



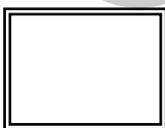
# Diabetes

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

### Key:



worksheet



important



## Learning outcomes.

- Recognise the signs and symptoms of diabetes.
- Differentiate between type 1 and type 2 diabetes.
- Know the basic care and treatment of diabetes.
- Know the role of a carer supporting people with diabetes.
- Understand the complications associated with diabetes.

## Alignment to Qualifications and Credit Framework (QCF).

DIB 212 Basic awareness of diabetes.

## We suggest that the following manuals will complement this manual:

Diet and nutrition.

## Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

## The standards are based on five areas as follows:

- |                    |  |
|--------------------|--|
| <b>Safe.</b>       | People are protected from abuse and avoidable harm.  |
| <b>Effective.</b>  | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| <b>Caring.</b>     | Care should be person centred involving dignity and respect, and compassion.   |
| <b>Responsive.</b> | Following correct working procedures as agreed by your workplace and as set out in the client's care plan.                           |

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**Well led.** Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

**The fundamental standards are as follows:**

**Person centred care.** Ensuring that those receiving the care are at the centre of all decisions.

**Dignity and respect.** Providing the client with dignity and respect in all aspects of their care.

**Need for consent.** Asking the client's permission before carrying out tasks that affect them.

**Safe care and treatment.** Following correct working procedures as agreed by your workplace and the client's care plan.

**Safeguarding service users from abuse.** Following agreed working and safeguarding procedures and being aware of signs and symptoms.

**Meeting nutritional needs.** Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

**Cleanliness, safety and suitability of premises and equipment.** Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

**Receiving and acting on complaints.** Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

**Good governance.** Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

**Staffing.** Fit and proper persons employed.  
Fit and proper person requirement for Directors is followed.

**Duty of candour.** Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.



Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

## Introduction.

This manual is intended to make you more aware of the challenges faced by clients with diabetes and to help you to develop in your role supporting them in dealing with their illness. Every client is an individual with different needs so don't forget to talk to them about their personal way of dealing with diabetes.

## Some useful information.

- Diabetes mellitus – an illness causing an excess of glucose (sugar) in the blood. Two categories – type 1 and type 2.
- Glucose is measured in millimoles (mmol) per litre (l).
- Hypoglycaemia refers to a lack of glucose in the blood. In people without diabetes levels don't fall far below 3.5 mmol/l, anything under this would be dangerous.
- Hyperglycaemia is an excess of glucose in the blood and will occur if diabetes is not controlled properly.
- Both hypoglycaemia and hyperglycaemia cause specific health problems.
- Advances in the understanding and treatment of diabetes occur all the time so keep up to date – the following websites might help:

Department of Health – [www.dh.gov.uk](http://www.dh.gov.uk)  
Diabetes UK – [www.diabetes.org.uk](http://www.diabetes.org.uk)

# Diabetes

## Unit One

### What is diabetes?

Some of your clients may have been living with diabetes for years, others may just have been diagnosed. As with any condition it is vital that you view your clients as individuals and do not lump them together under the same heading.

Identifying all people with this condition as 'Diabetics' and treating them all the same is unhelpful and could even be dangerous. Some people with diabetes may be seriously ill, they might suffer from disabling side effects and general poor health, others may be healthier and fitter than you. Take as an example Sir Steven Redgrave diagnosed with diabetes prior to winning his last Olympic gold medal.

There are two main types of diabetes with which you should be familiar and they are discussed separately below. In all cases of diabetes the body has trouble either producing or using the hormone insulin which is responsible for controlling the levels of glucose in the body, the way glucose is used by the cells and the way in which it is stored and released.

Insulin is produced in an organ called the pancreas, in a person without diabetes the pancreas responds to the levels of glucose (sugar) in the blood and releases more or less as necessary. In a person with diabetes the production of insulin is faulty.

### Type 1 diabetes.

Type 1 diabetes is most often diagnosed in children and so used to be termed juvenile diabetes, however, this term is no longer used as an increasing number of people are being diagnosed in adulthood.

Doctors have found various causes including an autoimmune reaction causing your own body to attack the insulin producing cells in the pancreas, a chromosomal abnormality (a problem with your DNA) or a reaction to a virus.

Identifying people at risk of type 1 diabetes is difficult, even if it is identified that you have a chromosomal abnormality it doesn't mean you will definitely go on to develop diabetes, also there is not a massive genetic link, as if one of your parents has the disease you have only a 5% chance of developing the disease yourself.

Whatever the cause people with type 1 diabetes produce no insulin and must receive regular doses of it in order to survive. If your client has type 1 diabetes they may have been living with it for many years and will probably be experts in controlling their blood glucose levels.

Remember that your clients must be supported to self-administer their medication for as long as possible.



# Diabetes

## Symptoms:

- Frequent urination.
- Increased thirst.
- Weight loss.
- Increased hunger.
- Weakness.

The symptoms of type 1 diabetes may come on very suddenly, some children experience particular complications which can be immediately life threatening. See the information on ketoacidosis in unit 4 so you are aware of symptoms to look out for when caring for children.

## Type 2 diabetes.

Type 2 diabetes used to be seen almost exclusively in adults, the older you get the more likely you are to develop it. Unfortunately with the 'obesity epidemic' which we are now experiencing the condition is increasingly being diagnosed in children. 80% of people diagnosed with type 2 diabetes are overweight, sometimes losing weight may be all that is necessary to control the illness, other people may require treatment with tablets or even insulin.

Unlike those with type 1 diabetes people with type 2 still produce insulin they just don't produce enough or use it effectively.

## Symptoms:

- Fatigue.
- Frequent urination and thirst.
- Blurred vision.
- Slow healing of skin.
- Gum and urinary infections.
- Thrush.
- Numbness of feet or legs.
- Heart disease.
- Obesity.

# Diabetes

Unlike the symptoms of type 1 diabetes, which come on quickly, symptoms of type 2 diabetes occur slowly over time and may be overlooked for months or even years. People with type 2 diabetes may already have serious complications caused by long term high blood glucose levels before they are diagnosed with the illness. For this reason it may be worth encouraging clients who are at increased risk of developing type 2 diabetes to get tested for the illness at regular intervals.

Those at increased risk of developing diabetes include:

- Anyone with a close relative who has diabetes.
- Obese individuals.
- Women who developed diabetes in pregnancy (Gestational Diabetes).
- Smokers.

Cases of type 2 diabetes are increasing and there are two main reasons for this:

1. People in general are living longer and you become more at risk as you age.
2. Obesity levels are rising making a larger number of people more likely to develop the disease.

As diabetes becomes more common and in view of the fact that it can sometimes be controlled by diet alone it is possible to be dismissive of its seriousness. Make no mistake diabetes is a highly dangerous disease which causes disabilities and death. Type 2 diabetes can cause just as many serious complications as type 1 and its effects should not be trivialised. Unit 4 discusses specific short and long term complications in greater detail but below is a quick list of possible problems:

- Amputations.
- Kidney disease.
- Liver failure.
- Blocked arteries.
- Blindness.

# Diabetes

## Unit One Questions

1. What organ produces insulin?
2. What does insulin control?
3. Give two examples of symptoms which are common to both type 1 and type 2 diabetes.
  - 1.
  - 2.
4. What percentage of people diagnosed with type 2 diabetes are overweight?
5. Give an example of someone who is at increased risk of developing type 2 diabetes.