Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paediatric Diabetes Department Guideline for Admission for Monitoring /Stabilisation

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Guideline History		
Date	**Comments**	**Approved By**
Oct 2021	New Guideline	Paediatric Guideline Group
June 2026	Review, emails and contact numbers updated	Paediatric Guideline Committee

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Guideline for Admission for monitoring/stabilisation

Introduction

Patients with diabetes may have a planned admission or an emergency admission to the ward for blood sugar monitoring and / or stabilisation. This will usually be as a last resort once we have exhausted outpatient surveillance. Often, these patients will be struggling with managing their diabetes and may have lost interest and motivation in self-care and good diabetes control.

The purpose of the admission is to take the pressure off and to break the cycle in order to help them re-engage with their diabetes and to help establish better engagement with the team. Alternatively, they may be having significantly variable blood sugars with no patterns or explanation. The admission is then required to try and explore potential causes and patterns in a safe and monitored environment. Occasionally a patient is admitted for another reason.

Contact

We would be grateful if you could ensure the Paediatric Diabetes Team is informed at the earliest opportunity:

- **During office hours:** support is provided by the Paediatric Diabetes Specialist Nurses:
  Office hours (excluding Bank & Public Holidays):
  Monday – Friday (08:00 – 16:00)

  Extensions: **3314 or 6690**
  All email enquiries: asp-tr.generalpaeddiabetes@nhs.net

The Paediatric Diabetes MDT comprises:

- Consultants (Dr D'Cruz, Dr Day, Dr Siva, Dr Poulter)
- Paediatric Diabetes Specialist Nurses (PDSN) (Maria Roberts, Sophie Clarke, Ann-Marie Peasey, Stacey Pullen)
- Paediatric Diabetes Dietitians (Nicky Mendoza)
- Paediatric Diabetes Psychologist (Ana Santos)

Responsibilities of the Paediatric Diabetes MDT

- PDSN will liaise with the ward staff and agree the admission with a provisional date pending bed availability for non-urgent admissions. A Diabetes Consultant will liaise directly with the appropriate attending Consultant to outline the admission plan.

- Patients may be admitted directly from Paediatric A&E.

- PDSN will inform parents/carers of the provisional admission date and advise them when and how to contact the ward.

- The Diabetes Consultant will ensure there is a written plan for the admission on Cerner

- PDSN will ensure that all insulin pumps and blood sugar meters as well as any other monitoring devices such as Libre, CGM, etc are downloaded at time of admission (or as soon as possible).

- A member of the Paediatric Diabetes Team will review the child or young person daily and document in the notes / hand over any updates to the ward team. (Please note this may be towards the end of the day / evening depending on clinics, etc). The child or young person may need to be reviewed in interim. We would encourage this to be a learning opportunity and so welcome assessments and management plans.

- The Paediatric Diabetes Team can be contacted directly for any acute queries via the diabetes office on: **3314** or **6690** during office hours, Monday – Friday 08.00 – 16.00. This is for routine calls. Messages can be left on the answerphone. Please be aware that the Diabetes MDT conduct outpatient clinics on Tuesday mornings and Thursday mornings and are not always in the office. Please leave a message on the answerphone. Consultants can be contacted via the switchboard on **01932 872000**.

- Out of hours queries should first be directed through the on-call Consultant.

- If the query remains unresolved, under the instruction of the General Paediatric Consultant, the query should be escalated to the on-call Paediatric Diabetes Consultant who can be accessed via the switchboard on **01932 872000**.

Responsibilities of the Ward Team

- Please inform the PDSN directly (not via email) at time of patient admission. If a Paediatric Diabetes Nurse is not available, please notify the on-call Paediatric Diabetes Consultant via the switchboard on **01932 872000**.

Responsibilities of the Ward Medical Team

- Please clerk the patient and complete the drug chart prescribing all regular medications. Please also ensure that a Paediatric Diabetes Chart is started.
- Please plot measurements on the growth chart if not already done so in clinic.

- Please look at the admission plan on Cerner and complete any investigations that are required. Please discuss with the Paediatric Diabetes Team/PDSN if you have any queries. This may include annual review bloods and urine (Please see Diabetes Order Set >12 and <12 on cerner)

- The patient must be seen on the general ward round by the ward team daily. Please ensure any acute concerns are escalated to the PDSN or Paediatric Diabetes MDT as required.

- Please follow initial plan outlined with regards to blood sugar checks and doses. If required, more frequent checks can be undertaken.

- Updated guidance for the management of hypoglycaemic episodes will be available.

- Updated guidance for the management of hyperglycaemia will also be outlined in the admission plan / on ward reviews.

- Please keep the PDSN and/or Paediatric Diabetes MDT updated of any events / progress.

- Please ensure TTO's are completed in a timely fashion to facilitate a prompt discharge.

- Discharge planning should be undertaken in conjunction with the Paediatric Diabetes MDT.

Responsibilities of the Ward Nursing Team

- Please notify the PDSN of the admission:

  During office hours: support is provided by the Paediatric Diabetes Specialist Nurses:
  Office hours (excluding Bank & Public Holidays):
  Monday – Friday (08:00 – 16:00)

  Extensions: **3314 or 6690**
  All email enquiries: asp-tr.generalpaeddiabetes@nhs.net

  Out of hours access is available via the General Paediatric Team by contacting switchboard for the on-call General Paediatric Registrar on **01932 872000**.

- Please confirm the coeliac status of the patient and if a gluten free diet is required. Please ensure the appropriate meals are ordered and that the catering staff are aware. Please ensure this is included in your handover and that the N**urse in charge** is also aware.

- Please ensure **all** food and drink is documented in the Paediatric Diabetes Chart. All high sugar foods (e.g. fruit juice) **should be avoided** unless required for hypoglycaemia treatment or unless discussed with the PDSN or Paediatric Diabetes MDT.

- Please ensure that the catering staff are made aware that the patient has Type 1 diabetes and that there may be restrictions. The **Nurse in charge** is responsible for ensuring the patient receives the appropriate diet.

- Where appropriate, please allow the patient to carbohydrate count their meals and document the content and dose as advised by their meter / pump. This may require supervision.

- If patient is on an Insulin pump and using a temporary basal rate, please document this information if informed.

- All injections and BG checks need to be **supervised** by the allocated Nurse.

- Follow hypo/hyper guidelines on Trustnet as needed.

2. Supporting References

No national guidelines.

3. Supporting relevant Trust guidelines

Guidelines for the management of Hypoglycaemia in Children and Young People with Type 1 Diabetes Mellitus

Guidelines for Sick Day Rules

4. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Guideline for Admission for Monitoring /Stabilisation

Policy (document) Author: Dr Ellie Day, Consultant Paediatrician

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Yes**	
	Who was engaged in a review of the document (list committees/ individuals)?	**Yes**	**Multidisciplinary review at Guideline Meeting**
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**n/a**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	**Author**
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	**Yes**	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Alexandra Jones**	**Date**	**03/07/2029**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			