



# Diabetes Nursing Bulletin

Issue 1 – July 2022

**Title: NICE Guidance - Type 1 diabetes in adults: diagnosis and management (1.8 Insulin delivery)**

**Summary:** This guideline covers care and treatment for adults (aged 18 and over) with type 1 diabetes. This section is a link to the delivery of insulin.

[Link to full text](#)

Source: [NICE](#)

**Title: Diabetes management of older adults in nursing homes: A retrospective study**

**Summary:** Aim: To examine the diabetes management of older adults in nursing homes.

[Link to abstract](#)

Source: Lorber, M. et al. Journal of Nursing Management, 29 (5); pp 1293 - 1301

**Title: Diabetic leg and foot ulcers: how district nurses can promote wound healing through blood glucose control**

**Summary:** Diabetes is a chronic and often life-long condition that is a consequence of the blood glucose level being too high (National Institute for Health and Clinical Excellence (NICE), 2019). Diabetes covers a range of conditions such as type 1 diabetes, type 2 diabetes and gestational diabetes. It has been well documented that uncontrolled blood glucose levels can lead to further circulatory damage, which impedes the wound healing process and often results in chronic wounds that do not heal. This article uses data collected from an audit and explores how district nursing teams can improve wound healing for those living at home with diabetic ulcers (DUs) by regularly monitoring blood glucose levels. This is followed by a discussion on how district nurses can support their team to adapt best practice, and the benefits of regularly checking blood glucose levels, even for service users that manage their diabetes with diet or oral medication. The article also explores how the multidisciplinary team can be accessed and used efficiently and how leadership skills can improve service user care and safety.

[Link to full text](#)

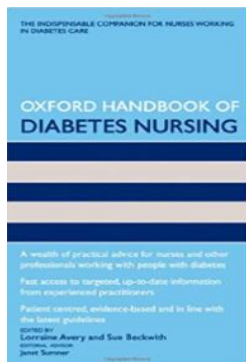
Source: Winterbottom, C. *British Journal of Community Nursing*, 27 (6); S12-S18

**Title: Creating sustained and positive changes to patient safety: reducing insulin administration errors in a district nursing service**

**Summary:** Administering insulin in a patient's own home is perceived as a simple nursing intervention, and one that is regularly delegated to newly qualified staff, agency and bank staff. However, without robust processes and clear, easy-to-follow nursing documentation in place, a simple nursing intervention can easily lead to an avoidable medication error and patient safety incident. This article describes the steps one trust has taken to combat insulin administration incidents. The article describes the use of a Plan, Do, Study, Act (PDSA) cycle to help test changes and roll out sustainable transformation. It describes some of the challenges faced, alongside the solutions tested and embedded into practice.

[Link to full text](#)

Source: Leeson, D. *The British Journal of Community Nursing*, 27 (3) pp 122 - 126



Avery, L., Beckwith, S. and Sumner, J. (2009) Oxford handbook of diabetes nursing. Oxford: Oxford University Press. Available at:

<https://tinyurl.com/jv26fz3j>  
(Accessed: 15 June 2022).

This book provides a comprehensive overview of diabetes care. It compiles evidence, information and guidance on the area making it an essential tool for practice nurses with a special interest in diabetes, as well as a useful resource for those working in community and acute settings.



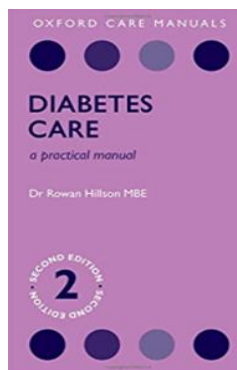
Ismail, K., Barthel, A. and Bornstein, S. (eds.) (2018) Depression and type 2 diabetes. Oxford: Oxford University Press. Available at:

<https://tinyurl.com/sekwp5dp>  
(Accessed: 15 June 2022).

