

AUDIT OF NURSE LED DIABETES CLINIC
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The development of a practice nurse led diabetic clinic was introduced in our GP practice in 2002 with the ultimate aim to keep within the American Diabetic guidelines. This new regime has numerous benefits as our patients now have a designated one on one consultation both for new and return visits at the clinic. A stricter control and monitoring service is conducted in relation to medication, diet, exercise, smoking and alcohol intake.

Previously as with any busy practice patients were seen by the GP during normal practice hours, and with no designated diabetic consultation time allocated this sometimes led to delays for other patients waiting to be seen. Now with the nurse led diabetic clinic the practice nurse sees the patient in the first instance and conducts the following at first visit:

- Full blood work up which includes FBS / U&E / LFT /HBA1C / CHOL / FBC. I would aim to have the bloods taken at least two weeks prior to the Diabetic appointment so that the results would be available for discussion with the patient at the clinic review.
- Urine sample for microalbuminuria provided that the urine does not show a high concentration of protein such as plus 2 or 3, if so a 24 hour urine collection is requested.
- BMI (body mass index), which takes the height and weight to give the BMI. The waist measurement is also recorded – which recommends 103 cm for male and 88cm for women.
- Skin check paying particular attention to pedal pulses and skin care. Also discuss the use of hot water bottles and standing too close to the naked flame of a fire.
- The use of ABI measurement is not being recommended to out rule peripheral vascular disease especially in diabetic patients hopefully will be included in the diabetic review.
- Chiropody care advised if unable to attend to foot care.
- Diet – low fat / high fibre – encourage 4 regular meals a day. Discuss hypoglycaemia.
- Exercise at least 3 times a week for 20 minutes walking or swimming provided the patient does not get too tired.
- Smoking to encourage cessation, by doing so the HBA1C can be reduced by 1%.
- Alcohol to keep within recommended limits of 14 units for men and 7 units for women.
- Patients are given a glucometer with instructions on use and prescription for lancets and test strips.
- Bloods (Hba1c recommended under 7 but latest figure 6.1)
- Long term illness book requested for private patients and the patient is encouraged to update prescriptions every six months.
- A letter is sent to a consultant optician so that each patient is assessed at least annually re his or her eyes.

Patients are reassured in that they have direct access to the practice nurse if any problems arise during the interval between visits. This has led to a strong rapport between patient and nurse thus resulting in the patient taking more responsibility for their day to day monitoring of their diabetes.

An audit has been maintained on the patients, which has shown a reduction in CHOL – HBA1C – WT/BMI and glucose levels over the last year. It is proposed at this stage to continue to monitor patients attending the clinic and eventually to use our defined protocols as templates for other GP practices to use to achieve the successful outcomes of our clinic.

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