Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paediatric Diabetes Department

Discharge Planning for the Newly Diagnosed Child or Young Person Diabetes Mellitus

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Guideline History		
Date	**Comments**	**Approved By**
February 2013	New Guideline	Paediatric Guideline Group
May 2016	Whole document review and update	Paediatric Guideline Group
March 2018	Whole document review – no changes	Paediatric Guideline Group
October 2021	Review of whole document	Paediatric Guideline Group
October 2022	Responsibilities of the Paediatric Diabetes Specialist Dietitian added	Paediatric Guideline Group

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1. Discharge Planning for the Newly Diagnosed Child or Young Person with Diabetes Mellitus

Introduction

To ensure safe and standardised discharge of patients with newly diagnosed diabetes.

The length of the hospital admission may only be 1 - 2 days for the child or young person without Diabetic Ketoacidosis (DKA), so please start discharge planning early to prevent any delays.

Responsibilities of the Ward doctors

The following needs to be prescribed and obtained from ward/pharmacy:

- Novo Echo Plus for Tresiba and Novorapid (make sure they are different colours so as not to give the wrong insulin)

The following will be supplied by the Paediatric Diabetes Specialist Nurses (PDSN):

- 4 Sure Ketone and Blood Glucose strips
- Initial supply of pen needles
- 4 sure Blood glucose meter and Blood ketone meter
- Lancet device and initial supply of lancets for blood sugar testing
- Blood sugar record book
- Written diabetes information including contact telephone numbers

On discharge:
Upon discharge, a discharge letter must be sent to the GP with diagnosis and medication prescribed, to be completed by the ward doctors.

Out-patient follow-up arrangements:
An out-patient appointment will be booked in the Diabetes clinic for 4 – 6 weeks after discharge from the ward. This will be actioned by the Paediatric Diabetes Specialist Nurses (PDSN).

The patient will be seen by the diabetes psychologist during the first MDT appointment with a plan to book in a separate appointment between 1st and 2nd MDT clinic.

Responsibilities of the Paediatric Diabetes Specialist Nurses (PDSN)

The child or young person and their parent/carer will be given the following information by the PDSN -

Type 1 Diabetes:

1. Individualised Discharge Plan covering:
    a. Doses of insulin
    b. Checking blood sugar levels
    c. Ketones
    d. Emotional wellbeing
    e. Contact with the Diabetes Team
    f. Key Worker name and contact details
2. What to take home with you covering:
    a. an A-Z guide of what you will take home with you.
3. Children & Young Persons Diabetes Service patient leaflet
4. How to give an Insulin injection
5. Sick Day Rules patient leaflet

Type 2 Diabetes:

1. Individualised Discharge Plan covering:
    a. Doses of insulin (if applicable)
    b. Checking blood sugar levels
    c. Ketones
    d. Emotional wellbeing
    e. Contact with the Diabetes Team
    f. Key Worker name and contact details
2. What to take home with you covering:
    a. an A-Z guide of what you will take home with you.
3. Children & Young Person's Diabetes Service patient leaflet
4. How to give an Insulin injection (if applicable)
5. Sick Day Rules patient leaflet (if applicable)

Responsibilities of the Paediatric Diabetes Specialist Dietitian

Whilst on the ward:

1. Dietary assessment
2. Healthy eating
3. Carbohydrate digestion and metabolism
4. Glycaemic Index
5. Basic exercise advice

6. Management of sweet treats
7. Commence Level 3 carbohydrate counting

Review upon discharge

1. Review and set up dose adjustment with the Paediatric Diabetes Specialist Nurses
2. Continue Level 3 carbohydrate counting

All newly diagnosed children and young people will be called by a member of Paediatric Diabetes Team on a daily basis for the first week after discharge from the ward to check on progress and answer any questions.

2. Supporting References

1) Definition and diagnosis of diabetes mellitus and intermediate hyperglycemia, WHO 2006

2) Diabetes (type 1 and 2) in children and young people: diagnosis and management, NICE NG18, August 2015, Last updated: 16 December 2020

   https://www.nice.org.uk/guidance/ng18

3. Supporting relevant trust guidelines

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

2) 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: Discharge Planning for the newly Diagnosed Child or Young Person with Diabetes Mellitus

Policy (document) Author: Dr Bozhena Zoritch, 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**	**Paediatric Guidelines Group in February 2013.**
	Who was engaged in a review of the document (list committees/ individuals)?	**Yes**	**Paediatric Guidelines Group in February 2013.**
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		

		Yes/No/ Unsure/NA	Comments
	Is the type of evidence to support the document identified explicitly?	**Yes**	
	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**	**Clinical Lead, Paediatric Diabetes Service**

		Yes/No/ Unsure/NA	**Comments**
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		**Date**	
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			