervals • Management of hypoglycaemia and hyperglycaemia • Ketone monitoring
6.	Insulin pump therapy What information about insulin pump therapy is required for self-management?	<ul style="list-style-type: none"> • Definition and principles of insulin pump therapy • Discontinuation of self-management of insulin pump therapy <ul style="list-style-type: none"> ○ Subcutaneous or intravenous insulin • Diabetes team referral • Consumables

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Percent of staff aware of guideline
- Percentage of patients who felt supported and engaged with their self-management
- Percentage of patients who felt confident their diabetes was being adequately managed in hospital
- Percentage of patients self-testing glucose, self-administering insulin or self-adjusting insulin dosage
- Percent of patients self-managing their diabetes where death or serious harm resulted due to maladministration of insulin
- Number of serious adverse incidents related to self-administration of insulin or self-management of diabetes
- Frequency of medication errors
- Frequency of DKA
- Frequency of HHS
- Frequency of severe hypoglycaemia