

# ndss

National Diabetes Services Scheme

An Australian Government Initiative

NDSS Helpline 1800 637 700  
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## Diabetes management in aged care:

Fast facts for care workers



Find this resource at [ndss.com.au](http://ndss.com.au)



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# Introduction

This resource contains information about diabetes care and management of residents living with diabetes in a residential aged care setting.

Fast facts have been written for care staff.

The information in this resource has been drawn from the “Fast facts” sections at the start of each chapter in Diabetes management in aged care: a practical handbook. For more information on any Fast fact topics, refer to the handbook.

You will find the handbook, a series of Six Minute Intensive Training posters (illustrated below) and further information about diabetes at [ndss.com.au](http://ndss.com.au) or call **NDSS Helpline 1800 637 700**.



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## Hypoglycaemia (hypo) – low blood glucose

**What is low blood glucose?**

Low blood glucose, or 'hypo', occurs when the level of glucose (sugar) in the blood drops below a certain point. This means the body does not have enough energy to work properly. In an older person in residential care, this is usually 6.0mmol/L or below.

Hypoglycaemia is dangerous with potentially serious consequences. For this reason, each resident with diabetes should have a hypo risk assessment and an individualised hypo management plan.

Hypo risk increases with use of insulin or sulphonylureas, unpredictable or irregular eating patterns, poor kidney function, and where residents do not feel or are unable to report hypo symptoms.

**What are the possible causes of hypoglycaemia?**

- too much insulin or diabetes medication (sulphonylureas e.g. glimepiride/Glimcor)
- delayed or missed meal
- eating less than usual carbohydrate in a meal
- more activity than usual

**How might a resident look and feel with low blood glucose?**

A resident may not feel any of the early warning signs of hypo. A resident may not be able to communicate their symptoms.

**How do I check if a resident has low blood glucose?**

- Use a glucose meter to check the blood glucose level (BGL). A reading of less than 6.0mmol/L indicates low blood glucose.

**How do I respond when a resident has low blood glucose?**

**Resident is conscious:**

- do not leave the resident alone
- BGL below 6.0mmol/L, treat with e.g. 4-6 jellybeans
- recheck the blood glucose after 15 minutes
- if still less than 6.0mmol/L, then repeat quick acting glucose treatment
- if BGL remains between 4-6mmol/L, after two treatments, contact the treating doctor
- if BGL is less than 4.0mmol/L, after two treatments call an ambulance
- continue to check BGLs more frequently for next 24 hours

**Resident has reduced level of consciousness, or cannot take treatment orally (choking risk):**

- this is a medical emergency
- call for help
- do not put anything into the resident's mouth
- may require glucagon – follow facility's policy

**Once above 6.0 mmol/L, resident will need a snack or a meal of long-acting carbohydrates e.g. bread, pasta, potato (refer to resident's hypo management plan).**

**Next steps**

- Review the incident.
- Update the resident's diabetes management plan.

**Read:**

- Diabetes management in aged care: a practical handbook – Chapter 7, Hypoglycaemia

Find this resource at [ndss.com.au](http://ndss.com.au)

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## Monitoring blood glucose

## Healthy eating

## Sick day management

## Hyperglycaemia – high blood glucose

## Know your insulin

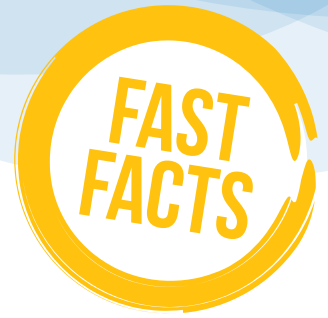
## Glucose-lowering medicines for type 2 diabetes

## Insulin administration

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# 1. What is diabetes?



When someone has diabetes, their body cannot maintain healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies.

For your body to work properly, it needs to convert glucose from food to energy. This conversion occurs in the cells of the body. A hormone called insulin is essential for this to happen.

Insulin helps glucose move from the blood into the cells.

In people living with diabetes, the pancreas does not produce enough – or any – insulin, or the insulin that is produced does not work properly, which means the glucose stays in the blood and makes their blood glucose levels high.

There are three main types of diabetes:

- » type 1 diabetes
- » type 2 diabetes
- » gestational (pregnancy) diabetes.

**When someone has diabetes, their body cannot maintain healthy levels of glucose in the blood.**

# 1. What is diabetes?



There are many myths about diabetes which are not true and can leave people feeling confused. Here are the facts behind some common myths.

## **‘People with diabetes cannot eat sugar’ – not true**

Given diabetes is a condition where blood glucose levels are too high, many people think they need to avoid sugars and foods containing sugar. However, if they are eaten as part of a healthy meal plan – and combined with regular exercise – sugar can be eaten by people with diabetes in small amounts. This is the recommendation for all Australians, not just those with diabetes.

## **‘Diabetes is not serious’ – not true**

There is no such thing as ‘mild’ diabetes. All types of diabetes are serious and can lead to complications if not well managed. Diabetes can affect quality of life and can reduce life expectancy.

## **‘All types of diabetes are the same’ – not true**

The main types of diabetes are type 1, type 2 and gestational diabetes. There are also other forms of diabetes, but they are less common.

Each type of diabetes has different causes and is managed in different ways. However, once someone has diabetes, they will need to manage it every day. All types of diabetes are complex and serious.

## **‘Diabetes can be prevented in all cases’ – not true**

Not all types of diabetes can be prevented. Type 1 is an autoimmune condition; there is no cure and no consistent preventative strategy. Nobody knows definitively what causes type 1 diabetes.

There is no single cause of type 2 diabetes, but there are well-established risk factors. The risk of developing diabetes is affected by some things which cannot change, such as family history, age and ethnic background. However, it is estimated up to 58% of type 2 diabetes can be prevented or delayed by modifying lifestyle factors such as exercise and diet.

