Pragmatic guide for diabetes services during the coronavirus pandemic

8th April 2020

Guidance from the Scottish Diabetes Group

This guide aims to provide diabetes services with pragmatic guidance to help support service re-configuration during this crisis. Many services will already be putting several of these measures in place.

ESSENTIAL CARE

- **In-patient Diabetes Care**: this is one of the key roles that diabetes teams can provide in responding to coronavirus. Approximately 20% of in-patients will have diabetes and this number is likely to increase with diabetes being recognised as a risk factor for poor outcomes in COVID-19 cases.

Early reports have highlighted the following issues which are worth considering when managing individuals with diabetes admitted with COVID-19:

- A significant number of people with diabetes (both type 1 and 2) and COVID-19 are being admitted in Diabetic Ketoacidosis (DKA)
- Check ketones ((ideally blood) in all admissions with diabetes irrespective of blood glucose as risk of euglycaemic DKA.
- Not all cases of DKA in type 2 diabetes are on an SGLT2 inhibitor e.g. Empagliflozin, Dapagliflozin, and Canagliflozin
- **STOP** SGLT2i and review Metformin in all admissions with COVID-19
- Follow local protocols for DKA and Hyperosmolar Hyperglycemic State (HSS) however carefully consider fluid replacement as risk of fluid overload i.e. one size protocols do not suit all patients.
- Individuals are often very insulin resistant.
- An early observation is that individuals treated for pneumonitis, getting better, then sudden collapse with cardiogenic shock.

Further guidance on In-patient Diabetes & COVID-19 will follow in due course.

The role of diabetes services will be to:

- Support/lead on the management of existing diabetes emergencies eg diabetic ketoacidosis (DKA). This will ensure timely and appropriate treatment and expedite discharge to minimise length of stay.
- Involvement in MDT discussions on escalation of care planning for those with diabetes.
- Ensure non-specialists staff are aware of existing local protocols to manage in-patient diabetes and referral pathways to the diabetes team.
- Support in-patients in whom diabetes may be a secondary issue but has destabilised due to intercurrent illness/other factors.
- Provide remote support to discharges to prevent readmission.
**Action**: enhance/develop a dedicated Acute multi-disciplinary in-patient diabetes team led by a consultant diabetologist. This should include dedicated DSN provision.

**Action**: Ensure they link into the COVID planning group within your hospital.

**Action**: Try to establish 7 day a week working, if feasible, within your hospital.

**Existing diabetes services**: it is recommended that diabetes teams ensure they continue to support the management of the following groups:

- Diabetes Foot Services
- Diabetes Pregnancy Services
- Care of individuals with new onset type 1 diabetes
- Diabetes Renal services
- Individuals with acute diabetes issues requiring additional support

Ensuring the above groups are supported will minimise the risk of decompensation and admission.

**Action**: Re-configure diabetes services to provide support for these cohorts accepting that care models will rely more on remote care such as telephone or Near Me video consultations.

**Action**: Consider establishing daily ‘hot clinics (virtual/face-to-face) to support care.

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**NON-ESSENTIAL CARE**

- **Routine Diabetes Clinic Appointments**: the vast majority of routine elective face-to-face consultations will be suspended during this time. Services should be mindful that the ability to ‘catch up’ with routine reviews after the COVID crisis is likely to be limited. As such provision should be made to review and support any individuals with acute issues. Individuals with very poor glycaemic control are likely to be very high risk and focusing our efforts to support them will hopefully reduce the risk of admission.

  **Action**: We recommend triaging existing clinic lists to identify individuals who may benefit from proactive support either virtually or face-to-face.

  **Action**: Utilise existing IT systems to proactively contact individuals with ‘sick day’ guidance and consider a targeted approach to those with the highest HbA1c (information available on dashboard or flexible query-SCI).

  **Action**: Utilise existing guidance to ensure messaging is straightforward i.e. optimise control, follow sick day guidance, seek help if worsening.

  **Action**: Ensure patients have appropriate contact information for your service.

  **Action**: Develop/enhance clear referral/advice pathways with primary care.

- **Processes of care/screening**: retinal screening services have been suspended until further notice. Routine foot screening should also be curtailed to limit direct contact and minimise the risk to individuals and HCPs. Opportunistic assessment that identifies acute issues such as foot ulcers or eye problems should be referred acutely in the usual manner.

- **Group work including structured education/pump starts**: these should be suspended meantime. Where clinically indicated one to one pump/CGM starts are appropriate.
Remote/virtual care: this is a worrying time for all of us and particularly those in at risk groups such as diabetes. We are however uniquely placed, as a result of SCI-diabetes, to deliver care and support individuals remotely. With access to resources such as Diasend, Libreview, Carelink, Dexcom Clarity etc we can access relevant data and provide virtual care. Teams should also signpost individuals to online training resources that will help optimise control and support self management. My Diabetes My Way have a range of online training for type 1, type 2 and gestational diabetes.

Action: Diabetes teams to ensure that HCPs and services have appropriate access to resources (as detailed above) to support virtual care.

Action: Consider signposting individuals to online education resources:
Education: https://elearning.mydiabetesmyway.scot.nhs.uk/
Libre: https://abcd.care/resource/dtn-uk-flash-glucose-monitoring-education-programme-webcast-1

WORK FORCE CONSIDERATIONS

Staff safety: the recently published ‘COVID-19 Guidance for Health Care Workers with Underlying Health Conditions’ provides clarity around which staff members can work in what type of environment.
https://www.staffgovernance.scot.nhs.uk/coronavirus-covid-19/guidance/ This should help inform local discussions and ensure staff are assigned to roles in keeping with this guidance. Those deemed ‘at risk’ may still be able to support virtual care models are detailed above.

Action: individual and team risk assessment to ensure staff are deployed in appropriate areas to support care and ensure staff safety.

Staff wellbeing: maintaining staff wellbeing during this challenging time is important. Supporting and caring for one another helps teams work more effectively. Online support is available from NES website
https://learn.nes.nhs.scot/28063/coronavirus-covid-19/psychosocial-support-and-wellbeing?fbclid=IwAR0_cj6yVAlo-37o2Z_sqLxxyQiqZ8u6yjeRSuk7X8qDj8NzrPYc-qVu8oVI

ADDITIONAL CONSIDERATIONS

Information Overload: the amount, variety and quality of information on COVID-19 can be overwhelming. We would recommend that care teams use and signpost to reliable resources that will be updated on a regular basis. This is particularly important in this ever evolving situation.

- The NHS Inform Scotland website has up-to-date information and answers to frequently asked questions.
  For general information and any concerns about Coronavirus you can call the Coronavirus helpline on 0800 028 2816.
- Diabetes specific information can be found on the Diabetes UK website at: https://www.diabetes.org.uk/about_us/news/coronavirus
- Local health board websites

Action: individuals to use and signpost to reliable up to date resources.
The above suggestions do not comprehensively cover all diabetes service related issues but do provide a basis for consideration and prioritisation.