Depression is a common co-morbid condition of Type 2 Diabetes; and when both conditions are present, this poses a significant challenge to patients, clinicians, and health care systems globally. This book is a unique resource offering a fresh scientific approach to this frequent co-morbidity.



<https://tinyurl.com/5n6ekuh4>



Hilson, R. (2015) Diabetes care : a practical manual. 2nd edn. Oxford: Oxford University Press. Available at: <https://tinyurl.com/kmrv7t>  
(Accessed: 15 June 2022).

This pocketbook provides a step-by-step guide to diabetes care for nurses and other health care professionals working in community, particularly practice nurses and diabetes specialist nurses. This pocketbook draws on practical experience taking a common-sense approach to the assessment, monitoring, and treatment of diabetes.



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**Title: The impact of diet on diabetes remission**

**Summary:** Diabetes remission is an area of substantial interest among researchers, as diabetes is among the leading causes of death in Western societies (Diabetes UK, 2018; Centers for Disease Control and Prevention, 2022). This is partly owing to lifestyles that involve increasingly easy access to fast food and that are more sedentary, which has not been helped by recent lockdowns throughout the COVID-19 pandemic (Dicken et al, 2021; Public Health England, 2021). Increasing numbers of studies show remission of diabetes through a reduction in body weight (Quimby et al, 2021). Further research looks at how different food groups affect this chance of remission. Goldenberg et al (2021) aimed to determine the effect and safety of low-carbohydrates diets (LCDs) and very low-carbohydrate diets (VLCDs) for people with type 2 diabetes. This was a systematic review and meta-analysis involving searches of multiple reputable databases, as well as grey literature resources, examining material up to August 2020. The researchers selected randomised controlled trials that evaluated LCDs and VLCDs.

[Link to full text](#)

Source: Mendes, A. *British Journal of Community Nursing*, 27 (3); pp 118 - 120

**Title: Invigorating diabetes care in a post-pandemic arena**

**Summary:** Diabetes services have undergone significant changes during the pandemic. Anne Phillips highlights the opportunities this provides for improving care for people living with diabetes

[Link to full text](#)

Source: Phillips, A. *Practice Nursing* 33 (3); S2 - S3

**Title: Care home diabetes: an important part of community diabetology where high standards of diabetes care are essential**

**Summary:** Diabetes mellitus affects between one in three and one in four residents of UK care homes and aged-care (long-term care) facilities globally and, apart from dementia, is the commonest disabling disorder in care homes.<sup>1</sup> The phenotype in residents is usually that of a person with type 2 diabetes (it is unclear what proportion of residents have type 1 diabetes) with an often complex co-morbid illness that leads to frailty, loss of independence, disability and reduced survival.<sup>2</sup> In addition, residents with diabetes have a high risk of hypoglycaemia and avoidable hospital admissions, and care homes – similar to the situation in other countries – have been seen as an epicentre of the pandemic in the UK.<sup>3</sup> Their susceptibility appears to be enhanced by a combination of advanced age, the presence of diabetes and the emergence of frailty representing a ‘triple jeopardy’ state.<sup>4</sup> As such, providing safe and effective care to residents with diabetes is a key challenge to the current care home workforce and, despite published comprehensive and well-received national guidance on care home diabetes more than a decade ago,<sup>5</sup> a large number of care staff have received little or no training and education in even minimal diabetes care. In our view this represents a failure in care provision to the most vulnerable diabetes population.

[Link to full text](#)

Source: Sinclair, A. et al. *The British journal of diabetes*, 21 (2) pp 173 - 174

**Title: Diabetes remission and diet data**

**Summary:** Diabetes remission is an area of intense interest among researchers and clinicians as, in the western world, diabetes is considered a leading cause of death (Diabetes UK, 2018; Centers for Disease Control and Prevention, 2022). This is partly owing to lifestyles that involve increasingly easy access to fast food and more sedentary behaviours.

[Link to full text](#)

Source: Mendes, A. *Journal of Prescribing Practice*, 2 (4); pp 54 - 55

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