## **‘You have to be overweight or obese to develop diabetes’ – not true**

Being overweight or obese in adolescence and in adulthood through to middle age is one risk factor for type 2 diabetes, but it is not a direct cause. Some people who are overweight will not develop type 2 diabetes while some people who are a healthy weight will develop type 2 diabetes.

Type 1 diabetes is not caused by being overweight.



# 1. What is diabetes?



## **‘You only get type 1 diabetes when you’re young’ – not true**

Type 1 diabetes can occur at any age. It often occurs in children and young adults, but older people can also develop type 1 diabetes.

## **‘You only get type 2 diabetes when you’re old’ – not true**

Type 2 diabetes usually develops in adults over the age of 45 years, but it is becoming more common in younger age groups, including children, adolescents and young adults.

## **‘People with diabetes should eat a diabetic diet’ – not true**

There is no such thing as a ‘diabetic diet’. People with diabetes do not need a special diet, or things like artificially sweetened, low-joule, diet or sugar-free jams, chocolates or treats. They should aim to eat a healthy diet, the same as everybody else.

## **‘Only people with type 1 diabetes need insulin’ – not true**

It is true people with type 1 diabetes need to take insulin every day of their lives. But some people with type 2 diabetes also need to take insulin every day.

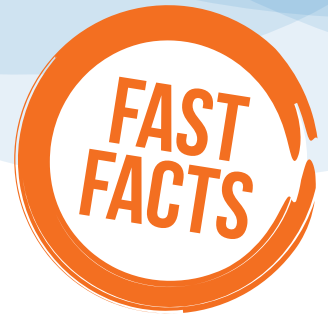
How type 2 diabetes is managed may change the longer someone has had it. People may need to use more or different types of medicines. Half of people with type 2 diabetes will need insulin six to ten years after being diagnosed.

Type 2 diabetes does not become type 1 diabetes when a person starts taking insulin.

## **‘People who have diabetes complications have not looked after themselves properly’ – not true**

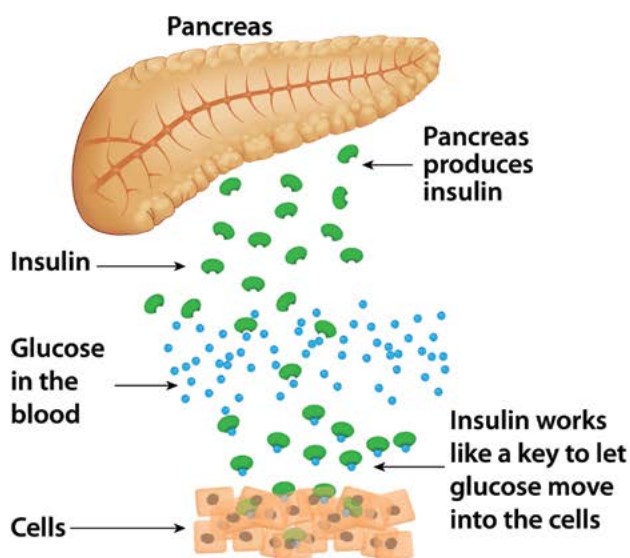
Diabetes can affect the normal function of the heart, brain, kidneys, eyes and feet, and it can also cause digestive problems or problems with sexual function. Having regular checks can help avoid the damage diabetes can cause. While high blood glucose levels can contribute to complications in some people, there are other factors which also contribute to the development of complications, some of which are still unknown. People should not be blamed if they do have complications, as this may have been out of their control.

## 2. Type 1 diabetes

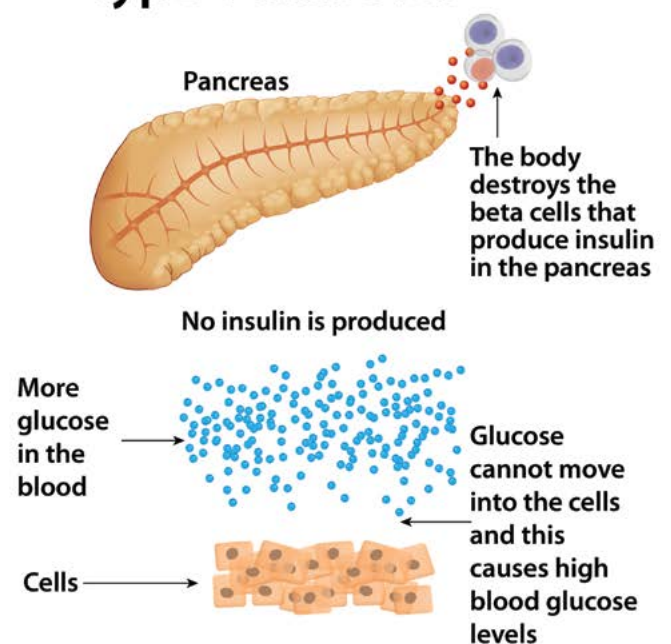


### Type 1 diabetes

#### Person without diabetes



#### Person with type 1 diabetes



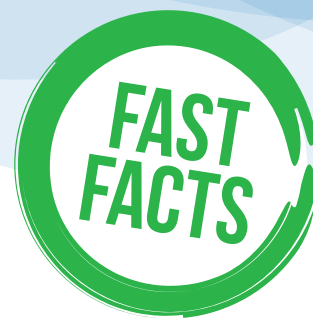
**In type 1 diabetes, the pancreas stops making insulin.**

#### Type 1 diabetes:

- » is an autoimmune condition where the body destroys the cells which produce insulin in the pancreas – the beta cells
- » is a less common form of diabetes – only 10–15% of people with diabetes have this type of diabetes
- » often occurs in people under 30 years of age, but it can occur at any age, including in older people
- » requires the person to take lifelong insulin using an insulin pen device or by using an insulin pump.

