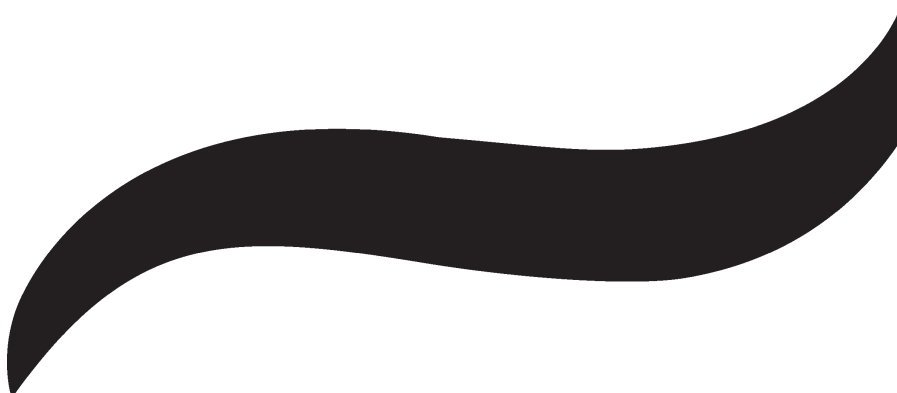




Adult Diabetes Service

Moving from the Transition Service
to the Young Persons Clinic -
everything you need to know.



WELCOME TO THE ADULT SERVICE

You will soon be moving from the Transition Clinic to the Adult Service's Young Persons Clinic. Moving on to a new clinic and meeting new people can often feel difficult. We have written this booklet to help explain some of the differences between these two services.

It is important for you to become familiar with the differences between the two services. Please ask the team if there is anything that you are not sure of.

As you are getting older, your needs may change, so we aim to transfer your care soon after you are 16.

Once you are 16, if you need to be admitted to Hospital for any reason, you will need to come to one of the Accident and Emergency Departments at:

- ❖ University Hospital Hairmyres
- ❖ University Hospital Monklands
- ❖ University Hospital Wishaw

Contents

Adult service contact details	4
Appointment System	6
Meters and Apps	8
Hypoglycaemia	9
Illness/Hyperglycaemia	10
Other useful information	18

ADULT SERVICE CONTACT DETAILS

University Hospital Hairmyres:

- ❖ Diabetes Specialist Nurses Tel: 01355 585230
Jemma Condie, Lorna Whitelaw
- ❖ Diabetes Specialist Dietitians Tel: 01355 585230/597494
Eleanor McCabe, Glen Youngman
- ❖ Diabetes Consultants Tel: 01355 584831/584812
- ❖ Transition & Young Persons clinics
Dr Louise Clark
- ❖ Type 1/Insulin pump clinics
Dr Louise Clark

University Hospital Monklands:

- ❖ Diabetes Specialist Nurses Tel: 01698 752118
Fiona Forbes, Katrina Gallagher, Jacqueline McDonald,
Jacqui McMahan, Lyn Wilson
- ❖ Diabetes Specialist Dietitians Tel: 01698 752104
Lynn Doran, Arlene Snee, Jaclyn Young
- ❖ Diabetes Consultants Tel: 01236 748748
- ❖ Transition/Young Persons/Type 1 clinics
Dr Izzy Howat, Dr Liz McIntyre, Dr Sandeep Thekkepat
- ❖ Insulin pump clinic
Dr Liz McIntyre, Dr Sandeep Thekkepat

University Hospital Wishaw:

- ❖ Diabetes Specialist Nurses Tel: 01698 366361
Catherine Leiper, Susan Speirs, Lesley Walker
- ❖ Diabetes Specialist Dietitians Tel: 01555 890413
Jacqueline Anderson
- ❖ Diabetes Consultants/Advanced Nurse Practitioner
Tel: 01698 366066/366919
- ❖ Transition/Young Persons/Type 1 clinics
Dr David Hill, Dr Min Chong
- ❖ Insulin pump clinic
Dr Min Chong, Hannah Innes (Advanced Nurse Practitioner)

**Usual contact hours are 9am – 4pm for all sites.
Any urgent enquiries that are out with these times,
please contact NHS24 on 111**

YOUNG PERSONS DIABETES APPOINTMENTS

Young Persons Diabetes appointments have changed over the last couple of years.

There is a mixed approach to appointments and we can support your diabetes care using:

1. Telephone appointments
2. Virtual clinic appointments using Near Me (a web-based platform via Google Chrome)
3. Face to face clinics

Please download your blood glucose meter to **Glooko** (also used to be called **Diasend**). This will help the staff with your diabetes care. You must make sure you are linked to our clinic in your settings using the **Proconnect code** supplied by your new Diabetes team. If you need help to download your meter, go to this website:

<https://support.glooko.com/hc/en-gb/articles/1500005726581-How-do-I-upload-diabetes-data-on-the-web-using-the-Glooko-Uploader-Professionals->

If you are a Libre user

Please make sure you have created an account on Libreview.com. Then make sure that you are linked to our clinic in your settings using the **Your Hospital** practice ID. Your new Diabetes team will give you this.

