Diabetic Health Nursing

Scope of Practice, Standards and Competencies

2017

The Jordanian Nursing Council

The Jordanian Nursing Council (JNC) is a national governmental regulatory institution for nursing and midwifery in Jordan. The JNC is governed by a board headed by Her Royal Highness Princess Muna Al Hussein as president of the council. The board is comprised of 14 key representatives of the health care institutions and through regulating and governing the nursing profession in education, practice and research.

You can access this document at www.jnc.gov.jo

Foreword

The “National Diabetic Health Nurse Framework: Scope of practice, standards and competencies” is a policy document developed by the Jordanian Nursing Council to regulate and unify the standards for the practice of diabetic nurses. It includes national standards and competencies for the general and advance practice roles .The aims of this document are to standardize practice and safeguard the health and wellbeing of diabetic clients. The document is a guide for academic and practice institutions; educational institutions need to transfer the content of this very important document and deal with it as a national curricula for the undergraduate and graduate education of diabetic nurses to prepare them for fitness for practice roles, and create a generation that are responsive, ethically committed and supportive for the diabetic health.

diabetic institutions need to take this document as a policy umbrella for the practice of diabetic health and their commitment to implement and create positive environment to allow diabetic nurses to function within the agreed upon scope of practice and competencies stated in this document. Institutions need to use these competencies in finalizing job description, roles and responsibilities as a tool for performance evaluation.

This document was developed with distinguished efforts from national academic and services intuitions.

I would like to express my sincere appreciation for all who contributed to the development of this unique document. The implementation of this document at the national level by all institution is a challenge, but we trust your good will and abilities to take it forward and present Jordan as a regional model in the diabetic nursing area.

Secretary General

Professor Muntaha Gharaibeh

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Introduction

This document presents the scope of practice, professional standards and essential competencies for Diabetes nurse practice in Jordan. This was developed by the Jordanian Nursing Council (JNC) and partners as part of the JNC mission to promote the health status of communities through a sound regulatory system that assures quality services and safe practice to protect the public and the profession. JNC recognizes the importance of the role of specialized nurses in Diabetes and is committed to strengthening their practice to support the quality of diabetes client's services and ultimately protect the public. It can be used as a framework for self-assessment, development, and maintenance of a nurse's knowledge, skills, and attitudes required providing quality diabetes nursing care. This framework also provides an outline for nursing education by including diabetes care competences in the post-graduate education programs and influence curriculum development. In addition, this document will provide an assessment tool that will help in professional development and planning training to ensure delivery of high quality service to clients and their families.

Methodology

Diabetes nursing is a dynamic and specialized nursing practice profession aims to promote and provide diabetes care for people with diabetes or at risk for diabetes in a variety of healthcare practice settings and that requires constant updating and strengthening its practices to meet emerging population and health system challenges.

JNC consolidated a national team to develop standards and competencies in collaboration from MOH, private, and universities to develop a framework that is consistent with national regulatory mechanisms in Jordan.

The development of the scope of practice, standards and competencies was based on international and regional regulatory frameworks, and JNC framework of registered nurse

In addition to the best possible evidence of international models and frameworks, and consultations with national diabetes nursing experts from various settings.

Purpose of the National Framework of Diabetic Nursing

The JNC considers the professional standards and competencies as a legal document to protect the public by regulating diabetes nursing practice; determining the entry level to practice, clarifying educational requirements, providing a framework to assess professional performance and provide a framework for the assessment of professional performance of diabetes nursing. In further elaboration, the JNC Diabetes Nurse Professional Standards are used by educators/universities, nurses and managers.

The current framework defines who is a Diabetes Nurse Specialist, and the Advanced Diabetes Nurse Specialist, scope of diabetes nurse practice, standards, competencies and the measurement criteria.

The Diabetes Nurse Specialist (DNS):

Qualifications

- Obtain the first university degree (Bachelor's degree) in nursing or its equivalent from an accredited university or educational institution.
- Obtain a diploma degree or equivalent in diabetes specialty.
- Registered with the Jordan Nurses and Midwives Council (JNMC) and is licensed to practice under the Public Health Law.
- Pass the certifications exam mandated by the Jordanian Nursing Council (JNC).

The Advance Diabetes Nurse Specialist (ADNS)

Qualifications

- Obtain the first university degree (Bachelor's degree) in nursing or its equivalent from an accredited university or educational institution
- Obtain Master Degree in diabetes specialty from an accredited university or educational institution.
- Registered with the Jordan Nurses and Midwives Council (JNMC) and is licensed to practice under the Public Health Law.
- Pass the certifications exam mandated by the Jordanian Nursing Council (JNC).

Scope of Practice

Diabetes nurses are accountable for their own practice; they have a responsibility to collaborate and to coordinate care with other disciplines involved in the client's care. This coordination of care enhances the quality of care and improves short- term and long –term outcomes through research and evidenced- based- practices use critical thinking skills to identify and respond in a timely manner to rapidly changing client, family and environmental situations in order to ensure client safety in all aspects of diabetes care. In diabetes care, working with individuals, families, groups and communities to assess diabetes care and educational needs, develop appropriate diagnoses and implement and evaluate nursing care and education. They have worked in a direct care role as well as continuing to develop system and staff guidelines for diabetes care that offer a holistic approach to diabetes management.

Scope of Applications

Case Management

Diabetes nurse who is case manager support the client's highest level of functioning through culturally relevant interventions to enhance optimal diabetes care, and prevention of the acute and long-term complications of diabetes. These interventions can include implementation of new treatment strategies, teaching, supportive counseling, problem solving, medication and status monitoring, medication adjustment under state legal guidelines, care planning and linkage to and coordination of various health and human services.

Behavior Changes

In the practice of diabetes care and education, the nurse uses a variety of strategies to assist clients in coping with the daily stresses of living with diabetes The diabetes nurse initiates behavior change in Self-Management Education in order to help clients achieve personal and metabolic goal and assess and intervenes as appropriate for clients who are experiencing difficult with coping or behavior change.

The diabetes nurse refers to appropriate psychological and other health care providers as a means of helping people to better care for their diabetes. The diabetes nurse may provide all aspects of the educational process for the person with diabetes, recognizing education as important in diabetes control. education process involve assessment, to determine the level of knowledge and practice; planning for care and methods of communication; implementation of a regimen leading to optimal blood glucose levels; and evaluation so that blood sugar control is carried out in a safe, meaningful and efficient manner.

Health Promotion and Health Maintenance

The diabetes nurse emphasizes health promotion, screening, health maintenance and evaluation reflecting the long-standing concern of nursing for individual, family, group and community well-being including diabetes-specific physical, educational and psychological assessments; rendering diagnostic and disposition judgments; and facilitating the client's movement into appropriate care and services, The diabetes nurse considers biophysical, psychological, social,
culture, economic, behavioral and environmental aspects of person's life situation to gain an understanding of his or her experience with diabetes and plan the kind of care that is included.. The diabetes nurse conducted diabetes related health and educational assessments, target at risk situations and initiates interventions, such as diabetes self-management education, behavior changes and stress managements strategies, and consultation with generalist physicians, dietitians, nurses and other team members. Diabetes nurses should also be involved in training community health works and lay people.

The nurse is responsible for recognizing areas in which additional data are needed in referring the client for more specialized testing and evaluation.

Who will benefit from JNC Professional Standards?

1. Persons with or at risk for diabetes :

The Professional Standards provide a basis for forming expectations of the practice and will provide a means to assess the quality of the services provided.

2-Educators and academic institutions:

Educators and academic institutions need to use the professional standards as a framework for the development of diabetes education curricula, and to assess performance of student and new graduate.

3. The Advance Diabetes Nurse Specialist (ADNS)/Diabetes Nurse Specialist (DNS):

The (ADNS)/(DNS) use JNC Professional Standards and standards of practice to illuminate what they do, understand their professional responsibilities, maintain their own professional development, enhance and change policies and practices, resolve professional practice problems and use in continuing education programs. Provide a framework for professional practice and Guidelines which to assess the quality of their practice and provide direction for improving practice.

4- Healthcare professionals who are not specialize in diabetes:

Healthcare professionals participate in:

- Information about the role of the ADNS/DNS.
- An appreciation of the importance of The (ADNS) / (DNS) as an integral component of the clinical care of the person with or at risk for diabetes.
- A way to assess the quality of the (ADNS)/(DNS) services provided.

5- Policy makers' employers, government agencies, and the general public: They are involved in the provision of diabetes care as:

- A description of the specialized services provided by the (ADNS)/(DNS).
- An understanding of the importance of the (ADNS)/(DNS) services to improve quality of life and healthcare outcomes for persons with or at risk for diabetes.

6 -Managers:

The managers develop systems that adopt JNC professional standards and standards of Practice for job description that identify expectations for practice and performance evaluation tools.

Domains of the Standards

The JNC Professional Standards are consistent with the framework used to develop the JNC Professional Standards of a Registered Nurse, 2016. Standards of Diabetes Nurse are divided into two domains: professional standards and practice standards.

Professional standards for Diabetes Nurse

Professional standards are statements about levels of performance against which diabetes practices are assessed to obtain and retain registration.

Standard 1: Performance

This standard relates to the professional and ethical responsibilities, safety, accountability, and the advocacy of individual and group rights in clinical practice. The (ADNS)/(DNS) demonstrate ethical decision making skills and meet safety standards.

Standard 2: Professional Development

The diabetes nurse promotes effective mechanisms for the development, implementation and evaluation of professional development programs to enhance the quality of the diabetes nursing profession and practice in all scopes of application.

Standard 3: Quality of care

Develops criteria for and evaluates the quality of care and effectiveness of diabetes nursing practice.

Standard 4: Leadership and management

Demonstrates leadership and management skills to carry out the responsibility of nursing services in scope of applications.

Standard 5: Resource Utilization

Makes equitable decisions to utilize and administer beneficial cost effective resources to plan and provide nursing services that are safe, effective and financially responsible in all scopes of application.

Standard 6- Research and Evidence-Based Practice

Conduct research and critically evaluates and integrates research findings to enhance practice and uses valid research and evidence to reach a clinical judgment.