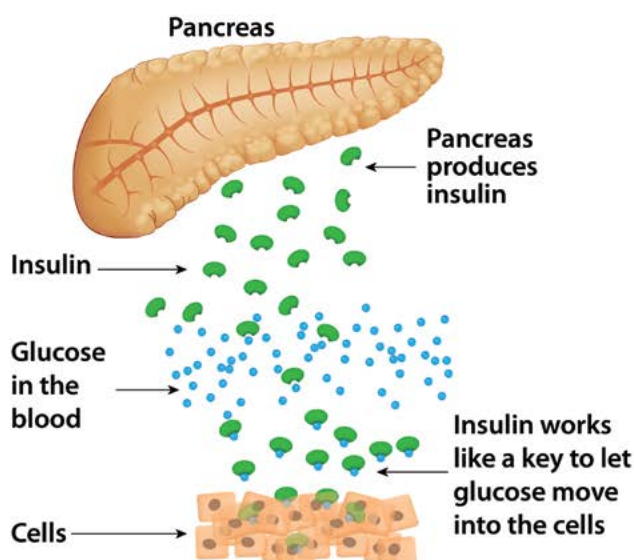


### 3. Type 2 diabetes

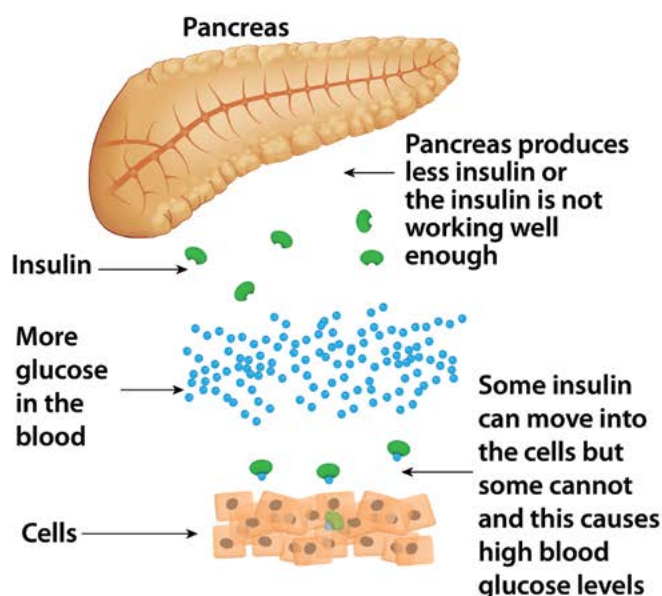


## Type 2 diabetes

### Person without diabetes



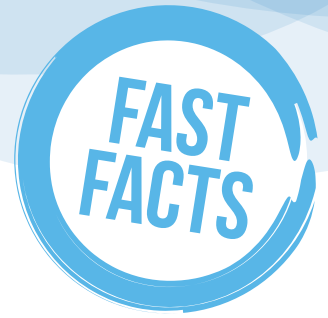
### Person with type 2 diabetes



**In type 2 diabetes, the pancreas makes some insulin but it is not working as well as it used to.**

### Type 2 diabetes:

- » is a complex condition where the pancreas is not producing adequate insulin, or the insulin is not working well enough
- » is the most common form of diabetes – it affects 85–90% of all people with diabetes
- » usually occurs in adults but may occur in younger people
- » up to 25% of people over the age of 65 have type 2 diabetes
- » most people who are diagnosed will eventually need glucose-lowering medicines to manage their diabetes, and a quarter need insulin.

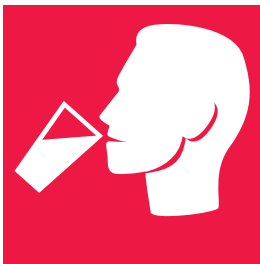


## 4. Signs, symptoms and diagnosis

**Both type 1 and type 2 diabetes can occur at any age.**

The signs and symptoms of diabetes in older people can be non-specific, so they may not be as obvious as in younger people. Older people with cognitive decline are also less able to report signs and symptoms. As a result, diabetes can be mistaken for other causes – including ‘getting old’ – which can delay the diagnosis.

Signs and symptoms in residents which indicate diabetes are shown below.



**feeling very thirsty**



**blurry vision**



**extreme tiredness**



**slow wound-healing**



**cognitive changes or confusion**



**unexplained weight loss**



**frequent urination or incontinence**

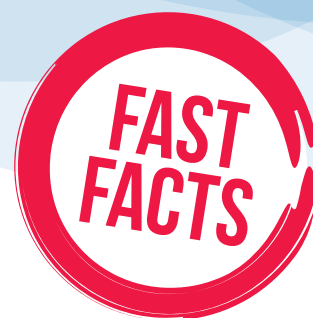


**changes in mood and irritability**

### **Actions**

If you notice any of the signs or symptoms above, let your supervisor know.

## 5. Management in the residential care setting



For older people living in residential aged care, helping them maintain the best quality of life should be the main principle of diabetes management.

Monitoring blood glucose levels is one way to do this, but it is just part of an overall management plan. Diabetes care requires a balance between healthy eating, physical activity and medicines, such as tablets and/or insulin. Stress, illness and other comorbidities can also have an effect on a resident's diabetes.



**medicine**



**insulin**



**food**



**exercise**



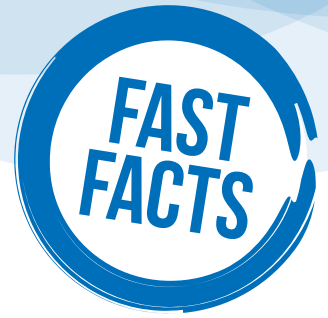
**stress**



**illness**



**other  
comorbidities**



## 6. Blood glucose monitoring

One aim of diabetes treatment is to keep blood glucose levels (BGLs) within a specified range. This helps to avoid low (hypoglycaemia) and high (hyperglycaemia) levels.