You can get further support with Libreview by going to this website:

<https://abcd.care/sites/abcd.care/files/resources/Libre-data-instructions.pdf>

If you are a Dexcom user

Please make sure you have created an account on Dexcom Clarity. You will be given a code from your new Diabetes team. Once this is set up, you will be able to share your Dexcom reports.

Blood ketone testing

Please make sure you have blood ketone testing equipment and that you understand our guidelines on how to treat ketones. The Adult service may have different guidelines to treat ketones and illness than you are used to using.

We have added a copy of the sick day rules into this leaflet and you can also find it on our Lanarkshire Diabetes website below. At your next appointment, we will explain the changes to the sick day rules to you.

There is more advice and more resources on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/diabetes/>

MOVING ON FROM ACCU-CHEK AVIVA EXPERT METER

There is a huge range of blood glucose meters, flash, and continuous glucose monitors available for people with Diabetes. The companies that supply these meters are always updating and changing them.

A recent change is that the Accu-Chek Expert meter is no longer being produced by Roche. This means that you might need to get a different meter, like the Accu-Chek Instant meter.

If you need to get a different blood glucose meter and link to a bolus calculator app, follow these steps:

1. Get Accu-chek Instant Meter
<https://www.accu-chek.co.uk/blood-glucose-meters/instant>
2. Make sure you can get Accu-chek Instant test strips on prescription. [PIP Code 281-3103]
3. Download MySugr app and link your meter (this will let you use extra functions)
<https://www.mysugr.com/en/diabetes-app>
4. You can use MySugr app for mealtime insulin calculations just like Expert meter
5. The following settings must be taken from the Accu-Chek meter and entered into the MySugr app:
 - insulin carb ratio
 - active insulin time
 - blood glucose targets
 - insulin sensitivity factorYou need to enter figures for all time blocks.
6. If you are using Freestyle Libre 2, you can use the MyLife app. You will need to manually enter your scan result to the app (there is no automatic upload from Instant meter).
<https://www.mylife-diabetescare.com/en-GB/products/therapy-management/mylife-digital.html>

HYPOGLYCAEMIA

You and your parents/relatives will have been advised over the years on the amount of rapid carbohydrate and/or Glucagen injection that you need to treat mild to severe hypos.

As you get older, this treatment will change and it is important for you to know this for yourself.

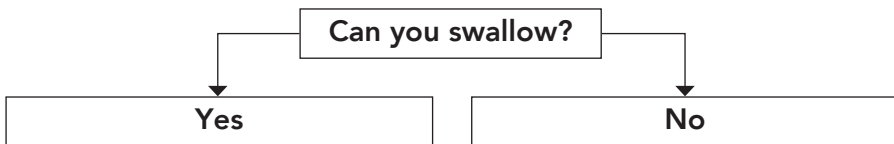
For example, you may have been advised that 100mls fruit juice or 3 dextrose tablets was enough to treat a mild hypo – but as an adult, these amounts are not enough. Please see the instructions on the next page.

OTHER IMPORTANT THINGS TO CONSIDER ABOUT HYPOS

- ❖ You may wish your friends or boy/girlfriends to be taught how to give you a Glucagen injection as you start to spend more time away from home. Please just ask and we can help.
- ❖ You may wish to know more about Glucagen injection and why you may need this. Again, please just ask us.
- ❖ Remember to always have rapid acting carbohydrate with you at all times.
- ❖ Sometimes your hypo signs can change and if you ever feel this is happening please talk to us about this. We can guide you through how to improve them. Hypo signs are so important for you to be aware of, particularly for driving.

HOW TO TREAT YOUR HYPOGLYCAEMIA

If you have hypoglycaemia, ask yourself this question and follow the relevant instructions:



If Yes, follow these instructions:

1. eat or drink 15 – 20g of rapid acting carbohydrate.
For example:
 - 150-200mls cola (not diet) OR
 - Glucojuice/Lift Glucose juice
 - 4-5 large jelly babies OR
 - 200mls concentrate orange juice OR
 - 2 tubes of Glucogel OR
 - 4-6 glucose tablets
2. Get someone to stay with you until your hypo is over
3. Recheck your blood glucose after 10 minutes
 - If your blood glucose is less than 4.0 mmol/l, eat or drink 15-20g of rapid acting carbohydrate.
Use the examples above

If No, someone else needs to follow these instructions:

1. Dial 999, ask for an ambulance and place you in the recovery position
2. If Glucagen is available, give Glucagen if:
 - The person is confident using it
 - And the Glucagen kit is in date

The Glucagen should work within 10-15 minutes (remember Glucagen will not work if there is alcohol in your system)
3. Do not give Glucagen if:
 - The person is not confident using it
 - OR the Glucagen kit is out of date

In this situation, wait for the ambulance

- If your blood glucose is more than 4.0 mmol/l and you are having a meal within next hour, take your normal insulin dose without correction. If your next meal is not within the next 1-2 hours you may need to eat or drink 20g medium acting carbohydrate e.g. bread, biscuits, or milk.

