

# Assess

sess 🔶

## Situation

### Me

#### LISTEN

Who wants what, when and why?

#### INVOLVE THE PATIENT

What are their needs and wishes?

What complicating factors and comorbidities are relevant?

# BE ALERT TO THE CONTEXT

What is going on around you that is relevant?

#### **ANALYSE**

What situation are you facing?

#### **CONSIDER**

EASSESS

What makes you more or less capable of managing this situation?

How would it be wisest to proceed?

# Respond

Act Check<sup>2</sup>

= SM $\Theta$ C<sup>2</sup>

#### **CHECK NOW**

#### Was it easy? Check yourself

Was it hard? Ask someone else to check

#### NOW w did it

Reflect

How did it go? What features of the situation influenced your action?

#### **FOLLOW UP**

What was the result of your action?

# NO



Seek information or help

## CHECK LATER

Who should check, when, why and how?

# FOR REFLECTION

Which components of this task made you feel good, bad or unwise?

© 2021, All rights reserved. Funding was provided by:









# Top tips

Follow the **smac**<sup>2</sup> routine to help prescribe insulin safety. This will help patients, you, and colleagues have good diabetes days.

#### A patient has a good diabetes day when:

No more than one BG > 12 mmol/l; no BG < 4 mmol/l; they are involved in their own care.

### Good insulin prescribing practice

#### DO

#### Improve the pattern rather than firefight

- Prescribe tomorrow's breakfast dose by 3pm today (latest)
- · Examine the pattern of glucose results
  - Think which time of day each dose affects
- Decide which dose(s) need changing

#### DON'T

- Leave prescribing decisions for out-of-hours staff
- Let patients be hyperglycaemic because of hypophobia
- Leave a patient without insulin after a hypo
  - · Omit basal insulin in T1DM

### Generally, 1 unit of insulin adjusts glucose by 2-3 mmol/l