B. Practice standards

This domain focuses on the provision of comprehensive, systematic and prioritized care to achieve identified health outcomes. This domain consists of one standard "Provision of client's Centered care" and 6 Sub-standards including: Assessment, Diagnosis, Outcomes Identification, Planning, Implementation, evaluation.

Standard 7: Provision of Client Centered Care

This domain focuses on the provision of comprehensive, systematic and prioritized care to achieve identified health outcomes. The standards of practice for Diabetes Nurse Specialist / Advanced Diabetes Nurse Specialist are guidelines for healthcare professionals and others involved in healthcare for persons with or at risk of diabetes and provide a framework for professional practice, guidelines to assess the quality of their practice, and direction for improving practice.

Standard 7. 1 Assessment

The diabetes nurse collects and interprets of relevant data including client's family and community regarding care diabetes or risk of diabetes.

Standard 7.2 Diagnoses

Identify Issues, Problems or Trends then analyzes data assessment to determine the problem, and the needs or areas of need for care, in collaboration with the client and Family caregivers and health professional team as related on the results of classified data.

Standard 7. 3 Outcomes Identification

Identifies expected outcomes and their measurement criteria, individualized to the clients, and derived from the assessment data and diagnoses.

Standard 7. 4. Planning

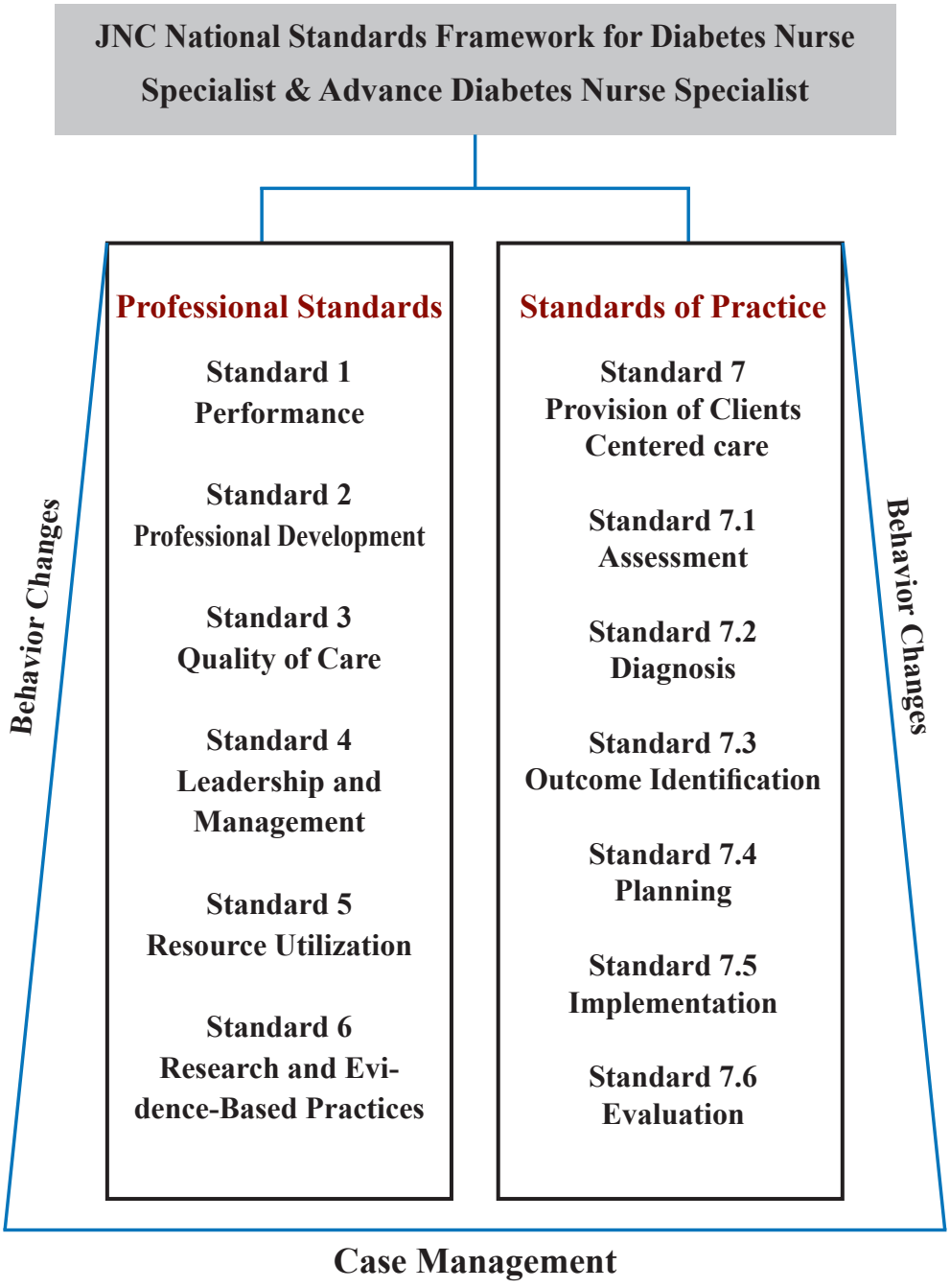
Develops the diabetes nursing care plan to attain the mutually defined goals to achieve desired outcomes. The plan integrates current diabetes care practices and established principles of teaching and learning.

Standard 7.5 Implementation

The diabetes nurse specialist implements the intervention identified in the plan of care and the advance diabetes nurse specialist prescribes, orders or implements interventions and treatments for the plan of care.

Standard 7: 6 Evaluation

The diabetes nurse specialist evaluates client's progress toward attainment of outcomes.


JNC National Standards Framework for Diabetes Nurse Specialist & Advance Diabetes Nurse Specialist
Professional Standards
Standard 1 Performance
Standard 2 Professional Development
Standard 3 Quality of Care
Standard 4 Leadership and Management
Standard 5 Resource Utilization
Standard 6 Research and Evidence-Based Practices
Standards of Practice
Standard 7 Provision of Clients Centered care
Standard 7.1 Assessment
Standard 7.2 Diagnosis
Standard 7.3 Outcome Identification
Standard 7.4 Planning
Standard 7.5 Implementation
Standard 7.6 Evaluation
Behavior Changes
Behavior Changes
Case Management

A. Professional standards (ADNS)/(DNS)

Standard 1: Performance

This standard relates to the professional and ethical responsibilities, safety, accountability, and the advocacy of individual and group rights in clinical practice. The (ADNS)/(DNS) demonstrate ethical decision making skills and meet safety standards in all scope of applications.

1.1 The diabetes nurse practices within professional, legal and ethical diabetes nursing context .

Core Competency 1:

Fulfills the responsibility and accountability of nursing diabetes professional activities within all relevant national legislation.

Measurement Criteria:

- Identifies and adheres to legislation governing diabetes nursing profession.
- Identifies and adheres to the legal and regulatory framework governing diabetes health for client of all ages, including laws, policies, protocols and professional guidelines.
- Identifies and adheres to JNC diabetes standards and competencies .
- Demonstrates actions show legal implications awareness of diabetes nursing practices.
- Recognizes the roles and responsibilities for diabetes nurses.
- Understands human rights and its effects on health of individuals.

Core competency 2:

Practices in a way that acknowledge the dignity, culture, values and beliefs within national nursing code of ethics.

Measurement Criteria:

- Asses' clients and their families regardless of race, culture, religion, age, gender, physical or mental state.
- Protects client's privacy and confidentiality.
- Demonstrates respect and promotes the client's right to health, self-determination, being informed and make informed choices, beneficence and equity.
- Maintains effective process of care when challenged by differing values ,beliefs and risks.
- Understands local culture and beliefs including religious beliefs and gender roles

In addition, advance diabetes nurse will perform the following:

- The advanced diabetes nurse practices accountability and responsibility may be expanded beyond the JNC core competencies to incorporate new procedures and treatments that improve client's care.

Measurement criteria:

- Enforce the integration of national and international regulations, standards, protocols.
- Enforce guidelines and policies in diabetes health practice.
- Identify the need for new procedures taking into consideration consumer demands, standards of safe practice and availability of qualified personnel.

- Ensure there are no regulations or bylaws that would constrain the diabetes nurse from incorporating new procedures into practice.
- Identify mechanism(s) for obtaining medical consultation, collaboration and referral related to a procedure.
- Maintain documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of an expanded or new procedure
- Coach client and significant others into making choice of treatment by providing accurate clear information and considers benefits, risks and outcomes.
- Evaluate the effectiveness of policies and strategies for managing ethical dilemmas inherent in client care, healthcare organization and research.

Core competency 3:

Advocates for individuals/groups and peers rights of health within institutional structures.

Measurement criteria:

- Protects the rights of individuals, clients and groups and support informed choices.
- Identifies insufficient resources to meet the needs of clients and groups.
- Communicates talent skills merge requirements to meet clients and groups needs to management and administration.
- Identifies procedures and practices infringe the rights of clients.
- Illuminates and recommend policies and guidelines when rights of clients compromised.
- Understands advocacy and empowerment strategies for client.

In addition, advance diabetes nurse will perform the following:

- Illuminate and recommend policies and guidelines when rights of clients are compromised.
- Advocate for a working culture that promotes motivation and enthusiasm towards professional development of knowledge and competencies as a requirement to achieve excellence in practice.
- Coach diabetes nurses and multidisciplinary team members to improve client-centered competencies.

1.2 Undertakes safe responses and facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety.

Core competency 1:

Ensure diabetes nurse practices meet organizational safety and quality standards.

Measurement criteria :

- Adheres to national safety guidelines for clients.
- Practices in accordance with approved quality standards and guidelines reflecting recognized evidence-based best practice.
- Participates in organizational quality management processes and activities.
- Seeks evidence from a wide range of credible or reliable sources to maintain a high quality and safety of diabetes care.

Core Competency 2:

Ensure diabetes nurse practices maintain safe physical, psychosocial, cultural and spiritual environment.