4. Check your blood glucose more often over the next 24 hours. If you notice your blood glucose are regularly dropping, contact Diabetes Team.

4. If you have had Glucagen and are not conscious, get someone to stay with you until the ambulance arrives
5. If you have had Glucagen and are conscious, eat or drink 15 – 20g of rapid acting carbohydrate. For example:
 - 150-200mls cola (not diet) OR
 - 4-5 large jelly babies OR
 - 200mls concentrate orange juice OR
 - 2 tubes of Glucogel OR
 - 4-6 glucose tablets
6. You must also eat 40g medium acting carbohydrate, e.g. 200ml orange juice plus 2 slices thick toast if you are conscious
7. When the ambulance arrives, tell staff what treatment you have had
8. Check your blood glucose every 2 hours for the next 24 hours. Contact Diabetes Team.

'SICK-DAY RULES'

It is very important that you know what to do when you are ill. These are 'sick day rules'.

When you are ill, your body becomes much more resistant to the insulin you inject. This means your blood glucose levels can rise. You need to monitor your blood glucose and ketone levels and decide if you need more insulin. You will probably need to increase your insulin dose.

Keep eating as normally as you can, even if your blood sugars are high.

If you are **unable to eat solid food** at meal-times, make sure you take substitute carbohydrate in the form of pure fruit juice, Ribena, milk, coca-cola, or lemonade. These should be full sugar and not diet. Not eating carbohydrate can cause ketones to develop.

Although you may not feel like it, it is very important to monitor your diabetes closely to prevent Diabetic Ketoacidosis (DKA) developing. Family members, friends and partners can support you with this, so it is a good idea for them to know what support you will need.

Remember never stop taking your insulin.

If you keep well, you will have no need for these 'sick day rules'. We still advise you to keep a copy somewhere at home or perhaps even take photo on your phone so that you always have a copy that you can check when needed.

If you feel unwell, test your blood glucose and ketone levels.
Ask yourself these questions:

Is your ketone level more than 1.5 mmol/l on your ketone meter?
OR
Is your ketone level + and above when testing your urine using ketostix?

No

If your blood glucose is normal or slightly high, this shows you have a minor illness. Follow these instructions:

1. Sip sugar-free fluids (drink at least 100ml every hour)
2. Test your blood glucose and ketones every 4-6 hours
3. Take your usual quick acting insulin doses for meals
4. Use quick acting insulin to correct your blood glucose if it is high
5. You might only need background insulin if you are not eating

Yes

If your blood glucose is high (usually above 13mmol/l), this shows you have a moderate or severe illness. Follow these instructions:

1. Sip sugar-free fluids (drink at least 100ml every hour)
2. Test your blood glucose and ketones every 2 hours
3. Calculate your **Total Daily Dose** of insulin (see the example on the next page for help with this)
4. If your ketones are 1.5 – 3 mmol/l (or + or ++):
 - Give 10% of your total daily dose in quick acting insulin every 2 hours (see example on next page for help with this)
 - Take your usual insulin as well

6. Use your usual amount of background insulin but you might need to increase it by 1-2U if you are unwell for more than a day (speak to your nurse or doctor if you are not sure)
7. Contact the hospital as an emergency if:
 - You keep being sick or
 - You can't keep fluids down or
 - You can't control your blood glucose
8. If blood glucose is normal and your ketones are greater than 1.5mmols on meter or have + on Ketostix. Contact your Diabetes Team or NHS 24 111 at weekends.

Never stop taking your background insulin (Lantus, Abasaglar, Humulin I, Levemir, Tresiba)

5. If your ketones are more than 3 mmol/l (or +++ or ++++):
 - Give 20% of your total daily dose in quick acting insulin every 2 hours (see example on next page for help with this)
 - Take your usual insulin as well
6. Contact the hospital as an emergency if:
 - You keep being sick or
 - You can't keep fluids down or
 - You can't control your blood glucose

Never stop taking your background insulin (Lantus, Abasaglar, Humulin I, Levemir, Tresiba)

Example

Here is an example to show you how to work out your Total Daily Dose and how much quick acting insulin you need to take based on the level of ketones present.

