

Good Practice Guidance 10: Blood glucose testing in residents with type 2 diabetes in Care Homes

Key Points

- Most people with type 2 diabetes on tablets or diet usually have more stable glucose levels and so routine self testing of blood glucose levels is often not needed.
- Local recommendations have been developed to guide patients and their healthcare team, on whether and how often self-testing should be done.
- Testing during treatment and lifestyle changes can be helpful, but if continued testing is needed this will be discussed and agreed with the resident and/or their carer by the resident's healthcare team.
- Residents with type 2 diabetes who require insulin do need to have their blood glucose testing in line with local guidance.

Diabetes is a long-term (chronic) condition caused by too much glucose, a type of sugar, in the blood. It is also sometimes known as diabetes mellitus. Diabetes affects 2.8 million people in the UK. It is thought that a further one million people have the condition but are not aware of it.

How does diabetes occur?

Normally, the amount of sugar in the blood is controlled by a hormone called insulin. Insulin is produced by the pancreas, a gland located behind the stomach. When food is digested and enters the bloodstream, insulin helps move any glucose out of the blood and into cells, where it is broken down to produce energy.

In people with diabetes, the body is unable to break down glucose into energy. This is because there is either not enough insulin to move the glucose, or because the insulin that is there does not work properly.

There are two types of diabetes: type 1 diabetes and type 2 diabetes. This guidance focuses on type 2 diabetes.

What is type 2 diabetes?

Type 2 diabetes occurs when not enough insulin is produced by the body for it to function properly, or when the body's cells do not react to insulin. This is called insulin resistance

Type 2 diabetes is far more common than type 1 diabetes, which occurs when the body does not produce any insulin at all. Around 90% of all adults in the UK with diabetes have type 2 diabetes.

Residents with type 2 diabetes, may be able to control their symptoms simply by eating a healthy diet. However, as type 2 diabetes is a progressive condition, residents may eventually need to take medication, usually in the form of tablets.

When is blood glucose testing helpful?

Recommendations have been developed to guide patients and their healthcare team, on whether and how often self-testing should be done.

Most people with type 2 diabetes on tablets or diet usually have more stable glucose levels and so routine self testing of blood glucose levels is often not needed.

Testing during treatment and lifestyle changes can be helpful, but if continued testing is needed this will be discussed and agreed with the resident and/or their carer by the resident's healthcare team. This should be documented in the resident's care plan.

Residents with type 2 diabetes who require insulin do need to have their blood glucose testing in line with local guidance. The resident's GP or nurse will advise the resident and/or their carer of the frequency with which this needs to occur.

Before starting blood glucose testing, the resident's GP or nurse should discuss with the resident and/or their carer:

- explain what the resident's blood glucose results mean.
- agree a plan of action if results are not what are expected
- set a date to review the residents results

The above should also be documented in the resident's care plan.

Which Meter?

If it has been agreed with the resident's healthcare professional that a resident may need to self-test, they may be provided with a meter or the resident / care home may have to obtain one. There are many different meters available, but some will be more suitable for individuals and some offer more cost effective options. Please discuss the choice of meter with your residents GP healthcare team before obtaining one.

Stopping or reducing self-testing

If your resident's doctor or nurse advises that it is safe to stop or reduce the monitoring of blood glucose, they will advise the care home and/or resident on the best way to do this. This should be documented in the resident's care plan.

Changes to your HbA1c Measurements

HbA1c levels will be checked before a resident's clinic appointment. The HbA1c readings are a measure of your resident's blood glucose over the previous 2 to 3 months. This therefore gives a good indication of their overall glucose control over time.

A resident's own target HbA1c will be agreed between the resident / carer and their clinician, but as a guide an old target range of 6.5% to 7.5% will become 48mmol/mol to 59mmol/mol.

What affects blood glucose levels?

Blood glucose levels may be affected by:

- Exercise & activity
- The food a resident eats
- Illness
- Changes in a resident's diabetes medication and some other drugs
- Stress
- If a care home has concerns about any of the above for their residents, please discuss this with the resident's nurse or doctor.

Further Information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#).
- Further information on [The handling of medicines in Social Care](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance for its members available on their website; www.nmc-uk.org
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>
- NHS Choices website; www.nhs.uk

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

Oxfordshire Medicines Management Team