Measurement Criteria:

- Articulates appropriate emotional and psychological responses with clients in a professional manner.
- Provides a responsive environment by using effective interpersonal skills, psycho-behavioral counseling and social workers.
- Identify opportunities for continuous learning and improvement for client safety.
- Identify existing procedures or policies that may be unsafe or are inconsistent with best practices and take action to address those concerns.
- Assess the immediate safety and care needs for the physical and emotional well-being of clients and their families, and provide interventions as appropriate.
- Reduce or manage the risk of further harm to clients affected by adverse events
- Uses incident reports to report unsafe health diabetes practices.

Standard 2: Professional Development

The diabetes nurse promotes effective mechanisms for the development, implementation and evaluation of professional development programs to enhance the quality of the diabetes nursing profession and practice in all scopes of application.

2.1 Ensures and promotes presence of systematic effective mechanisms for diabetes nurse professional development programs.

Core competency 1:

Drives quality improvement programs and activities.

Measurement criteria:

- Participates in evaluation and regulation processes of individuals through privileging, credentialing, certification and accreditation.
- Incorporates organizational policies and guidelines uses current best evidences.
- Ensures the presence of effective mechanism and programs for implementing and evaluating professional diabetes standards.
- Maintains continuing education programs based on JNC continuing education framework.
- Promotes strategies and techniques for learning and research culture.

Core competency 2:

Participates in ongoing professional development that improves care for clients and their families.

Measurement criteria:

- Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
- Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the diabetic nurse from incorporation of the procedure into practice.
- Obtains or maintains professional certification.
- Participates in educational activities related to appropriate knowledge bases and professional issues for self and others.
- Demonstrates commitment to lifelong learning through self-reflection and self- education to identify learning needs.
- Acquires knowledge and skills appropriate to specialty area, practice setting, role or situation.
- Uses creativity and innovation in diabetes professional activities to improve delivery of care.

In addition, advance diabetes nurse will perform the following:

- Promote strategies and techniques for a learning and research culture.
- Challenge and create innovative and resourceful programs to share and promote good practices.
- Promote advance roles to meet advance needs of practice as a leader, coordinator consultant case manager and educator.
- Develop initiatives to improve quality of care and health outcomes.
- Educate other staff members and colleagues in the conduct of quality and performance improvement projects.

- Pinpoint opportunities for using data generated from evidence-based practice and research.
- Evaluate the clinical practice environment and quality of nursing care provided in relation to existing evidence-based knowledge.
- Reflect on and evaluate own practice and role performance by modeling self-evaluation and by sharing insights with peers and professional colleagues.
- Seeks feedback regarding one's own practice and role performance from colleagues, clients and others.
- Evaluate one's own practice on the basis of client outcomes.
- Evaluates one's own performance against the standards of the profession and various regulatory bodies.
- Takes action to achieve goals identified in the peer review process.

Standard 3: Quality of Care

Develops criteria for and evaluates the quality of care and effectiveness of diabetes nursing practice.

Core competency:

Ensures quality of diabetes nursing care activities to the diabetes nurse position, education, and practice environment in all scope of applications .

Measurement criteria:

- Identifies aspects of care improvement for quality monitoring.
- Identifies indicators used to monitor the quality of effectiveness of diabetes nursing care.
- Collects data to assess the quality of effectiveness of diabetes nursing care.
- Analyses data to identify opportunities for improving diabetes nursing care.
- Formulates recommendations to improve diabetes nursing practice and clients outcomes.
- Implements recommended activities to enhance the quality of diabetes nursing practice.
- Participates in interdisciplinary teams to evaluate diabetes clinical practices and health services.

In addition the Advanced Diabetes Nurse specialist will perform the following

- Assumes a leadership role in benchmarking and monitoring standards of practice to improve client care.
- Promotes the use of data collection and analysis to identify opportunities for improvement, development, and initiation of changes throughout the healthcare system as appropriate.
- Participate in efforts to minimize costs and unnecessary duplication of testing or other diagnostic activities and to facilitate timely treatment of the client.
- Analyzes with the client and other providers as appropriate factors related to functional status, health behaviors, satisfaction with care and quality of life, symptom management, safety, effectiveness, and cost benefit options.
- Analyzes organizational systems for barriers and promotes enhancements to affect client healthcare status.
- Bases evaluation on current knowledge, practice, existing evidence based knowledge and research.
- Uses the results of quality of care activities to initiates changes in practice and throughout the health care delivery system.
- Develops policies and procedures to support and improve the quality of care.

Standard 4: Leadership and management

Demonstrates leadership and management skills to carry out the responsibility of nursing services in all scope of applications.

Core competency 1:

Promotes self-awareness of values and beliefs, self-development and personal resilience.

Measurement criteria:

- Exhibits knowledge of establishing and leading team.
- Exhibits creativity and flexibility adapting to change.
- Demonstrates passionate and compassionate care.
- Creates and promotes practice culture of positive criticism to self and others.
- Inspires loyalty and equity in valuing clients and colleagues.

Core competency 2:

Provides nursing professional leadership and management skills.

Measurement criteria:

- Participates in committees, councils, and administrative roles.
- Delegates professional practices and aspects of care to others according to their competence and scope of practice.
- Provides effective supervision to ensure that delegated care and professional practices are provided safely and accurately.
- Participates in professional organizations activities.
- Influences the decision making process and policy change to improve client care and health services.

- Provides direction to enhance effectiveness of interdisciplinary and multidisciplinary team.
- Accepts changes based on evidence and addresses emerging situations.
- Develops innovative solutions and take actions to resolve conflict.
- Participates in the management plan of the institutions including disaster management.
- Promotes communication of information through writing, publishing and presentations for professional and lay audiences.

In addition, ADNS will perform the following:

- Model expert practice to inter-professional team members and healthcare consumers.
- Mentor colleagues in acquiring clinical knowledge, skills, abilities, and judgment.
- Influence decision-making bodies to improve the professional practice environment and healthcare consumer outcomes.
- Use the mechanism of emotion work and learn self-protective copping strategies to manage feelings of distress and grief using a task-oriented approach to care with clients , colleagues and organization.
- Delegate activities to others according to their abilities and scope of practice.
- Supervise aspects of care delegated to others and give support as needed.
- Uphold accountability and responsibility when delegating aspects of care to others.
- Influence decision-making agencies to improve healthcare.

Standard 5: Resource Utilization

Makes equitable decisions to utilize and administer beneficial cost effective resources to plan and provide nursing services that are safe, effective and financially responsible in all scopes of application

Core competency 1:

Evaluates factors such as safety, effectiveness, availability, cost benefits, efficiencies, and impact on profession and practice.

Measurement criteria:

- Participates in evaluation strategies regarding cost effectiveness and cost benefits of the nursing services and its impact on environment.
- Uses evaluation methods to measure safety and effectiveness of health interventions and available resources.
- Monitors resource allocation and utilization.

Core competency 2:

Makes equitable decisions about the allocation of resources based on the needs of clients and individuals.

Measurement criteria:

- Knows how to access and evaluate resources.
- Participates in allocates human, financial, and material resources based on identified needs and goals.
- Assists colleagues, mangers and stakeholders to identify and secure appropriate available human, financial and materials resources.

Core competency 3:

Manages human resources, facilities, materials, equipment, and technologies for better health care practices.

Measurement Criteria

- Participates in innovative solutions that address effective resource utilization and maintenance of quality.
- Develops proficiency with current and advanced technology and applications.
- Promotes activities that assist others in becoming informed about costs, risks, and benefits of plans and solutions.
- Incorporates client and perspectives of other stakeholders on services and service quality.
- Participates in the management of nursing human resources including distribution and delegation based on knowledge, skills, abilities and complexity of work.

Standard 6: Research and Evidence-Based Practice

Conduct research and critically evaluates and integrates research findings to enhance practice and uses valid research and evidence to reach a clinical judgment in all scope of applications.

Core competency:

Integrates research findings to enhance practice and uses valid research and evidence to reach a clinical judgment

Measurement criteria:

- Discuss the importance of adopting evidence-based practices in the clinical setting.
- Demonstrate understanding of the different research designs and audit methods.
- Demonstrate ability to undertake literature searches to answer clinical questions and improve clients' outcomes and to answer clinical and non-clinical questions.
- Demonstrate knowledge of current research in diabetes and diabetes complications.
- Use evidence based knowledge from research in clinical decision making.
- Participates with the multidisciplinary team members in evaluating quality of client's care in contrast with the new evidence found in research studies.
- Adheres to regulatory requirements related to the research protocol, infection control, safety, and training.

In addition the Advanced Diabetes Nurse specialist will perform the following

- Demonstrate knowledge in Evidence-based practice (e.g., principles, models, levels of evidence, practice questions)
- Interprets and utilize evidence based practice to develop policies for client's care.
- Disseminates evidence based practice through continuing education activities, ground rounds, research committee, consultation and journal clubs.
- Builds a work environment that inspires clinical inquiry and creativity in utilizing evidence based practice and research.
- Demonstrate ability to critically appraise research studies, validity of information and disseminates the findings to colleagues as appropriate to facilitate the integration of evidence-based practices in the clinical setting (e.g., policies and procedures, guidelines, pathways, order sets).
- Demonstrate presentation skills (oral and written) of research and audit results to at local and national levels and is influential in the implementation of findings.
- Identify the current trends and standards (e.g., research, technology, legislative policy.
- Leads the design and implementation of research and audit activities in compliance with human subject protection and reports research findings.
- Creates opportunities for colleagues to participate in research and audit activities.
- Collaborates with higher educational institutions, research funding bodies, health boards and other stakeholders to develop innovative research and audit activities.

The Standards of Practice

This domain focuses on the provision of comprehensive, systematic and prioritized care to achieve identified health outcomes. This domain consists of one standard "Provision of client's Centered care" and 6 Sub-standards including: Assessment, Diagnosis, Outcomes Identification, Planning, Implementation, evaluation,

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This domain focuses on the provision of comprehensive, systematic and prioritized care to achieve identified health outcomes. The standards of practice for Diabetes Nurse Specialist / Advanced Diabetes Nurse Specialist are guidelines for healthcare professionals and others involved in healthcare for persons with or at risk of diabetes and provide a framework for professional practice, guidelines to assess the quality of their practice, and direction for improving practice.

Standard 7. 1 Assessment

The diabetes nurse collects and interprets of relevant data including client's family and community regarding care diabetes or risk of diabetes.