This person normally injects this amount of quick acting insulin at these times:

- ❖ 10 units at breakfast
- ❖ 10 units at lunch
- ❖ 10 units at dinner

This makes their total amount of quick acting insulin 30 units each day.

They also inject this amount of background insulin each day:

- ❖ 10 units at breakfast
- ❖ 10 units at bedtime

This makes their total amount of background insulin 20 units each day.

This means that their **Total Daily Dose** is 50 units (30 units + 20 units = 50 units)

If this person's ketones are 1.5 – 3mmol/l (or + or ++):

- ❖ They need to work out 10% of their **Total Daily Dose**.
To do this they have to divide their total daily dose by 10.
- ❖ $50 \text{ units} \div 10 = 5 \text{ units}$.
- ❖ They need to inject 5 units of quick acting insulin straight away.
- ❖ They need to check their blood glucose levels every 2 hours and if ketones still 1.5 – 3mmol/l (or + or ++) inject another 5 units.

If this person's ketones are more than 3mmol/l (or +++ or ++++):

- ❖ They need to work out 20% of their Total Daily Dose.
To do this they have to divide their total daily dose by 5.
- ❖ $50 \text{ units} \div 5 = 10 \text{ units}$
- ❖ They need to inject 10 units of quick acting insulin straight away.
- ❖ They need to check their blood glucose levels every 2 hours and if ketones still more than 3mmol/l (or +++ or ++++) inject another 10 units.

Your extra doses of quick acting insulin are only required if ketones are present at your 2 hour check. If Ketones are less than 1.5mmols no further extra doses are required at this level.

You can use this table to help you figure out what 10% or 20% of your total daily dose of insulin is:

Total Daily Dose (TDD) units	10% of the Total Daily Dose	20% of the Total Daily Dose
20	2	4
25	3	6
30	3	6
35	4	7
40	4	8
45	5	9
50	5	10
55	6	11
60	6	12
65	7	13
70	7	14

TOPICS TO FIND OUT ABOUT

- ❖ Adult Disability Payment (ADP) stops at 16 years but can apply for Personal Independence Payment, (PIP)
- ❖ Driving – DVLA guidance
- ❖ Family planning – contraception
- ❖ Puberty and menstruation – how does it affect blood glucose levels
- ❖ Pregnancy – how does it affect blood glucose levels? How to plan pregnancy and why that is important
- ❖ Alcohol
- ❖ Smoking
- ❖ Drugs
- ❖ Travelling with insulin
- ❖ ADAPT – Type 1 education programme available to all those over 17 years old
- ❖ Exercise and controlling blood glucose levels
- ❖ Psychology
- ❖ MyDiabetesMyWay – you can access your results from clinic online
- ❖ Diasend and/or Libreview – these let you download your meter information for review at clinic

Further topics - to help you as you take on more responsibility for managing your diabetes

- ❖ What happens at clinic and why - why should you attend and why the urine, blood and measurements we take are so important.
- ❖ Why it is important to maintain a good HbA1c, what that is and what it means if it is not well controlled i.e. know your targets for staying well.
- ❖ How often you will need to attend clinic.
- ❖ How your insulin works.
- ❖ Injection sites.
- ❖ Carbohydrate counting.

HELPFUL CLINIC INFORMATION

- ❖ Before coming to a clinic appointment, think about any questions you have and write them down or note them on your phone.
- ❖ Make sure you bring your meter or a record of your blood glucose readings, although a meter is best. Bring your phone if you use a Libre.
- ❖ When you come to clinic, we will ask you to fill out a form which lets us know about anything you would like to discuss that day.
- ❖ We may also ask you to complete other forms if we feel further assessment is needed so we can get you the right support.
- ❖ Never be frightened to ask a question – information is confidential between the healthcare professional and the patient. There are no silly questions... please just ask.
- ❖ If you need to change your appointment, please let us know and we can then re-arrange. Keep a note of this on a calendar or your phone as a reminder.
- ❖ If you have not had your eyes screened for over two years, please contact the Eye Screening Service on 0300 303 0244.

For further information - some helpful websites

- ❖ www.runsweet.com
- ❖ www.justdukit.org.uk
- ❖ www.diabetes.org.uk
- ❖ <https://twitter.com/JUSTDUKIT>
- ❖ <https://www.facebook.com/groups/Type1andYoungDiabetesScotland/>
- ❖ https://www.instagram.com/justduk1t_/
- ❖ https://www.diabetes.org.uk/in_your_area/scotland/volunteering/youth-peer-support-groups

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk

NHS Lanarkshire General
Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation.
Services@lanarkshire.scot.nhs.uk



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