Target BGLs should be set for each individual but reviewed regularly by their health care team. In an aged care setting this is especially important because an individual's recommended range can change over time, as they get older or as other health needs change.

The frequency and timing of blood glucose monitoring should also be tailored to each resident. Some may not require any monitoring, some twice a day and others more often. The frequency and timing may be changed over time or during certain periods such as during an illness.

The way to check BGLs is by using a blood glucose meter. To use the meter, place a test strip in the meter and add a small drop of blood from a finger-prick onto the testing strip. The meter then reads the strip, and a number comes up on the screen. This number is the BGL.

Some residents may be able to check their own BGLs and independence should be encouraged; others may need assistance from staff. Staff performing blood glucose monitoring should be trained in how to do this and in how to respond to readings recorded. If BGLs fall outside the recommended range, it is important to report this to a supervisor or registered nurse.

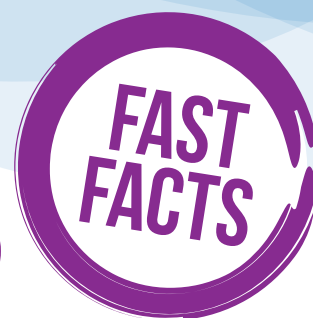
It is important to record the BGL in the appropriate chart, along with any actions resulting from the readings.

To provide a long-term pattern of blood glucose management an individual will have a blood test that measures the BGL over the past two to three months. This test is arranged by the treating doctor and is called an A1c or a Haemoglobin A1c (HbA1c).

Residents whose type 2 diabetes is managed by diet and activity alone, or oral medicines which do not cause a low glucose (such as metformin) may not require regular blood glucose checks and the HbA1c may be used to monitor their diabetes.



# 7. Hypoglycaemia (low blood glucose level)



Hypoglycaemia (often known as a ‘hypo’) means a low BGL. Hypoglycaemia is dangerous, and can be fatal in older people.

It can occur in people who inject insulin or take certain diabetes medicines, and it can happen quickly. It does not occur in people who manage diabetes through a healthy eating plan without using medicines. Causes of hypoglycaemia can include:

- » too much insulin or diabetes medicine
- » reduction in concurrent medicine such as prednisolone or dexamethasone without adjusting the glucose-lowering treatment at the same time
- » a delayed or missed meal
- » eating only part of a meal and skipping the carbohydrates such as the potatoes, rice, bread or fruit
- » planned or unplanned exercise
- » drinking alcohol.

The images below show some signs and symptoms of hypo that people may experience.



- » sudden dizziness or weakness, particularly in the legs (‘jelly legs’), which may present as stroke-like symptoms



- » hunger
- » tingling around the mouth and face



- » sweating (usually a cold sweat)



- » tachycardia (an abnormally fast heart rate) or palpitations



- » feelings of anxiety or unspecified fear



- » poor concentration



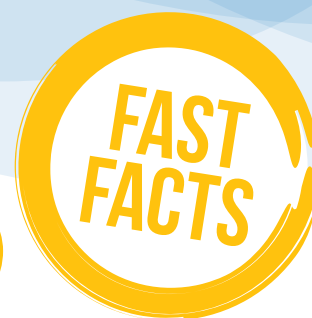
- » drowsiness

The resident who is having the hypo may not recognise the signs and symptoms – and they may not be obvious to other people, either.

## Actions

- A hypo needs to be treated immediately even if there are no obvious symptoms. If it is not treated quickly, the resident’s BGL will continue to fall and their condition may progress to:
  - o confusion
  - o loss of consciousness/seizures
  - o in extreme cases, coma and death.
- DO NOT leave the resident alone.
- If you are not trained in how to treat a hypo, call for a supervisor immediately.
- For more information about hypos, read the next section.

## 8. Hyperglycaemia (high blood glucose level)



Hyperglycaemia can occur in anyone who has diabetes, when their BGLs are too high. It often happens slowly but it can also happen suddenly, depending on the cause.

Causes of hyperglycaemia may include:

- » too little insulin or diabetes medicine
- » food intake not being covered adequately by insulin or medicine
- » excess carbohydrate consumption
- » a decrease in activity
- » illness, infection, injury or pain
- » emotional stress
- » medicine used to treat other illnesses, such as steroids
- » their insulin pump not working properly (this can bring on hyperglycaemia suddenly).

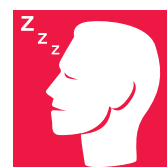
**Below are some of the signs and symptoms of hyperglycaemia the person may feel:**

- thirst (although this is often absent in older people)
- drier than normal skin and lips
- a urinary tract infection
- increased/excessive amounts of urine
- poor healing
- oral or genital thrush.



**Older people sometimes feel no symptoms but others might notice the following:**

- sunken eyes
- abnormal fatigue (the person may spend the day sleeping in a chair)
- abnormal vagueness or disinterest
- a fruity smell on the breath (in people with type 1 diabetes)
- difficulty in rousing them.

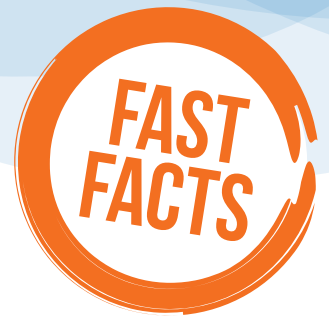


### Actions

- A high BGL every now and then is not a problem. However, action should be taken if the reason for the resident's high BGL is unknown; if they have had high BGLs for several days; or if they have symptoms of hyperglycaemia.
- If you notice a resident with any symptoms of hyperglycaemia, or if you are not trained in hyperglycaemia management but you think something is 'not quite right', let your supervisor know.
- If you are trained in hyperglycaemia management, follow your RACF's guidelines.
- For more information about hyperglycaemia, read Diabetes management in aged care: a practical handbook, chapter 8, hyperglycaemia (high blood glucose level).