Core Competency:

Conduct a thorough, individualized assessment of the person with or at risk for diabetes.

Measurement criteria:

- Uses assessment techniques based on research and knowledge to form a pertinent database which is synthesized, prioritized and documented in a retrievable form.
- Collects objective and subjective data by including a complete health history , physical examination, psychosocial and educational assessment to determine health, complications, emotional and cognitive status, diabetes self-care knowledge and behaviors and other relevant supporting diagnostic data
- Orders or performs diagnostic tests and procedures relevant to the clients current status and initiates or interprets such as indicated.
- Prioritizes data collection activities which are founded on the person's immediate condition, anticipated needs or situation.
- Involves other health care providers, family members as needed, in holistic data collection process.
- Processes the data collection in a systematic and ongoing manner.
- Documents relevant data in a retrievable format.
- Uses appropriate evidence-based assessment techniques, instruments and tools in collecting core data.
- Adopts evidence-based clinical practice guidelines to guide screening and diagnostic activities related to diabetes and other medical co-morbidities.

Standard 7.2 Diagnoses

Identify Issues, Problems or Trends then analyzes data assessment to determine the problem , and the needs or areas of need for care, in collaboration with the client and Family caregivers and health professional team as related on the results of classified data.

Core competency:

The diabetes nurse specialist analyses the assessment data in determining diagnosis.

Measurement criteria:

- Derives diagnoses and optional problem statements from the assessment data
- Identifies interpersonal culture psychosocial and environmental conditions that affect person with diabetes
- Bases the diagnosis on an accepted theoretical framework that reflects the knowledge and judgments of diabetes nurse.
- Validates diagnoses and risk factors with the clients, group, significant others and health care providers.
- Documents diagnoses and clinical impressions in a manner that facilities identification of client outcomes and their use in plan of care.
- Derives and priorities diagnoses from the assessment data using appropriates complex clinical care.
- Formulates a differential diagnosis by systematically comparing and contrasting clinical findings, using highly developed reasoning and critical thinking skills.
- Makes diagnoses by using a synthesis of complex information obtained during the interview, physical examination and diagnostic tests or diagnostic producers.
- Documents diagnoses and clinical impressions in a manner that facilities identification of client outcomes and their use in plan of care.

Standard 7. 3 Outcomes Identification

Identifies expected outcomes and their measurement criteria, individualized to the clients, and derived from the assessment data and diagnoses

Core competency:

Identify the expected outcomes

Measurement criteria:

- Derives outcomes from diagnosis and their clients goal
- Determines that outcomes are client-centered, realistic, attainable and cost-effective. Outcomes must be:
  - ✓ Realistic in relation to clients current and optional capabilities
  - ✓ Attainable in relation to resources available the client and type and diabetes
- Documents outcomes as measurable goals.
- Formulates outcomes by conferring with the clients, the nurse, the family significant others and appropriates diabetes care team members.
- Considers the associated benefits and costs of outcomes.
- Includes approximate times for attainments of outcomes.
- Uses outcomes to provide direction for continuity of care.
- Sees that outcomes reflect basic scientific knowledge of diabetes and it is treatment.
- Recognizes that outcomes serve as a record of change in clients' health status.
- Documents expected outcomes as measurable goals.

Standard 7. 4. Planning

Develops the diabetes nursing care plan to attain the mutually defined goals to achieve desired outcomes. The plan integrates current diabetes care practices and established principles of teaching and learning.

Core competency:

Develops the diabetes nursing plan based on identified outcomes

Measurement criteria:

- Develop a plan of care that is based on strategies and alternatives to assist the client, family and community in the achievement of expected outcomes.
- Develop a client-centered plan by collaboration with the client, family and significant others, community and multidisciplinary team members to facilitate optimal compliance and involvement,
- Consider the different variable that will enhance the plan of care such as client's strengths, developmental level, cultural background, preferences, coping abilities, presence of support system, resources, feasibility of services and technology,
- Consults with or refer to other health care providers or social agencies when needed.
- Ensure that the client, family and/or significant other receive and understand information before signing the consent for care.
- Establishe the care plan priorities in collaboration with the client, family, significant others and multidisciplinary health team members.
- Prioritize plan of care according to the risk assessment to diabetes and its complications.

- Plan care within a therapeutic environment that is least restrictive .
- Includes an individualized unique clinical pathway that identifies the timeline and continuity of care.
- Incorporates current scientific advances, trends and research and other practice based evidences.
- Modifies the plan depending on ongoing assessment of client's responsiveness to interventions and progress towards recovery.
- Incorporate the client's expectations, attitudes, values and beliefs related to the choice of planned therapeutic modalities.
- Participates in enhancing controllability, validation and continuous improvement of internal and external support systems in planning the caring process.
- Documents the care plan using client-centered terminology.

Standard 7.5 Implementation

The diabetes nurse specialist implements the intervention identified in the plan of care and the advance diabetes nurse specialist prescribes, orders or implements interventions and treatments for the plan of care.

Core competency 1:

Implement the pre-determined plan of care

Measurement criteria:

- Assesses whether interventions are consistent with the established care
- Implements interventions in a safe, ethical, ad appropriate manner.
- Documents interventions
- Intervenes in a manner designed to enhance optimal metabolic control to support self-management and to prevent or delay acute and chronic complications of diabetes.
- Selects evidence-based interventions on the basis of the client's identified needs and accepted nursing practice care.
- Bases interventions on informed decision of the person with diabetes and significant others related to the plan of care and treatment options.

In addition advance diabetic nurse specialist performs the following:

- Perform or implements interventions and treatments with knowledge of diabetes and health care research findings and reflect a scientific basis and theory
- Perform interventions and treatments within the institutional policies and guidelines
- Selects /design intervention to enhance optimal metabolic control to

support self-management and to prevent or delay acute and chronic complications and comorbidities of diabetes.

- Considers clients costs and benefits
- May incorporate in the intervention medication management therapeutic decision-making nutrition modification exercise prescription and counseling (including diabetes self-management education).
- Uses community resources and collaboration with other disciplines to implement the plan of care.

Core competency 2:

Diabetes Self-Management Education:

Provides information to assist clients in effectively managing their diabetes attending metabolic goals and achieving healthy patterns of living.

Measurement criteria:

- Bases diabetes education on principles of teaching and learning
- Includes, in diabetes self-management education, information about pathophysiology of diabetes skills necessary to achieve metabolic goals costs and benefits of treatment options strategies for coping interpersonal relations and behavior changes.
- Provides education that is pertinent to the client's assessed needs and health values.
- Uses teaching methods appropriate to client's age developmental level gender culture background language and education.
- Uses practice sessions for diabetes self- management skills and experiential learning as needed.

- Intervenes to implement and facilitate client empowerment (these skills may include goal setting, problem solving, behavior change strategies, stress management, communication, and social support)
- Documents diabetes self-management education.
- Systematically evaluates diabetes self-management education.
- Identifies community resources to assist people with diabetes in using health care and diabetes education services appropriately.

Core competency 3

Health Promotion Health Maintenance & Health Teaching.

The advance diabetes nurse specialist employs complex strategies, intervention and teaching to promote, maintain and improve health among individuals, families, group and communities who have or are at risk for diabetes.

Measurement criteria:

- Base health promotion and disease detection/prevention strategies on the assessment of risk, learning theory, epidemiology principles and the client's heath beliefs and practices.
- Chooses health promotion, maintenance and teaching methods that are appropriate to client's developmental level, learning needs, culture and readiness and ability to learn.
- Incorporates educational program development based on behavior change theory, principles of chronicity, self-concept, life-style functions and systemic evaluation learning.
- Facilitates population awareness to identify the risk of diabetes in a community and assist the planning, implementation and evaluation of diabetes self-management education and outreach programs.
- Identifies community resources to assist those with diabetes in problem solving, decision-making and supporting self-management abilities.

The advance diabetes nurse specialist:

- Prescribes treatment interventions and procedures according to the client's healthcare needs that are based on current knowledge, evidence-based practice and research
- Uses and performs procedures as needed in the delivery of comprehensive care
- Prescribes pharmacological agents on the basis of pharmacological and physiological principles
- Prescribes specific pharmacological agents and/or treatments and equipment's (e.g., supplies) on the basis of clinical indicators (e.g., diagnostic and laboratory test result) client's status and needs
- Monitors intended effects and potential adverse effect of pharmacological and non-
- Educate and Provides to the patents intended effects and potential adverse effect of the proposed prescription as well as costs and alternative treatments and procedures.

Core competency 4:

Case Management & Coordination of Care

The advance diabetes nurse specialist provides comprehensive clinical coordination of care and case management.

Measurement criteria:

- Provides services using data synthesis with coordination of the client's complex needs and desired outcomes.
- Negotiates health-related services and additional specialized care with the client appropriate system agencies and providers.
- Collaborates with generalist primary care providers other specialists and other disciplines (typically dieticians, pharmacists and behavioral specialists and endocrinologists) to integrate the specialty needs of the clients into the plan care.
- Bases case management on a comprehensive approach to the client's physical mental emotional, cultural and social needs.
- Use of tracking systems to facilitate timely referrals and appropriate treatment of complications and comorbidities of diabetes physical mental emotional.
- Use health promotion disease management and injury prevention strategies that are based on risk management as well as epidemiological principles and learning/behavior change theories to promote individualized physical, mental and emotional (spiritual) care.

Core competency 5:

Consultation & Referral:

The advance diabetes nurse specialist provides consultation to direct the identified plan and enhance the ability of others to effect change

Measurement criteria:

- Bases consultation activates on theoretical framework: models of consultation, system principles, communication and interviewing techniques, problem-solving skills and change theories.

- Bases consultation on mutual respect and defines role responsibilities to be established with clients
- Sees that the decision to implement the plan of car remains the responsibility of the client
- Communication recommendations in terms that facilitate understanding and involve the client in decision-making
- Facilitates, as a primary providers, continuity of care by implementing recommendation from referral sources
- Refers directly to specific providers, such as other educators, dietitians, physicians, counselors or other medical specialists based on client needs with consideration of benefits.

