

## 1 Your diabetes is not your fault!

It is normal to feel shocked and upset when you find out you have diabetes.

Don't blame yourself or let others blame you!

You can control your diabetes - it doesn't have to control you!

## 2 Living with your diabetes may feel overwhelming

It is normal to feel overwhelmed (known as diabetes distress)

Anxiety, depression and memory difficulties are also common in diabetes

If you need help: speak to your GP or diabetes nurse

## 3 Know what to do if you have low blood glucose (hypoglycaemia) (less than 4mmol/L)

Symptoms include: feeling shaky, sweating, going pale, lips tingling and blurred vision

Check your blood glucose if you can

Be safe: make sure you always have sweet drinks and snacks nearby

See your GP or diabetes nurse as you may need less diabetes medication:

Especially if you have become more active, reduced your carbs or lost weight!

## 4 Know what to do if you think you have high blood glucose (for you)

Symptoms include: feeling thirsty, tired, blurred vision, infections

Check your blood glucose if you can

Know your own blood glucose target (discuss with your GP)

## 5 It's your right to receive information that makes sense to you

If you don't understand, ask for a more simple explanation

You have a right to have training / information about living well with your diabetes (see point 10)

## 6 It is important to know how your food affects your diabetes

Understanding the amount of carbohydrate in your food / drinks is important (see point 10 on food)

Do ask to see a dietician if unsure

Ignore food that claims to be 'suitable for diabetics'!

## 7 Find a support group or activity to help you

Finding support groups gives you the chance to share experiences, which can be reassuring

You don't have to join a gym, walking is a great way to get fit

## 8 Make sure you get regular support and checks from your GP

Have an annual foot and eye check

Know how to take care of your feet (see point 10 for videos)

Get a copy of The 15 Health Care Essentials

## 9 Some people have achieved Remission of their Type 2 Diabetes

Remission means that your blood glucose levels are healthy without needing to take diabetes medication  
(See point 10)

## 10 Useful websites / more information

Visit [www.knowdiabetes.org.uk](http://www.knowdiabetes.org.uk) for information about Food, Remission and checking your feet

For details of The Diabetes 10 Point Training Programmes, visit: [www.diabetes10point.co.uk](http://www.diabetes10point.co.uk)

### 1. Staff must listen to what you have to say

You know your own diabetes best; you live with it 365 days a year.

### 2. Coming into Hospital (Admission)

Let staff know how your diabetes is normally managed.

Have a list of all your medications with you if possible

You may be asked to stop or adjust your tablets before a procedure.

You can ask to see the diabetes team if you are concerned about this.

If you feel distressed whilst in hospital, do discuss your feelings with those looking after you.

Bring the number of the clinician who knows the most about your diabetes (see point 10).

### 3. Managing your insulin and tablets while in hospital

It is safer for you to manage your own diabetes, if you feel able and well enough to do so.

This means keeping control of your tablets, your insulin, and/or your insulin pump.

If unable to self-manage, feel free to question the insulin dose prescribed.

Challenge staff if your medication or insulin dose is changed or if you feel something is wrong.

You should be able to test your own blood glucose if you are well enough.

### 4. Ensure your feet are checked within 24 hours of admission

Your socks and any dressings should be removed.

If you have foot problems, you should be seen by a podiatrist (foot specialist) within 24 hours.

### 5. Eating in hospital

Find out hospital meal times.

Ensure staff know your normal routine and any allergies/dietary requirements.

You may need to adapt your usual routine whilst in hospital.

You may need to know how much carbohydrate is in your meals - please ask.

## 6. Monitoring your blood glucose: if you think you are low (less than 4 mmol/L)

Insist on a blood glucose test, if unable to do it yourself or if it has not been done.

If you are having hypos (shaky, sweating, going pale, lips feeling tingly or blurred vision) insist on seeing the diabetes team. Ensure you can easily reach your glucose, sweet drinks and snacks to treat low blood glucose.

You may need less insulin or fewer tablets if you are eating less while in hospital.

## 7. Monitoring your blood glucose: if you think you are high (for you)

Insist on a blood glucose test, if unable to do it yourself or if it has not been done.

If you are feeling very thirsty, very tired, have blurred vision or an infection; insist on seeing the diabetes team.

You may need more insulin or more tablets while in hospital if you have an infection or are less active and/or more stressed than usual.

## 8. When you are ready to go home (discharge)

If you were admitted for Diabetic Ketoacidosis (DKA), high or low blood glucose, or a diabetes - related emergency, make sure you have the right support for when you go home.

Many people feel overwhelmed by their diabetes, please speak to your GP or diabetes nurse – there's lots that can be done to help you.

## 9. Useful websites / information

Please visit [www.knowdiabetes.org.uk](http://www.knowdiabetes.org.uk) for more information

There is also a Diabetes 10 Point Training for Ward Staff, tell staff to visit [www.diabetes10point.co.uk](http://www.diabetes10point.co.uk) for more information

## 10. List all important contacts for your convenience

Your GP contact: \_\_\_\_\_

Your specialist nurse contact: \_\_\_\_\_

Other (e.g. Podiatrist): \_\_\_\_\_