## 9. Sick day management



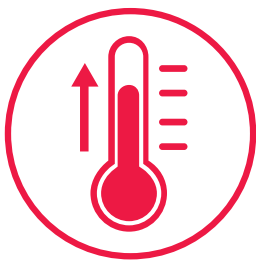
Being sick can make things more difficult for a resident with diabetes. The illness might cause their blood glucose levels to rise, and it might also make it harder to manage their diabetes.

How diabetes is managed during an illness depends on whether the resident has type 1 or type 2 diabetes. Residents may need more frequent blood glucose monitoring and more insulin (if they usually take insulin).

### Actions

- Take action when you notice the symptoms or signs of an illness.
- If you think a resident is sick, tell a supervisor and/or follow the resident's care plan or your organisations' procedure.
- If you are trained, follow the sick day management guidelines in Diabetes management in aged care: a practical handbook, chapter 9, sick day management.

### Symptoms may include



fever



sore throat



runny or  
stuffy nose



muscle or  
body aches



headache



tiredness



cough

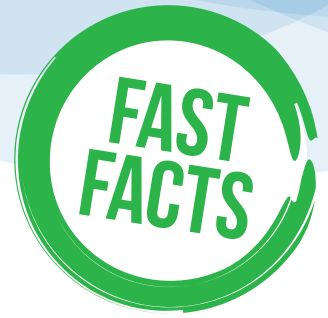


diarrhoea



vomiting

# 10. Glucose-lowering medicines for type 2 diabetes



Glucose-lowering medicines are prescribed for people with type 2 diabetes when their condition has progressed to the point where their blood glucose can no longer be effectively managed by diet and physical activity alone. In some cases, because some people with type 2 diabetes have been living with the condition undiagnosed for some time, this may occur soon after diagnosis.

More than 85% of people with type 2 diabetes eventually require glucose-lowering medicines.

Glucose-lowering medicines are different from insulin.

The way a person's body uses medicines can change as they age or have other medical conditions and medicines can work differently if they have a poor appetite, miss a meal or become less active.

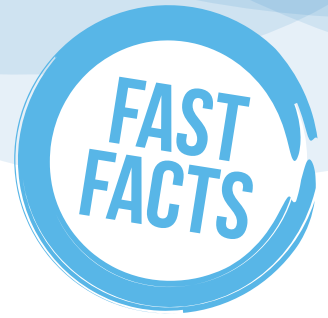
## Actions

- Follow the 'five rights', or your organisation's policy and procedures, when administering medicine:

### Staff should administer:

- **the correct medicine**
  - **to the correct person**
  - **in the correct dose**
  - **by the correct method**
  - **at the correct time.**
- Let your supervisor know if a resident skips a meal, as this may affect their BGLs.

# 11. Insulin



Insulin is produced in the beta cells of the pancreas:

- » in all people with type 1 diabetes, their pancreas cannot produce its own insulin, so they need insulin every day
- » in people with type 2 diabetes, their pancreas is not producing enough insulin, or the insulin is not working well enough
- » at the beginning, many people with type 2 can manage their diabetes with diet and exercise (though some will require glucose-lowering medicines straight away), but as they get older, and their diabetes progresses, they may need glucose-lowering medicines or insulin.

Insulin cannot be taken orally, via tablets or capsules: it must be given using a needle, insulin pen device or pump.

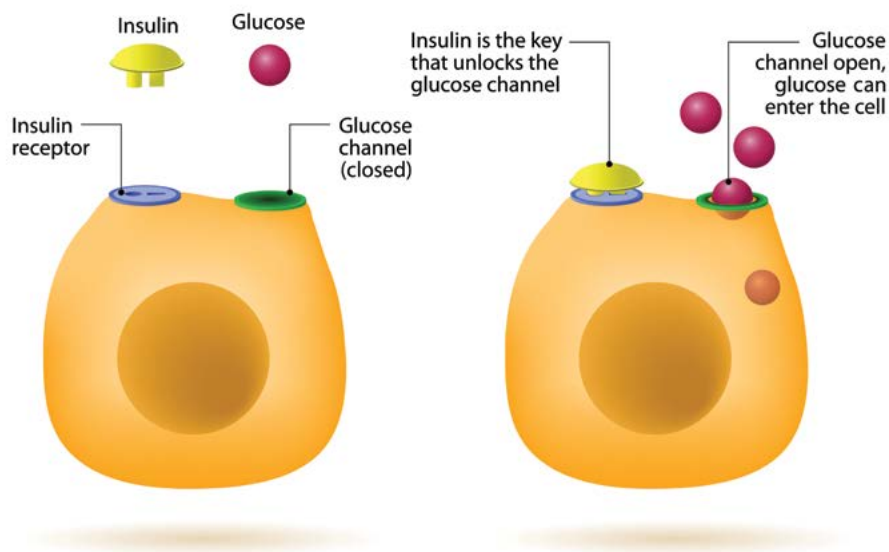
There are different types of insulin, including rapid-acting, short-acting, intermediate-acting, long-acting and pre-mixed insulin.

Depending on the resident and type of insulin and insulin-giving device being used, the insulin may be given once a day or several times a day, depending on their needs.

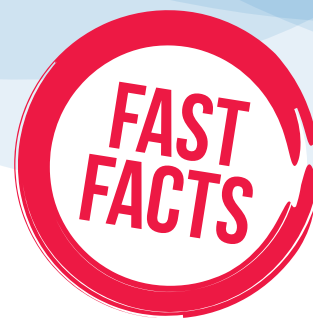
If you are going to give insulin to residents, you must be trained to do so.

**Insulin cannot be taken orally, via tablets or capsules: it must be given using a needle, insulin pen device or pump.**

## How does insulin work?



## 12. Complications and screening



Managing diabetes well helps to prevent or delay diabetic complications, and to reduce their severity. High blood glucose, with any type of diabetes, can damage parts of the body. High blood glucose over an extended period can damage blood vessels.