The advance diabetes nurse specialist:

- Prescribes treatment interventions and procedures according to the client's healthcare needs that are based on current knowledge, evidence-based practice and research
- Uses and performs procedures as needed in the delivery of comprehensive care
- Prescribes pharmacological agents on the basis of pharmacological and physiological principles
- Prescribes specific pharmacological agents and/or treatments and equipments (e.g., supplies) on the basis of clinical indicators (e.g., diagnostic and laboratory test result) client's status and needs
- Monitors intended effects and potential adverse effect of pharmacological and non-
- Educate and Provides to the patents intended effects and potential adverse effect of the proposed prescription as well as costs and alternative treatments and procedures.

Standard 8: 6 Evaluation

The diabetes nurse specialist evaluates client's progress toward attainment of outcomes.

Core competency:

Evaluate client progress outcomes.

Measurement criteria:

- Evaluates on a systematic and ongoing basis.
- Involves the patents, family, significant others and health care providers in the evaluation process when appropriate.
- Revises diagnoses, expected outcomes, and plan of care in an evaluation process based on advanced knowledge, evidence-based practice and research.
- Includes in the evaluation analysis the financial impact of specific interventions on individuals, families, communities and populations.
- Incorporates systemic review to make or recommend process or structure changes in policy or procedure protocols as appropriate.
- Documents the revision in the diagnoses, outcomes and plan of care.
- Evaluate the accuracy of diagnoses and effectiveness of interventions in relation to the client's attainment of the expected outcomes.

List of Competencies for Diabetes Care

1. Pathophysiology, Epidemiology, Screening and Prevention of Diabetes

For the pathophysiology, epidemiology, screening and prevention of diabetes you should be able to:

Diabetes Nurse Specialist

- Describes the basic pathophysiology of diabetes including characteristic signs and symptoms.
- Distinguishes between the major types of diabetes (type 1 diabetes and type 2 diabetes, and gestational diabetess) in terms of etiology, prevention, defining characteristics and incidence, and prevalence.
- Recognise local prevalence of diabetes
- Identifies normal and abnormal blood glucose ranges in fasting and post- prandial states.
- Describes the effect of insulin and the counter-regulatory hormones.
- Describes the effects of nutrition and exercise on blood glucose.
- Identifies common risk factors for the development of the acute and chronic complications of diabetes.
- Identifies the appropriate responses to a client's questions concerning the genetic transmission of diabetes.
- Identifies the effects of hormonal changes at different life stages on blood glucose levels.
- Identifies the diagnostic criteria for all types of diabetes.
- Make a comprehensive assessment of an individual's risk of diabetes.

- Direct people to information and support to encourage lifestyle changes to prevent or delay progression to diabetes.
- Identify individuals at risk of diabetes (e.g. long-term use of steroid and antipsychotic medication, previous gestational diabetes) and initiate appropriate screening/diagnostic tests.
- Provide advice to people at risk of diabetes with regard to lifestyle changes, including exercise programmes, weight control and dietary changes for the prevention of diabetes.
- Discuss the care pathway for individuals with newly diagnosed diabetes.
- Demonstrate knowledge of the available tests for the diagnosis of diabetes and understand the results.
- Describe the links between diabetes and other medical conditions (e.g. cardiovascular disease)
- Interpret test results and, if diagnostic, make appropriate referral.
- Educate other Health Care Provider (HCPs) with regard to the risks of developing diabetes.
- Participate in, and refer people to, programmes in conjunction with other agencies that address the role of lifestyle intervention in the prevention or delay in progression to DM.
- Participate in, and refer people to, screening programmes in conjunction with other agencies for the early detection of DM (e.g. care/residential homes).

Advance Diabetes Nurse Specialist

- Demonstrates comprehensive understanding of pathophysiology of type 1 diabetes and type 2 diabetes and Gestational Diabetes Mellitus (GDM)

- Demonstrates an understanding of epidemiological data at a provincial, national and global level related to incidence and prevalence of diabetes, mortality and survival according to the Wold Health Organization (WHO) and International Diabetes Federation (IDF).
- Performs a comprehensive assessment related to identifying overall risk factors for prediabetes & diabetes including the following.
  - ✓ Genetics (e.g., family history, age, gender)
  - ✓ Lifestyle (e.g., smoking, diet, physical activity, obesity)
  - ✓ Environmental exposures (e.g., occupational hazards)
  - ✓ Comorbidities (e.g., HTN, CVD, PVD)
  - ✓ Medications (e.g., corticosteroids).
- Demonstrates comprehensive understanding of the role of insulin in glucose, lipid and protein metabolism.
- Relates particular signs and symptoms to specific long-term complications of uncontrolled diabetes.
- Differentiates between common and atypical diabetes disease states such as, Maturity Onset Diabetes of the Young (MODY), Latent Autoimmune Diabetes of Adult (LADA) and other specific types.
- Provide expert advice on the benefits of screening programmes/procedures for high-risk groups to HCPs, those at risk of developing diabetes and commissioners.
- Contribute to the evidence base and implement evidence-based practice in relation to the prevention of diabetes.
- Contribute to the evidence base and implement evidence-based practice in relation to diabetes screening in high-risk groups.

- Participate in the development of local guidelines and programmes of education and care for the screening/ prevention and early detection of prediabetes or diabetes.

2. Promoting Self-Care

To support the person to self-care for their diabetes you should be able to:

Diabetes Nurse Specialist

- Demonstrate knowledge of strategies to support the patients with diabetes (PWD) to develop self-management skills
- Observe and document any barriers to self-care
- Assess self-care ability and work with the PWD to optimise self-care skills
- Direct people to information and support to encourage informed decision-making about living with diabetes
- Demonstrate knowledge of benefits of regular physical activity for PWD
- State relationship between smoking and long term outcomes for PWD
- Assess the person with diabetes and their carer and provide tailored, structured education and support to optimise self-care skills and promote informed decision-making about lifestyle choices.
- Provide information and support to encourage the person with diabetes to make informed choices about controlling and monitoring their diabetes, including: choice of treatment and follow-up; risk reduction; monitoring control; and complications.
- Identify potential barriers to adherence to self-care and possible strategies to overcome these
- Identify psychosocial barriers to self-care and refer on where necessary.
- Facilitate the development of an individualised and agreed care plan.

- Educate people with diabetes, their carer and HCPs about sick-day diabetes management and other special situation such as physical activity, driving travel and ramadan management.

Advance Diabetes Nurse Specialist

- Demonstrate knowledge of theoretical frameworks and educational philosophies underpinning behaviour change.
- Demonstrate knowledge and understanding of bio-physical such as, driving, travel, physical activity and fasting (Ramadan) and psychosocial factors affecting self-management of long-term conditions.
- Demonstrate knowledge and skills to facilitate behaviour modification.
- Develop and ensure delivery of educational materials, supportive networks and models of diabetes care that foster empowerment and lifelong learning about diabetes.
- Work with the person with diabetes to facilitate lifestyle adjustment in response to changes in their diabetes or circumstances.
- Provide education for other HCPs and care workers in diabetes self-care skills.

3. Mental Health

To care for someone with diabetes and poor mental health should be able to:

Diabetes Nurse Specialist

- Have an awareness of how poor mental health status such as depression, anxiety and schizophrenia, affects people with diabetes.
- Conduct a mental health assessment using a recognised depression tool.
- Demonstrate awareness that some mental health medications can have a detrimental effect on glycaemic and lipid control.

- Support the person with diabetes and poor mental health in obtaining the appropriate investigations in a timely manner.
- Assess mental health problems (e.g. mood changes, changes in medications adherence, changes in appearance, anxiety and stress) and how they impact on the risk of developing diabetes and diabetes management.
- Ensure people with diabetes and mental health problems understand how to take medication, recognise common side-effects and how to report them.
- Demonstrate knowledge of the psychological impact of diabetes and facilitate referral to psychological support or mental health services, as required.
- Demonstrate a basic understanding of the mental health issues commonly seen and how they may affect diabetes control (e.g. anxiety and depression, schizophrenia, bipolar disorder, dementia, obsessive-compulsive disorder, and addiction and dependence).
- Refer or ensure an appropriate mental health practitioner is involved in the person's care if they are demonstrating mental health difficulties.
- Manage and coordinate individual patient care and education programmes.
- Recognise the implications of mental health on lifestyle choices and support the person with small, achievable changes.

Advance Diabetes Nurse Specialist

- Provide support and expert advice to other HCPs on the management of diabetes in people with complex mental health problems.
- Work in collaboration with other non-diabetes HCPs, such as GPs and community psychiatric nurses, in planning diabetes care plans for people with diabetes and mental illness.

- Have an in-depth understanding of additional complex issues of mental health (e.g. supporting someone in the manic phase of their bipolar disorder; supporting someone with diabetes and an eating disorder; the association of drug misuse and the impact this has on the diabetes control; the high prevalence of smoking in mental health sufferers and the impact this has on the coronary heart disease CHD risk factors).

4. Nutrition

To meet the person's individual nutritional needs should be able to:

Diabetes Nurse Specialist

- Follow the individual nutritional plan and report any related problems.
- Measure and record waist circumference, height and weight accurately, and calculate and interpret BMI against the healthy range.
- Report if meals are not eaten, especially carbohydrates, if the patient is taking insulin or oral antihyperglycemic agents, and understand the importance of regular meals, avoiding long periods without food.
- List the principles of a healthy, balanced diet, including low sugar, high fibre, low salt and low fat elements.
- Understand which foods contain carbohydrate and how these affect blood glucose levels.
- Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate.
- Work in partnership with the person with diabetes and with groups to identify realistic and achievable dietary changes to help individuals to manage their diabetes in the short- and long-term.
- Know the dietary factors that affect BP and lipid control.

- Refer the person with diabetes to dieticians where appropriate.
- Be aware of local policy on the care of people undergoing enteral feeding and how different feeding regimens impact on blood glucose levels.
- Ensure that nutritional advice includes food and drink that provides sufficient energy intake and nutrients for optimal growth and development in children and young people with diabetes.

