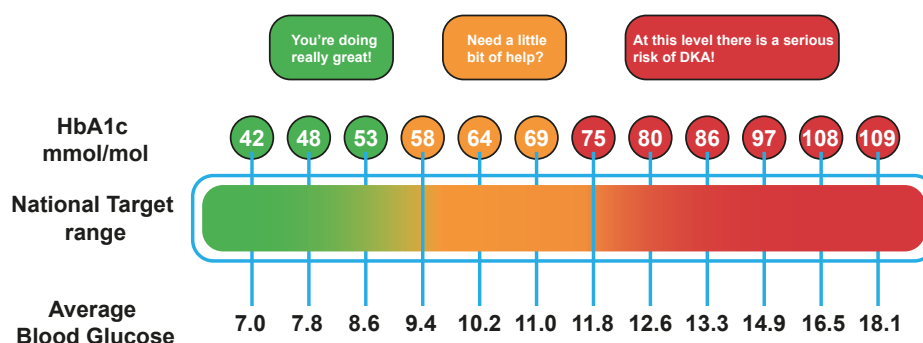


Paediatric Diabetes Service high HbA1c >69mmol/L pathway

Your HbA1c Chart



Things to remember:

Your HbA1c is a measure of your average blood glucose over the last 8-12 weeks.

The target HbA1c is less than 53mmol/mol (ideally 48mmol/mol) without frequent hypos.

High blood glucose levels affect mood, growth, energy and concentration.

Very high glucose levels can cause ketones to be produced and increase the risk of life threatening Diabetic Ketoacidosis.

Remember to check ketones if blood glucose \geq 14mmol/l.

Lowering your HbA1c by just 10mmol/mol reduces your risk of complications by 20%.

Contact numbers:

01392 403727 or **01392 411611** and ask to page on-call PDSN

Why do we have a High HbA1c Pathway?

The National Institute for Clinical Excellence (NICE) recommends that an HbA1c target level of 48 mmol/l or lower is ideal to minimise the risk of long-term complications of diabetes.

You are being started on our high HbA1c pathway as your HbA1c is higher than 69mmol/l and we are worried about your health. This will allow us to give you extra support, formally assess what you and your family are doing well in terms of managing your diabetes, what you need to change in order to improve your diabetes control, and what 'barriers' are preventing you from being able to do this. We will then help you work out how to break down these barriers.

As part of this pathway we will be talking to you, your parents and anybody else you think might be able to help, for example school staff. You will be seen more frequently whilst on the High HbA1c Pathway by the Paediatric Diabetes Specialist Nurses (PDSN), dietitians and psychologist. We know that some people worry about missing school to attend appointments,

but at this level, your health is as important as education. This is not only in terms of making sure you are healthy in the long-term, but also because poor control impacts on the ability to concentrate. Your PDSN will liaise with the school to explain.

You are probably already aware that poor diabetes control is associated with an increased risk of long-term complications. Although it can be upsetting to hear about the complications of diabetes, **the good news is that trials have been done in thousands of people with diabetes showing that the lower your HbA1c, the lower your risk of complications.**

- Long-term poor diabetes control can cause damage to blood vessels and nerves in the body. Damage to small blood vessels can affect the eyes and kidneys. Damage to nerves can lead to problems with sensation, particularly in the feet, and to problems with the bladder, the bowel and sexual function. **But remember the lower your HbA1c, the lower your risk of these complications.**
- In the short term, you could develop Diabetic Ketoacidosis which would require an urgent hospital admission and which can be life-threatening. Also, poor diabetes control can affect your energy levels, fitness, mood and ability to concentrate.

Whilst you are on this pathway, we will expect to see your HbA1c come down steadily to below 69mmol/l and ideally to below 48mmol/l. This may not happen quickly and we wouldn't expect it to reduce by more than 10mmol/l each month. If your HbA1c does not improve on your new contract, then we will need to increase the support for you and your family and explore other support that is out there.

As part of the contract of care we will expect parents to be fully supporting the child. This is why we need to draw up a plan that everyone is willing to be a part of.