This in turn results in damage to the organs reliant on those blood vessels. Diabetes accelerates many age-related health issues.

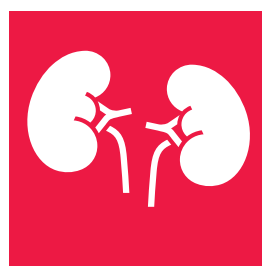
Diabetes complications can include:



**heart attack,  
stroke or  
heart failure**



**vision problems**



**kidney disease  
and kidney  
failure**



**decreased blood  
supply to the legs**



**gastrointestinal  
problems**



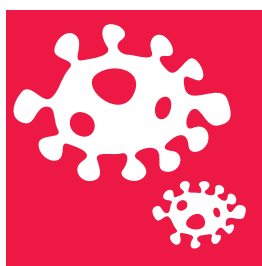
**sexual health  
problems**



**dental problems**



**increased risk  
of deafness**



**increased risk  
of infection**



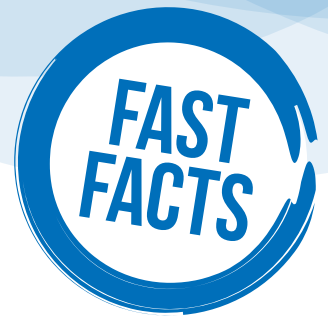
**various skin  
problems**



**increased risk of  
depression and  
dementia**

All people with diabetes should have annual complications screening by their health care team to identify and monitor any issues.

# 13. Healthy eating



## Healthy eating and diabetes

People with diabetes should eat the same healthy foods as other residents: they do not need a special diet, and they can eat desserts and some sugar in foods.

It is common in aged care for residents to lose their appetite or have problems with swallowing, saliva flow and oral health or dental issues. If a resident express concern about any of these, or

they are evident to you, let a supervisor know.

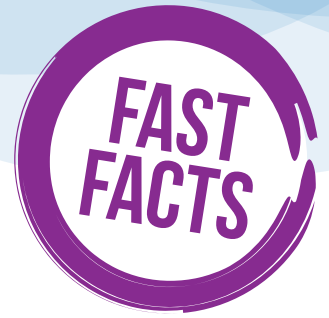
Losing weight when you are older can sometimes do more harm than good. If residents lose muscle, this can affect their functional ability and make them more prone to falls.

Read the following 'Tips & traps' for advice about how to help residents maintain a healthy diet.

### Tips & traps: Encourage healthy eating

- Meals, drinks and snacks can be the thing most residents in aged care look forward to each day so always do everything you can to make that time as enjoyable as possible.
- Ensure that the dining environment (whether a dining room or tray set up) is as pleasant as possible and that everything is within easy reach, packets opened, lids removed.
- For resident's with limited vision, provide a clear description of the meal and where each item is in front of them.
- If the resident has dentures, make sure they are in place, and that they are clean and fit well. It is important that they are checked regularly.
- Check that the resident has no mouth problems, such as a dry mouth, furred tongue, ulcers or tooth decay. Make sure their mouth is moist before meals.
- If the resident has a small appetite, provide smaller, attractively presented meals.
- If a resident has difficulty swallowing, has wet or 'gurgly' sounding voice or increased coughing/choking during a meal, refer them to a speech pathologist for assessment.
- Where swallowing difficulties necessitate alteration to the texture of food and drinks, always ensure you let the resident know what they are eating or drinking, if the modification has altered its appearance, and encourage intake to avoid the resident missing out on nutrition and hydration.
- Carbohydrates provide energy and are an important source of fibre, vitamins and minerals. Carbohydrates can be found in potatoes, corn, bread, pasta, rice, cereals, lentils, fruit, milk and yoghurt.
- The amount of carbohydrate in the food residents eat has the biggest effect on their blood glucose:
  - o too much carbohydrate can cause blood glucose levels to rise
  - o too little carbohydrate can cause blood glucose levels to fall.
- For residents who are on a glucose-lowering medicine (insulin or a sulphonylurea), skipping their meals could cause hypoglycaemia. If they do not eat their meal, encourage them to have some carbohydrate from a different source (for example milk shake, toast or bread, fruit juice, custard or dessert).

# 14. Sexual health



Sexual health is often overlooked in residents who live in aged care. However, sexual health and sexual health problems should be assessed and managed in the same way as any other health concern.

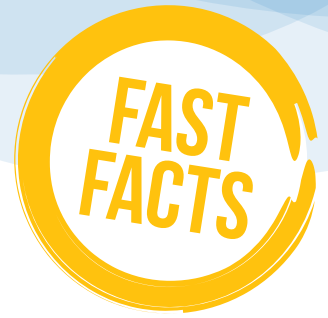
Sexual health includes being able to maintain healthy intimate relationships. Sexual function is affected by low and high BGLs (blood glucose levels) and by long-term diabetes complications. Sexual health problems caused by diabetes complications can include erectile dysfunction in men and vaginal dryness in women.

## Actions

- Make sure sexual health is acknowledged as important.
- If you think a resident is having sexual health problems, tell your supervisor.



# 15. Mental health



## **Depression is a condition that may affect diabetes and also be affected by diabetes**

Symptoms of anxiety and depression in older people are sometimes not recognised because they are seen to be part of 'getting old'.

It is important to tell a supervisor if you notice the following signs or symptoms in a resident:

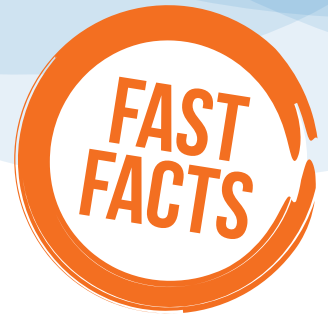
- » sadness
- » tiredness or sleeping a lot
- » trouble falling or staying asleep
- » unexplained aches and pains
- » slowed movement or speech
- » reluctance to participate in activities
- » loss of appetite or not eating
- » neglecting personal care (if they usually do this)
- » a fixation on death or talking about self-harm or suicide.