Advance Diabetes Nurse Specialist

- Perform an assessment of how lifestyle (i.e. diet and physical activity) and pharmacological agents' impact on glycaemic control.
- Support the person with diabetes to make informed decisions about appropriate nutritional choices.
- Teach the person with diabetes and/or their carer the principles of carbohydrate counting and medication dose adjustment.
- Demonstrate knowledge and skills to facilitate behaviour change.
- Demonstrate knowledge of how to manage the specific needs of people with diabetes undergoing enteral feeding.

5. Urine Monitoring

For the safe use of urine glucose or ketone monitoring and associated equipment should be able to:

Diabetes Nurse Specialist

- Perform the test according to manufacturers' instructions and local guidelines.
- Document and report the result according to local guidelines.
- Teach the testing procedure to the person with diabetes or their carer.
- Identify situations where ketone testing is appropriate.

- Interpret the test result and, if outside the expected range for that person, make the appropriate referral.
- Use results to optimise treatment interventions according to evidence-based practice, and incorporate preferences of the person with diabetes.

Advance Diabetes Nurse Specialist

- Instigate further tests such as HbA1c and random blood glucose (RBG).
- Develop specific guidelines for use in different situations.

6. Blood Glucose Monitoring

For the safe use of blood glucose and ketone monitoring and associated equipment should be able to:

Diabetes Nurse Specialist

- Perform the test according to manufacturers' instructions and local guidelines if trained and competent to do so.
- Document and report the result according to local guidelines.
- Recognise and follow local quality assurance procedures such as safe disposal of sharps.
- Recognise hypoglycaemia and be able to administer glucose.
- Understand the normal range of glycaemia and report readings outside this range to the appropriate person.
- Teach the test procedure to a person with diabetes or their carer.
- Identify situations where testing for ketones is appropriate.
- Interpret the results and report readings outside the acceptable range to the appropriate person.

- Review blood glucose monitoring technique and provide further education if necessary
- Interpret results and assess other parameters and take appropriate action, including instigates further tests such as HbA1c or urine/blood ketones HbA1c (as doctor order).
- Teach people with diabetes or their carer to interpret test results and take appropriate action such as when and how to prepare and administer intramuscular glucagon.
- Understand and teach individuals with diabetes about new technologies of monitoring.

Advance Diabetes Nurse Specialist

- Instigate further tests such as HbA1c (as doctor order) or random blood glucose.
- Use results to optimize treatment interventions according to evidence-based practice, while incorporating the preferences of the person with diabetes.
- Initiate continuous blood glucose monitoring and interpret the results.
- Develop specific guidelines for use in different situations.

7. Oral Therapies

For the safe administration and use of oral antihyperglycaemic medication should be able to:

Diabetes Nurse Specialist

- Describe the effect of common oral antihyperglycaemic agents on blood glucose levels.

- Demonstrate knowledge of types of oral antihyperglycaemic agents and how they work, therapeutic doses, and the timing of doses, especially in relation to meals.
- Describe common side effects, especially hypoglycaemia and when to seek advice.
- Demonstrate knowledge of the progressive nature of diabetes (especially in T2DM) and the treatment changes required over time, which may include insulin therapy.
- Know when to refer to or seek guidance from a colleague.
- Describe indications for the initiation of oral anti hyperglycemic agents.
- Recognize when treatment needs to be adjusted.
- Describe lifestyle factors that may influence prescribing patterns.
- Identify and address issues affecting adherence to prescribed oral diabetes therapy.
- Demonstrate awareness of issues related to polypharmacy and drug interactions (e.g. steroids).
- Demonstrate knowledge of national and local guidelines.
- Demonstrate knowledge of treatment cost implications.
- Evaluate treatment outcomes and make appropriate referrals.

Advance Diabetes Nurse Specialist

- Facilitate and support structured evidence-based education relating to oral anti hyperglycaemic agents for individuals or groups.
- Demonstrate awareness of current research in new oral therapies.
- Disseminate evidence-based information affecting practice.

- Adjust oral treatment according to individual circumstances, following local policies or individual clinical management plans.

8. Injection Therapies

For the safe administration and use of insulin and Glucagon-Like Protein (GLP-1)

Diabetes Nurse Specialist

- Demonstrate a basic knowledge of insulin and GLP-1 receptor agonists (e.g. drug type, action, side-effects) and administration devices used locally.
- Demonstrate a high level of competency in the safe administration of insulin or GLP-1 receptor agonists.
- Demonstrate and be able to teach the correct method of insulin or GLP-1 receptor agonist self-administration, including:
  - ✓ Correct choice of needle type and length for the individual.
  - ✓ Appropriate use of a lifted skin fold, where necessary.
  - ✓ Correct method for site rotation.
  - ✓ Storage of insulin.
  - ✓ Single use of needles and safe sharps disposal (according to local policy).
- Examine injection sites at least annually for detection of lipohypertrophy, and able to give appropriate advice for resolving poor injection sites.
- Identify correct reporting system for injectable therapy errors.
- Describe circumstances in which insulin use might be initiated or altered and make appropriate referral.

- Demonstrate a broad knowledge of different insulin types (i.e. action, use in regimens).
- Demonstrate a broad knowledge of GLP-1 receptor agonists (e.g. drug type, action, side-effects).
- Assess individual patients' self-management and educational needs and meet these needs or make appropriate referral.
- Support and encourage self-management wherever appropriate.
- Recognise when injection therapy needs to be adjusted.
- Recognise the potential psychological impact of insulin or GLP-1 receptor agonist therapies and offer support to the person with diabetes or their carer.
- Describe lipohypertrophy, how to prevent it, how it develops and how to treat it
- Recognise signs of needle fear/needle phobia and offer strategies to help manage this.

Advance Diabetes Nurse Specialist

- Demonstrate expert knowledge of insulin and GLP-1 receptor agonist therapies and act as a resource for people with diabetes, their carer and HCPs.
- Demonstrate expert knowledge and skill of insulin pump therapy.
- Where individually acceptable, deliver structured group education to people with diabetes, their careers and HCPs.
- Empower and support a person with diabetes to achieve an individualised level of self-management and an agreed glycaemic target.
- Maintain active knowledge of current practice and new developments.

- Establish local guidelines or policies according to local needs.
- Investigate all incidents and report to the relevant agencies, develop an action plan to prevent recurrence.
- Adjust insulin treatment according to age, diagnosis and individual circumstances as appropriate, following local policies or individual clinical management plans.

9. Hypoglycaemia

For the identification and treatment of hypoglycaemia should be able to:

Diabetes Nurse Specialist

- State blood glucose threshold for hypoglycaemia
- Describe the signs and symptoms of hypoglycaemia, including both mild and severe.
- Recognise that older people may not demonstrate or recognise clear signs and symptoms of hypoglycaemia.
- Demonstrate competent use of blood glucose monitoring equipment to confirm hypoglycaemia.
- Recognise and provide appropriate treatment for the different levels of hypoglycaemia.
- List possible causes of hypoglycaemic (e.g. alcohol consumption, physical activity and poor injection sites).
- If using insulin therapy, check injection technique and injection sites.
- Describe methods of hypoglycaemia avoidance and explain how these will be implemented to minimise future risk.
- Describe what should be done if hypoglycaemia is not resolved and blood glucose levels remain low.

- Demonstrate knowledge of current driving regulations and how they relate to hypoglycaemia.
- Ensure appropriate hypoglycaemia treatments are accessible to patients and in date.
- Explain normal physiological response to hypoglycaemia
- Recognise and discuss all possible reasons for hypoglycaemia with patients with diabetes (PWD) such as sulphonyureas.
- Identify signs and symptoms of hypoglycaemia (adrenergic and neuroglycopenic).
- Identify fear of hypoglycaemia.
- Identify people with diabetes at high risk of hypoglycaemia and advise and adjust therapy accordingly.
- Give advice regarding driving, physical activity and hypoglycaemia.
- Discuss hypoglycaemia (including hypoglycaemic unawareness and frequent hypoglycaemia 'rebound effect' or 'Somogyi effect'), and its possible causes, with the person with diabetes or their carer.
- Work with people with diabetes to prevent recurrent hypoglycaemia.
- Participate in educating other HCPs and carers of people with diabetes in the identification, treatment and prevention of hypoglycaemia.
- Teach family member or friend when and how to prepare and administer intramuscular glucagon.
- Interpret blood glucose levels and HbA1c results in relation to unrecognised hypoglycaemia.
- Consult and referral as required.

Advance Diabetes Nurse Specialist

- Educate people with diabetes, their carers and HCPs on the impact that hypoglycaemia has on the individual (e.g. in relation to their occupation, safety to drive, physical activity, as a barrier to intensification of treatment, psychological impact, and effect on cognitive development in the under-5-year-olds).
- Provide expert advice on complex cases.
- Identify and teach appropriate strategies for prevention of hypoglycaemia during and after exercise.
- Act as an expert resource for information on hypoglycaemia for other HCPs.
- Encourage close liaison with the ambulance team to identify people with diabetes frequently presenting with severe hypoglycaemia.
- Refer/consult as necessary for medical assessment/treatment of underlying cause of hypoglycaemia.

10. Hyperglycaemia

For the identification and treatment of hyperglycaemia should be able to:

Diabetes Nurse Specialist

- State the blood glucose threshold for hyperglycaemia.
- List signs and symptoms of hyperglycaemia.
- Recognise that older people may be asymptomatic of hyperglycaemia.
- Recognise and provide appropriate treatment for the different levels of hyperglycaemia, including those in type 1 and 2 diabetes.
- List possible causes of hyperglycaemia, including non-adherence with current medication and inter current illness.

- Make appropriate referral for advice.
- Support self-management where possible.
- Administer or advise on treatment to resolve hyperglycaemia in accordance with local policies or individual clinical management plans.
- Demonstrate knowledge of the long-term impact of hyperglycaemia.
- Determine the possible all cause of hyperglycaemia, such as unrecognised infection.
- Work in partnership with the person with diabetes or their carer to agree treatment goals.
- Discuss risk of diabetic ketoacidosis (DKA); and hyperglycaemic, hyperosmolar non ketotic syndrome (HHS).
- Identify signs and symptoms associated with diabetic ketoacidosis and hyperglycaemic, hyperosmolar non ketotic syndrome.
- Explain relationship between hyperglycaemia and long-term complications of diabetes.
- Participate in educating people with diabetes, their careers and other HCPs in the identification, treatment and prevention of hyperglycaemia.
- Consult and referral as required.

