**Joint British Diabetes Society Inpatient Care Group**

**Form 1 – Institutional data collection form**

Information about your unit

Managing glucose control for people with diabetes during enteral feeding is difficult. There are very few research papers to guide clinical practice. The aim of this audit is to look at how diabetes teams are managing this in reality and what level of glucose control is being achieved.

There are two forms to complete:

**Form 1 (this one)** – The institutional data collection form tells us about your unit and your general approach to managing enteral feeding. This form only needs to be completed once.

**Form 2** – the case-based data collection form is used to collect case specific data to establish the variety of strategies used for the management of diabetes or hyperglycaemia during enteral feeding. We would like data for once the patient is established on a stable feed regimen. Please include your trust name and the case number when saving the document.

When completing this form please do not include any patient identifiable data not requested and ensure the forms are only submitted via secure nhs.net to nhs.net email addresses. It is anticipated this will be completed by or with, a member of the diabetes specialist team

**Name of Hospital:**

**Your role:**

[ ]  DISN [ ]  Consultant [ ]  SpR [ ]  CMT [ ]  FY1 [ ]  FY2 [ ]  Diabetes specialist dietitian [ ]  Dietitian [ ]  Pharmacists [ ]  Other, please specify: ……………….

**Total average number of adult beds in the hospital:**

**Total diabetes specialist inpatient staffing WTE:**

**Of which:**

**Diabetes Inpatient Specialist Nurse WTE:**

**Diabetes Specialist Dietitian WTE:**

**Diabetes Specialist Pharmacist:**

**Consultant WTE:**

**We are hoping to establish the prevalence of the use of enteral feeding. This data may be accessible by asking the dietetics team, IT, Pharmacy or via EPMA. If you do not have this information, please continue to fill out the rest of the form.**

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| About your diabetes team (Only to be completed once):*Suggestions on where some of this information may be found has been provided in the covering letter/email* |
| **If known:** What is the prevalence of patients receiving enteral nutrition within your trust?[ ]  Information not available | Total number of people receiving enteral nutrition:Of which have diabetes/ hyperglycaemia:Of which receive insulin: |
| Do you have a hospital guideline for managing enteral feeding in people with diabetes? | Yes [ ]  | No [ ]  | If yes, is it the JBDS guideline?Yes [ ]  No [ ]  | If you have a local guideline, are you happy to share it?Yes [ ]  No [ ]  |
| Have you previously used the JBDS enteral feeding guideline? | Yes [ ]  | No [ ]  | Did not know there was one [ ]  |  |
| In your opinion is the diabetes team routinely involved **in planning** insulin treatment before insulin is prescribed for enteral feeding? | Always [ ]  | Mostly >50% [ ]  | Some of the time <50% [ ]  | Never [ ]  |
| In your opinion is the diabetes team routinely involved **in the care** of all people with diabetes requiring insulin for enteral feeding? | Always [ ]  | Mostly >50% [ ]  | Some of the time <50% [ ]  | Never [ ]  |
| Do the dietetic or nutrition team discuss the feed regimen with the diabetes team? | Always [ ]  | Mostly >50% [ ]  | Some of the time <50% [ ]  | Never [ ]  |
| Do you routinely review people with diabetes while they remain on enteral feed? | Always [ ]  | Mostly >50% [ ]  | Some of the time <50% [ ]  | Never [ ]  |
| How frequently do you follow up patients on enteral feeding? | 1-2 days [ ]  | 3-5 days [ ]  | weekly [ ]  | Other [ ]  please specify in comments |
| Do you routinely follow up people with diabetes after enteral feeding is withdrawn? | Always [ ]  | Mostly >50% [ ]  | Some of the time <50% [ ]  | Never [ ]  |
| In the past five years have you audited the management of enteral feeding in people with diabetes? | Yes [ ] If yes, please tick if you would be willing to share it [ ]  | No ☐ |  |
| Proportionally which specialist areas do you most frequently see patients on enteral feeding regimens?  | Gastro:Medicine:StrokeNeuro ICUHead and NeckOther: |

 **Comments:**