You can also help residents manage their own health by:

- » detecting and reporting early any changes in their:
  - o behaviour
  - o mood
  - o sleep patterns
  - o appetite
  - o pain
  - o BGLs
  - o physical symptoms.
- » ensuring medicines are taken as prescribed
- » encouraging residents to eat healthy and nutritious meals (see **Chapter 13 health eating**)
- » providing opportunities for social activity and engagement with other residents, and their family members or support network (for example, encouraging them to eat meals in the dining room rather than alone)
- » encouraging their active engagement in other preferred solitary or group activities, such as reading, arts and crafts
- » providing regular opportunities for physical activity.

**Symptoms of anxiety and depression in residents are sometimes not recognised because they can be seen as part of 'getting old'**

# 16. Physical activity



Regular physical activity is good for everyone and can:

- » improve muscle strength and heart function
- » reduce tension and stress
- » increase mobility and improve balance
- » improve quality of life
- » help lower blood fats, blood pressure and BGLs
- » reduce the risk of health problems.

Exercise may seem difficult for residents in RACFs but with the help of an exercise physiologist\* or physiotherapist, plans can be developed for residents with issues such as vision problems, hearing loss, reduced physical energy and flexibility, or pain.

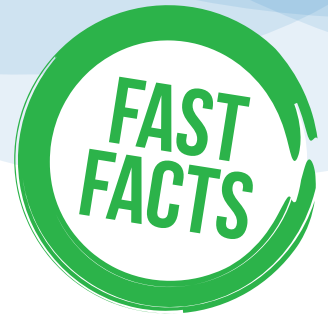
You can help by:

- » encouraging and supporting residents to participate in activities
- » making sure residents wear comfortable, well-fitting shoes
- » checking the resident's feet after exercise for any redness or blisters
- » providing plenty of fluids during exercise
- » ensuring residents do not start new activities without checking with a supervisor
- » watching for hypoglycaemia in residents this might affect.

**\*Note:** An exercise physiologist is an allied health professional who specialises in designing, implementing and educating about exercise programs that prevent and manage chronic conditions and injuries.

**Exercise may seem difficult for people in RACFs but with the help of an exercise physiologist\* or physiotherapist, plans can be developed for residents with issues such as vision problems, hearing loss, reduced physical energy and flexibility, or pain.**

# 17. Foot care



Foot care is an important part of managing diabetes. The nerves and blood vessels to the feet can be damaged by having diabetes for many years.

In older people with diabetes, foot problems may contribute significantly to:

- » pain or numbness
- » a higher risk of falls
- » the risk of significant wounds, infection and amputation.

All residents with diabetes should have a foot care plan. It is important that they – or you – undertake daily foot hygiene that includes:

- » washing and drying their feet, especially between the toes
- » moisturising the skin but avoid between the toes
- » looking at their feet and telling your supervisor about skin changes or pain.

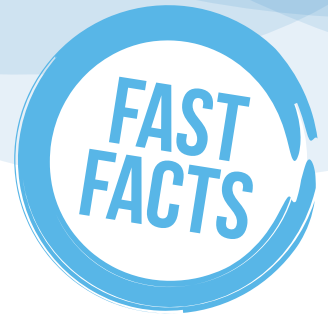
Residents with diabetes may not be able to feel their feet, so it is important that they:

- » wear shoes that fit well
- » do not wear thongs – these are not recommended
- » check the inside of their shoe for foreign bodies or broken lining or anything else that might damage their feet
- » wear socks or stockings that are not too tight, with shoes
- » never walk in bare feet, wear shoes during the day and have slippers available at night.

**The nerves and blood vessels to the feet can be damaged by having diabetes for many years.**



# 18. Skin care



As skin ages, it becomes thinner and loses elasticity and moisture. As a result, older people's skin damages more easily, and it takes longer to heal if it gets cracks or tears.

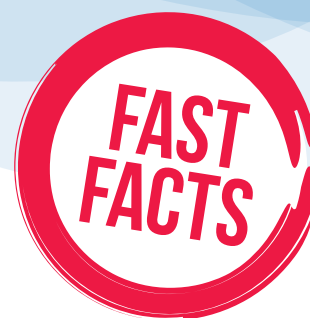
This process is a normal part of ageing, but diabetes can speed it up. Having diabetes can also make it slower to recover from skin infections and sores.

It is important to:

- » avoid over-washing the skin
- » use warm – not hot – water to wash
- » use a pH-neutral soap or non-soap cleanser
- » pat the skin dry, rather than rubbing it vigorously
- » moisturise the entire body after each bath, shower or body wash
- » let a supervisor know if you notice any of the following in residents:
  - o redness
  - o infection
  - o cracks
  - o itching
  - o bruises
  - o swelling of any of the limbs
  - o changes in skin colour, moisture or temperature.

**Having diabetes can also make it slower to recover from skin infections and sores.**

# 19. Eye care



Diabetes can cause damage to the tiny blood vessels in the back of the eye (called the retina). People with diabetes are recommended to have regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.

It is important to make sure that diminishing sight in older people with diabetes is not assumed to be a normal part of ageing, and it should be assessed by a doctor/optometrist.

If a resident with diabetes reports any of the following, let your supervisor know:

- » sudden loss of sight or blurred vision
- » flashes of lights in their eyes
- » eye pain
- » double vision
- » redness or swelling of the eye or eyelid.

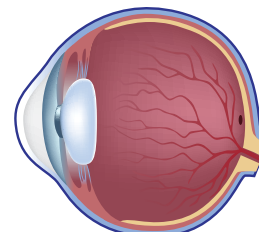
You can also help residents by ensuring they have:

- » their glasses clean and accessible, so they can wear them when needed
- » their sunglasses on when outside.

