

## How can a home care team support a person with diabetes?

### Awareness of your choice of language

Your choice of language can affect how the person with diabetes may feel and act. Language which implies that the person with diabetes is to blame or at fault is not helpful. An example of this might be talking about 'good' or 'bad' blood glucose levels or referring to someone as 'diabetic' where a person is defined by their condition, as opposed to a person living with diabetes. For more information refer to [diabetesaustralia.com.au/position-statements/#language](http://diabetesaustralia.com.au/position-statements/#language)

### Support the person to manage their diabetes

This might include supporting them to follow their diabetes plans and access to:

- a healthy, balanced diet with a variety of food choices

- regular physical activity

- regular GP review of their diabetes, including annual cycle of care plan, sick day and hypoglycaemia plans and medication review

- a credentialled diabetes educator for review, education and support for them and their family/support network

- a range of health professionals to support the management of diabetes and reducing the risk of diabetes-related complications.

### Early recognition and reporting of potential complications

The home care team are in an ideal position to support a person by early recognition of potential issues and diabetes-related complications. It is important that they understand what things to look out for.

### Support coordinator/case manager

#### What is important to know about the person's diabetes?

Do they have:

- type 1 diabetes

- type 2 diabetes, taking insulin

- type 2 diabetes, not taking insulin.

Do they have:

- goals for managing their diabetes

- a documented diabetes management plan

- support to help them manage their care plan

- existing diabetes-related complications.

## What should be documented in the person's support plan?

Diabetes type and diabetes- related complications

Diabetes care plan (*refer Diabetes care plan template*)

Sick day care including when to seek medical advice (*refer Sick day plan templates*)

Medication management – for example, self-management, Webster pack or nurse administered

Insulin management plan – including administration guidance including injection by pen(s) or insulin pump

Blood glucose monitoring plan including guidance on use of continuous or flash glucose monitoring (CGM or Flash GM) devices

Hypoglycaemia (also known as hypo low blood glucose level) management plan

**Each provided template is designed to be completed by the GP or diabetes health care team.**

## Care worker

**If you notice or your client has mentioned any of the following concerns, talk to your supervisor:**

signs or symptoms that indicate that the client may be developing diabetes

changes in blood glucose levels from the usual pattern

reduced food intake, altered eating pattern, nausea, vomiting, diarrhoea

being shaky, sweaty, weakness, confusion, or dizziness. (signs/symptoms of hypoglycaemia)

changes in level of consciousness or wakefulness

skin changes – redness, infections, tears, cracks, rashes, ulcers

changes in usual sensation, numbness or cold or hot feet, skin changes to feet

eyes - sudden loss of sight, flashes of light, pain, double or blurred vision, redness or swelling

usual clothes or jewellery not fitting. Weight gain or loss

witnessed or unwitnessed falls

increased or decreased urine output, smelly/concentrated urine, new urinary incontinence

ankle swelling

shortness of breath

any issues with managing medicines

problems with insulin injection sites.