Advance Diabetes Nurse Specialist

- Provide expertise in the development of management plans for people with complex hyperglycaemia.
- Educate people with diabetes on drug interactions that can cause hyperglycaemia (e.g. steroids).
- Liaise with ambulance teams to identify people frequently presenting with episodes of diabetic ketoacidosis or in a hyperosmolar hyperglycaemic state.

- Act as a resource for information on hyperglycaemia for other HCPs.
- Refer/consult as necessary for medical assessment/treatment of underlying cause of hyperglycaemia.

11. Complications

To care for people with these disorders you should be able to:

Diabetes Nurse Specialist

- Undertake ongoing assessment and monitoring as requested
- Perform blood pressure measurement according to guideline.
- Demonstrate awareness of the recommended blood pressure measurements in diabetes
- Demonstrate awareness of risk factors for CVD and PVD such as be capable of discussing lifestyle measures (e.g. diet, exercise and smoking cessation), and their impact in terms of reducing CV risk.
- Identify 'At risk foot' and provide education as required.
- Assess for pain related to possible claudication, angina, neuropathic or mechanic origin.
- Ensure people with diabetes understand how to take medication; it is side-effects and when to report them.
- Refer people with diabetes for appropriate specialist intervention.
- Interpret and act on test results appropriately.
- Demonstrate comprehensive knowledge of pathophysiology of CHD, CVD & PVD.
- Demonstrate comprehensive knowledge of required relevant investigations.

- Identify methods of screening for 'At Risk Foot' and diabetic foot disease.
- Describe strategies for minimising risk of injury.
- Identify pain management strategies.
- Consult or refer as required.
- Act on interpretation of results using risk assessment history.
- Initiate and develop personalised care plans and set goals with the person with diabetes.
- Influence therapeutic decisions.
- Act as a named contact person for people with DM and hypertension or CHD, CVD & PVD.
- Participate in the development of guidelines or protocols and service development.
- Show proficiency in developing and delivering education.
- Manage and coordinate individual patient care and education programmes.

Advance Diabetes Nurse Specialist

- Demonstrate an in-depth knowledge of pathophysiology of diabetes and the development of vascular complications.
- Describe the steps in assessing cardiovascular risk in context of diabetes
- State target ranges for PWD for: BP, lipid fractions, and HbA1c according to national guidelines.
- Explain the benefits of maintaining optimal BP, lipid profile and HbA1c.

- Discuss benefits of intervention: lifestyle, cardioprotective dietary patterns, weight management, and physical activity.
- Describe benefits of lipid modifying agents.
- Describe first line antihypertensive agents in diabetes and rationale for use
- Describe interventions for the 'At risk foot' and diabetic foot disease
- Lead service development.
- Identify links between diabetes and CHD, CVD and PVD registers.
- Use evidence to develop practice and develop guidelines and protocols.
- Coordinate services across organisational and professional boundaries.
- Demonstrate knowledge and skills to facilitate behaviour modification.
- Develop integrated care pathways with Medical Diabetes Treatment (MDTs) and liaise with MDT members, including hypertension and cardiac nurse specialists.

B. Neuropathy

To care for people with, or at risk of, neuropathy you should be able to:

Diabetes Nurse Specialist

- Demonstrate knowledge of the pathophysiology of diabetic neuropathy.
- Demonstrate awareness that all people with diabetes are at risk of neuropathy, including sexual dysfunction.
- Explain purpose of monofilament testing, and demonstrate competence in correct use of monofilament testing.
- Report changes in pain, sensitivity, skin integrity, colour or temperature and refer as appropriate.

- Demonstrate the procedure of basic diabetes foot screening in line with national guidance and/or local protocols and record screening results in the patient record.
- Recognise the need for and carry out annual foot screening for people with diabetes, and allocate risk status.
- Demonstrate awareness of complications and prevention of neuropathy.
- Describe measures to prevent tissue damage in people with diabetes.
- Give foot care advice to people with diabetes, their carer and HCPs.
- Be aware of erectile and sexual dysfunction as a neuropathic process, and refer where appropriate.
- Identify possible neuropathy and make appropriate referral to confirm diagnosis.
- Screen for neuropathy, including sexual dysfunction in both men and women, according to local guidelines.
- Identify risk factors in the development of neuropathy.
- Identify factors that may affect neuropathy (e.g. poor glycaemic control).
- Refer appropriately within the MDT for identified neuropathy issues.
- Ensure people with diabetes can access appropriate care.

Advance Diabetes Nurse Specialist

- Demonstrate an in-depth knowledge of pathophysiology of diabetes and the development of peripheral and autonomic neuropathy
- Demonstrate detailed knowledge of the management and treatment of neuropathy.

- Conduct a holistic assessment of the person with diabetes for neuropathic risk and ability to self-care.
- Assess knowledge of people with diabetes of neuropathy risk.
- Advice and support people with diabetes and their carer about neuropathy and its management.
- Provide or refer for psychological support as required.
- Demonstrate knowledge of treatments for neuropathy and the associated diabetes management.
- Educate HCPs on the prevention, progression and screening for nuropathy.
- Integrate management of diabetes with other contributing conditions.
- Participate in protocol development, implementation and monitoring.
- Participate in research and disseminate evidence-based practice.
- Support or contribute to specialist diabetes clinics (e.g. wound care, pain management, and erectile dysfunction.
- Monitor and adjust treatment in line with local guidelines or refer appropriately.

C. Retinopathy

To care for people with, or at risk of, retinopathy you should be able to:

Diabetes Nurse Specialist

- Demonstrate knowledge of the pathophysiology of diabetic retinopathy.
- Demonstrate awareness of those PWD at risk of retinopathy.
- Recognise the need for regular retinal screening.
- Demonstrate awareness of retinopathy complications and prevention.

- Participate in retinal screening or laser clinics.
- Educate the person with diabetes and their carer about the prevention of, and the importance of screening for, retinopathy.
- Identify risk factors for development of diabetic retinopathy.
- Participate in education programmes for HCPs.
- Refer people with diabetes with poor or reduced vision to eye clinic liaison officers for access to vision aids.
- Recognise the importance of good glycaemic, BP and cholesterol control in preventing and/or progressing diabetic retinopathy.
- Ensure 3-monthly retinopathy screening is performed in pregnant women.

Advance Diabetes Nurse Specialist

- Demonstrate an in-depth knowledge of pathophysiology of diabetes and the development of background, pre-proliferative, proliferative retinopathy and maculopathy.
- Describe guidelines for screening – who, when, where and how often.
- Participate in research and disseminate evidence-based practice.
- Participate and review local protocols and guidelines in line with national guidelines.
- Review medication and ensure appropriate changes are made.
- Plan, implement and deliver education programmes for HCPs.
- Participate in the development and monitoring of integrated care pathways.

D. Nephropathy

To care for people with, or at risk of, nephropathy, you should be able to:

Diabetes Nurse Specialist

- Demonstrate knowledge of the pathophysiology of diabetic nephropathy.
- Demonstrate an awareness that all people with diabetes are at risk of nephropathy.
- Demonstrate awareness of complications and prevention.
- Demonstrate awareness of annual screening tests to detect nephropathy.
- Organise or perform albumin/creatinine screening, blood pressure measurement and blood tests according to local and national protocols and guidelines.
- Demonstrate awareness of the five different stages of chronic kidney disease.
- Demonstrate ability to perform microalbuminuria screening, blood pressure measurement and blood tests according to local and national guidelines.
- If test results are outside the expect range, refer appropriately and plan follow-up.
- Educate people with diabetes or their carer in prevention and importance of screening for nephropathy.
- Demonstrate awareness of the impact that deteriorating renal function may have on glycaemic control.
- Demonstrate an awareness of diabetes medications contraindicated in renal disease.

- Demonstrate awareness of the impact that renal replacement therapy may have on glycaemic control, including the additional risk of hypoglycaemia and potential need for reductions in diabetes medication.
- Participate in guideline development.
- Participate in education programmes for HCPs.
- Participate in multidisciplinary liaison.

Advance Diabetes Nurse Specialist

- Demonstrate an in-depth knowledge of pathophysiology of diabetes and the development of nephropathy.
- Conduct a holistic assessment of patient to identify modifiable risk factors for nephropathy and the ability to self-care to reduce risk.
- Participate in research or audit and disseminate evidence-based practice.
- Participate in the development of protocols or guidelines in line with national recommendations.
- Educate HCPs regarding prevention, progress and screening for nephropathy.
- Demonstrate a broad knowledge of renal treatments, including (renal replacement therapy and transplantation), and their impact on glycaemic control.
- Demonstrate knowledge of how immunosuppressant treatment may impact on glycaemic control
- Participate in the development and monitoring of the integrated care pathways.

12. Intercurrent Illnesses

To manage inter current illness should be able to:

Diabetes Nurse Specialist

- Identify common signs of intercurrent illness, and be aware of the impact of intercurrent illness on glycaemic control.
- Take a comprehensive assessment and patient history.
- Initiate appropriate preliminary investigations (e.g blood glucose and ketone measurements).
- Make appropriate referrals.
- Administer baseline treatment.
- Give advice regarding continuation of treatment for diabetes during inter current illness and provide written information.
- Encourage self-management as soon as is possible, e.g. self-injecting and self-monitoring.
- Ensure the person with diabetes is aware of when to seek medical advice.
- Interpret test results (blood glucose and urine ketone) and initiate appropriate action.
- Adjust individual clinical management plan with person with diabetes or their carer.
- Give advice about sick-day diabetes management, including ketone testing, where appropriate, according to local policy.
- Educate people with diabetes, their carer and HCPs about sick-day diabetes management including ketone testing, insulin dose and antibiotic.
- Recognise when treatment may need adjusting, according to local and national guidelines or policies.

Advance Diabetes Nurse Specialist

- Provide expert advice on complex cases and multiple pathologies
- Advise on treatment adjustments according to individual circumstances, following local policies or individual clinical management plans.
- Contribute to the evidence base and implement evidence-based practice in relation to the management of inter current illness in people with diabetes.
- Educate other HCPs on the effects and consequences of inter current illness on people with diabetes.
- Participate in the development of guidelines.