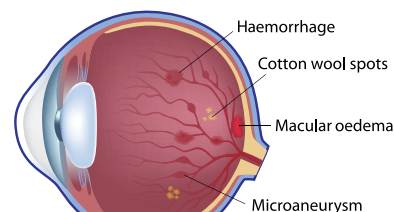
**Residents with diabetes need regular eye examinations by an optometrist or an ophthalmologist (eye doctor) to detect problems early.**

## Development of diabetic retinopathy

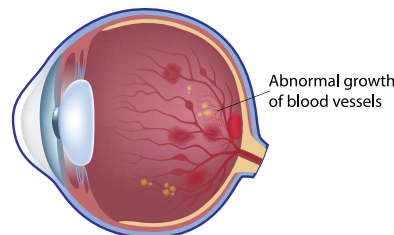
**Healthy eye**



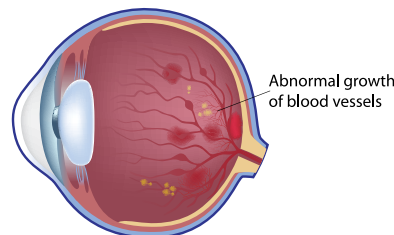
**Diabetic Retinopathy**



**Nonproliferative Retinopathy**

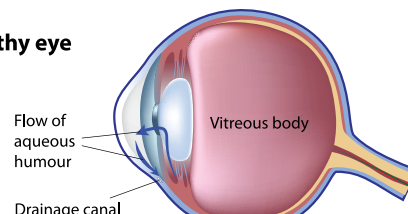


**Proliferative Retinopathy**



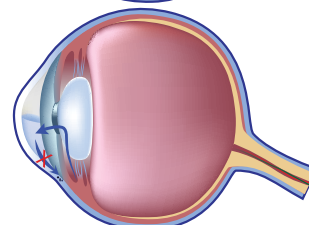
## Development of glaucoma

**Healthy eye**

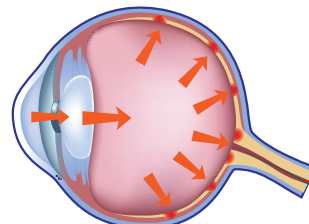


**Glaucoma**

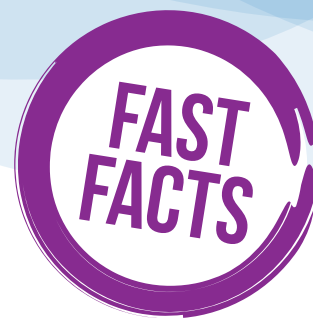
1. Drainage canal blocked; build-up of fluid



2. Increased pressure damages blood vessels and optic nerve



## 20. Oral care



People with diabetes have more glucose in their saliva than other people, which can result in more tooth decay and gum disease.

Diabetes can also lead to some people having a dry mouth and other oral problems.

Following are some of the signs and symptoms of oral health problems. If you notice any of these in a resident who has diabetes, let a supervisor know:

- » reduced appetite
- » weight loss
- » dry mouth
- » bleeding gums
- » red, swollen gums or tongue
- » loose teeth
- » a change in the way teeth fit together, or how the person is able to bite
- » a change in the fit of dentures
- » refusal to wear dentures
- » pain or burning tongue or gums
- » ulcers
- » persistent bad breath.

**People with diabetes have more glucose in their saliva than other people, which can result in more tooth decay and gum disease.**



# 21. National Diabetes Services Scheme

The NDSS provides information, support and services and diabetes-related products at subsidised prices to people living with diabetes.

Through the NDSS, people with diabetes can access:

- » support services for practical help and guidance
- » diabetes and health information and resources
- » subsidised diabetes products.

## Registration

Registration is free and open to all eligible people living in Australia diagnosed with diabetes.

It is important to register all newly diagnosed aged care residents and those residents who have diabetes who are not yet registered with the NDSS. Contact the NDSS Helpline on **1800 637 700** to:

- » update a resident's details with their new address when they move into the facility, or to advise the NDSS if the resident passes away.
- » check whether all eligible residents are registered
- » register new residents
- » update a resident's details if their diabetes management is changing to injecting insulin or a glucose-lowering medicine.

## Services, products and resources

Support services for people with diabetes who live in RACFs, and resources for staff (such as this guide), are provided through state- and territory-based agents. All resources are listed on the NDSS website at [ndss.com.au](http://ndss.com.au) and agents are available through the NDSS Helpline

**1800 637 700** to discuss the services and resources they offer to RACFs in their area.

A range of subsidised diabetes products can be accessed through the NDSS including:

- » subsidised blood glucose testing strips
- » subsidised urine testing strips
- » subsidised insulin pump consumables (for approved people with type 1 diabetes and meet eligibility criteria)
- » fully subsidised continuous and flash glucose monitoring products (if you have type 1 diabetes, or conditions similar to type 1 diabetes, and meet the eligibility criteria through the CGM Initiative)
- » fully subsidised insulin syringes or approved non-insulin injectable medicines.

RACF residents can receive a further discount on some NDSS products if they hold one of the following concession cards:

- » Health Care card
- » Pensioner Concession card
- » Pharmaceutical Benefits Scheme Safety Net card
- » Department of Veterans' Affairs Concession card.

You can access subsidised diabetes products at community pharmacies around Australia. The pharmacies are sometimes called 'NDSS Access Points'.

To find a community pharmacy near you:

- visit our NDSS Online Service Directory at [osd.ndss.com.au](http://osd.ndss.com.au)
- call the NDSS Helpline on **1800 637 700**.

**For more information about the NDSS, visit [ndss.com.au](http://ndss.com.au) or call the NDSS Helpline on 1800 637 700.**

**NDSS Helpline 1800 637 700**  
**[ndss.com.au](http://ndss.com.au)**