The Pathway

- Day 1 – Attend clinic and identify need to start high HbA1c pathway**
- Week 1 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 2 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 3 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 4 – Attend hospital for MDT review**
- Week 5 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 6 –** Self Review your blood sugars and call if you notice a problem
- Week 7 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 8 –** 2nd face to face review
- Week 9 –** Self Review your blood sugars and call if you notice a problem
- Week 10 –** Download meter/pump or look at diary and review by phone/email/HV
- Week 11 –** Self Review your blood sugars and call if you notice a problem
 - Do HbA1c for clinic
- Week 12 –** Attend consultant clinic with improved HbA1c result

Starting on High HbA1c Pathway

My current HbA1c is:

My average blood sugar is:

At my next consultant clinic I would like my HbA1c to be:

The things that I find the most difficult about diabetes right now are:

-
-
-

Personalised contract of care for parents and young person

Blood glucose tests

- Number per day until next meeting: (we will aim for 6 a day eventually)
- Supervision: Yes/No
- Ketone testing:

Insulin injections

- Supervision: Yes/No
- Insulin with all meals and snack
My doses/ratios are:

Weekly review of blood sugars (ideally on diasend/Carelink if on Medtronic insulin pump)

- My Blood glucose target:
- Look at my average blood sugar level each week
- Agreed day to review:

Attend all appointments

- My next appointment is:

| | | |
|--------------|--------|------|
| Young Person | Signed | Date |
| Parent | Signed | Date |
| PDSN | Signed | Date |

Week 4 - MDT review

Date:

My current HbA1c is:

My average blood sugar is:

I am managing to do blood tests a day

The things that I find the most difficult about diabetes right now are:

■

■

The things that are going well right now are:

■

■

My Plan

Continue with personalised contract agreed on day one

Any adjustments/other things agreed with PDSN:

■

My Dietitian Plan:

■

My Psychology Plan:

■

Attend all appointments

■ My next appointment is:

| | | |
|--------------|--------|------|
| Young Person | Signed | Date |
| Parent | Signed | Date |
| MDT | Signed | Date |

Week 8 review

Date:

My current HbA1c is:

My average blood sugar is:

I am managing to do blood tests a day

The things that I find the most difficult about diabetes right now are:

■

■

The things that are going well right now are:

■

■

My Plan

Continue with personalised contract agreed on day one

Any adjustments/other things agreed with PDSN:

■

My Dietitian Plan:

■

My Psychology Plan:

■

Attend all appointments

- My next appointment is:
 - Do HbA1c prior to next clinic

| | | |
|--------------|--------|------|
| Young Person | Signed | Date |
| Parent | Signed | Date |
| MDT | Signed | Date |

Week 12 - Consultant Clinic

My current HbA1c is:

My average blood sugar is:

Over the last 12 weeks I have achieved:

-
-

Over the next 12 weeks I would like to achieve:

-
-

At my next consultant clinic I would like my HbA1c to be:

What now?

Your HbA1c has improved to 69mmol/l or below

Congratulations! This means that your blood glucose levels are improving and getting nearer to target range.

You no longer need to be on the High HbA1c pathway but it is important to continue to review regularly to ensure that we continue to improve your HbA1c.

Your HbA1c has improved but is not yet below 69mmol/l

Well done on your hard work! This means that your blood glucose levels are improving but we are not yet close enough to target range.

You will continue to work on the High HbA1c pathway and create personalised plans to help you improve further.

Your HbA1c has not improved or has got worse

This means that most of your blood sugars are out of range and you are risking long and short term health complications.

We want to continue to support you and help you to improve.

You need to continue on the High HbA1c pathway.

Other things we may consider to help you:

- Hospital admission for stabilisation and re-education
- Extra psychology assessment
- Consider other agencies such as social services for extra support

EXETER CHILDREN AND YOUNG PEOPLE'S DIABETES SERVICE

Consultant:

Dr Chris Moudiotis / Dr David McGregor **01392 403695**

Diabetes Speciality Doctor:

Dr Sue Hellewell

Paediatric Diabetes Specialist Nurses:

Julie Kitchen / Ruth Dalton / Jocelyn Hall

Heather Fisher / Emm Greenslade **01392 403727**

Dietitian:

Maria Leveridge **07827 239019**

Clinical Psychologist:

Dr Sophie Zahra **01392 403187**

Email: rde-tr.PaediatricDiabetes@nhs.net

Urgent Telephone Advice: 01392 411611

8am-6pm ask for Paediatric Diabetes Specialist Nurse

6pm- 8am ask for Paediatric Registrar

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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