13. Managing in Hospital

A. Managing in Hospital - General Admission

To manage diabetes during a hospital admission (General Admission) should be able to:

- Care for a person with diabetes in hospital in relation to general care and comfort, pressure relief, appropriate nutrition and fluids, monitoring of glycaemic control, and ensure administration of appropriate medication.
- Follow local policies and guidelines in relation to inpatient care.
- Know the appropriate referral system to the diabetes specialist team and use where appropriate.
- Be familiar with the person with diabetes' treatment regimen and device or delivery systems.
- Establish, maintain and discontinue insulin infusion regimens according to local policy and individual need.

- Recognise diabetes-related emergencies (e.g. DKA, HHS, hypoglycaemia) and treat according to local guidelines.
- Enable a safe and effective discharge plan for the person with diabetes following liaison with relevant agencies.
- Explain and advise on care relating to hospital procedures and investigations for the person with diabetes.
- Assess and, where appropriate, enable a person with diabetes to self-management their diabetes during an inpatient stay, according to local policy.
- Demonstrate knowledge of all current diabetes treatments.
- Deliver regular diabetes training for ward staff.
- If ward link nurse, enhance knowledge by continuing professional development and disseminate knowledge to other HCPs.
- Participate in the development or maintenance of local guidance for the care of people with diabetes in hospital.
- Advance Diabetes Nurse Specialist
- Provide expert advice on the care of people with complex diabetes or unusual regimens.
- Support the person with diabetes to maintain and re-establish diabetes self-management.
- Enable safe and effective discharge plan for individuals with diabetes.
- Participate in research relating to the care of people with diabetes in hospital.
- Participate in informing national initiatives in the improvement of diabetes inpatient care.

B. Managing in Hospital - Surgery

To manage diabetes (before and after surgery), in addition to the competencies outlined for general hospital admission should be able to:

Diabetes Nurse Specialist

- Take a patient history and discuss adherence with treatment and glycaemic control.
- Advice on diabetes care surrounding pre- and perioperative procedures.
- Identify current medication (both oral and injectable) and develop an individualised care plan, taking into account fasting requirements.
- Follow guidelines regarding appropriate nutrition, monitoring of glycaemic control and administration of diabetes medication according to local guidelines.
- Provide information to relatives and carers of people with diabetes.
- Be aware of national recommendations, standards and guidelines for the care of people with diabetes undergoing surgery or investigation.
- Assess and, where appropriate, enable a person with diabetes to self-management their diabetes during an inpatient stay, according to local policy.
- Assess and respond to problems relating to the care of people with diabetes undergoing surgery.
- Participate in the development or maintenance of local guidance for the care of people with diabetes undergoing surgical procedures.
- Educate all HCPs in the care of people with diabetes undergoing surgery.

Advance Diabetes Nurse Specialist

- Provide expert advice for people with diabetes with complex management problems or unusual regimens following surgery or investigation.

- Participate in research or audit relating to the care of the person with diabetes undergoing surgery.
- Participate in national initiatives in the improvement of inpatient care for people with diabetes undergoing surgical procedures or investigations.

14. Pregnancy

A. Pregnancy - Pre-Conception Care

To support a woman with diabetes preparing for pregnancy should be able to:

Diabetes Nurse Specialist

- Demonstrate an understanding of the need for pre-conception care and follow local guidelines.
- Explain to the woman with diabetes or her carer the need for pre-conception care.
- Identify medicines contraindicated in pregnancy and make appropriate referral.
- Know how to recognise and treat hypoglycaemia appropriately.
- Demonstrate knowledge of the appropriate referral system, including to the specialist diabetes team.
- Demonstrate knowledge of care recommendations for the pre-conception management of diabetes.
- Provide education and support to achieve pre-conception diabetes targets.
- Participate in audit of healthcare outcomes.
- Act as a named contact person for women with diabetes contemplating pregnancy.
- Demonstrate knowledge of need to refer to specialist services for preconception care.

Advance Diabetes Nurse Specialist

- Demonstrate in-depth knowledge of pathophysiology of diabetes complications in pregnancy.
- Develop and implement treatment plans.
- Evaluate treatment outcomes and refer to specialist diabetes services
- Have in-depth knowledge of national and local guidelines relating to diabetes pre-pregnancy care.
- Plan, implement and deliver education programmes around diabetes pregnancy care for other HCPs.
- Participate in the development of guidelines and protocols.

B. Pregnancy - Antenatal & Postnatal Care

To support a woman with IGT, gestational diabetes and pre-existing diabetes during and after pregnancy you should be able to:

1. Diabetes Nurse Specialist

- Demonstrate awareness of the issues involved in a pregnancy complicated by diabetes.
- Identify pregnant women with diabetes and make immediate referral to specialist team.
- Demonstrate an understanding of, and be involved in the implementation of individual management plans and care targets.
- Identify medicines contraindicated in pregnancy and make appropriate referrals.
- Use protocols, specifically those relating to the care of women who develop diabetes during pregnancy.

- Demonstrate an awareness of the importance of communication with the wider specialist team across primary and secondary care.
- Demonstrate an awareness of the importance of having a 6-week postnatal blood glucose test (and thereafter according to local policy) post-pregnancy if gestational diabetes or IGT diagnosed during pregnancy.
- Demonstrate an awareness of psychosocial impact of diabetes in pregnancy.
- Provide emotional support and motivational strategies.
- Demonstrate knowledge of care recommendations for the management of diabetes in pregnancy, including the pathway for fetal monitoring.
- Demonstrate an understanding of the complications of pregnancy in women with diabetes.
- Provide appropriate education about gestational diabetes.
- Be a named contact person for the pregnant woman, or new mother, with diabetes.

Advance Diabetes Nurse Specialist

Demonstrate an in-depth knowledge and understanding of diabetes during pregnancy epically counter regulatory hormone which could play a role in affecting blood glucose level.

- Develop and implement individual treatment plans.
- Participate in the development of management protocols.
- Advise on diabetes medications, dosage and regimens during and after pregnancy.
- Plan, implement and deliver education programmes around diabetes pregnancy care for all HCPs.
- Participate in research and audit

15. Residential and Nursing Homes

To care for someone with diabetes living in a residential or nursing home you should be able to:

Diabetes Nurse Specialist

- Demonstrate an understanding of specific issues relating to the care of people with diabetes in residential or nursing homes, such as:

✓ Access and timing of meals in relation to diabetes medication.

✓ Understand course of action if food is refused.

✓ Recognise the risk of, as well as the signs, symptoms and treatment for hypoglycaemia.

✓ Perform blood glucose monitoring and urine testing according to manufacturers' instructions if trained and competent to do so.

✓ Recognise and follow local policy around the disposal of sharps.

✓ Understand the normal glycaemic range and report readings outside this range to the appropriate person.

✓ Demonstrate knowledge of how to perform a basic foot examination and report adverse findings.

✓ If appropriately trained, demonstrate how to perform the basic components of an annual review and report abnormal findings.

- Identify and review the specifics of diabetes management in each person's individualised care plan.
- Demonstrate an awareness of how lifestyle changes can impact on the prevention and progression of diabetes.
- Have a broad understanding of diabetes medications and timings in relation to meals and side-effects.

- Have a good knowledge of policies and procedures relating to the management of diabetes and older people.
- Know when to refer for GP assessment or specialist care.
- Understand the requirement for influenza vaccination.
- Organise access to retinopathy screening.
- Organise access to podiatry, as required.
- Have a working knowledge of other agencies (e.g. community health staff, dietetic and podiatry services, social services and voluntary agencies), and how to refer to them.
- Follow local policy and guidance regarding care of people with diabetes in care homes
- Identify people with diabetes who are at high risk of poor glycaemic, lipid and BP control.
- Ensure residents understand how to take their medication, are aware of side-effects and know how to report these.
- Manage and coordinate individual patient care and deliver education programmes.
- Have knowledge of how to monitor intercurrent illness in relation to glycaemic control, and when to seek specialist advice.
- Report regular hypo- and hyperglycaemic episodes to the GP for a joint review of management plan and medication.

Advance Diabetes Nurse Specialist

- Demonstrate expert knowledge of diabetes medications and prescribe, if qualified as an independent non-medical prescriber, within one's own scope of practice.

- Provide expert advice on the care of people with diabetes in residential and nursing homes.
- Coordinate services across organisation and professional boundaries.
- Participate in guideline and or protocol development.
- Initiate and/or participate in audit and research.
- Develop appropriate education programmes in collaboration with care home staff.

16. End of Life Care

To care for someone with diabetes at end of life should be able to:

Diabetes Nurse Specialist

- Assess the person's needs and ensure they are pain free, adequately hydrated and symptom free from their diabetes.
- Be aware that palliative care may vary in time, and diabetes control needs to be assessed on an individual and a daily basis.
- Be aware that glucocorticoid steroids may cause diabetes, which may require insulin treatment. Steroids can also worsen glycaemic control with pre-existing diabetes.
- Be aware that the aim of diabetes treatment in the last few days of life is to prevent discomfort from hypoglycaemia, hyperglycaemia and DKA or HHS.
- Be aware that people with type 1 diabetes must remain on insulin therapy during the last days of life.
- Recognise that people with type 2 diabetes may not need treatment for diabetes in the last few days of life.
- Recognise that people with type 1 diabetes may need a change in insulin, i.e. to once-daily basal insulin, depending on that individual's eating pattern.

- Be aware that, where possible, diabetes treatment plans and medication changes must be discussed with the patient, relatives or carers.
- Initiate and develop personalised care plans in collaboration with the person with diabetes and their carers/family.
- Describe indications for the initiation or discontinuation of blood glucose-lowering agents in agreement with the person with diabetes and their carers.
- Give advice on blood glucose monitoring and, if required, the appropriate frequency of monitoring in agreement with the person and carers.

Advance Diabetes Nurse Specialist

- Plan, implement and deliver education programmes around diabetes and palliative care for other HCPs.
- Participate in the development of guidelines and protocols related to diabetes and palliative care.

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