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|  | **Risk Assessment Management Plan – Diabetic Risk Assessment** |

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| **RISK ASSESSMENT** | | | | | | | | | | | | |
| **Name** |  | | | | **Reference Number** | | | |  | | | |
| **Identified Risk** | Risks to health from episodes of Hypo / Hyperglycaemic episodes  Risks to health from inappropriate dietary needs not recognised | | | | | | | | | | | |
| **Assessment Date** |  | | | | | | | | | | | |
| **Risk Factors** | **Likelihood** | | | | | | | **Severity** | | | | |
| Rare | | | | | | 1 | None / Trivial | | | | 1 |
| Unlikely | | | | | | 2 | Minor / No Injury | | | | 2 |
| Likely | | | | | | 3 | Moderate / First Aid | | | | 3 |
| Very Likely | | | | | | 4 | Severe / Medical assistance | | | | 4 |
| Almost Certain | | | | | | 5 | Extreme / Fatal | | | | 5 |
| **Risk Matrix** | **=** | | **Severity** | | | | | | | | | |
| **Likelihood** | | **1** | | | **2** | | **3** | | **4** | **5** | |
| **1** | | 1 | | | 2 | | 3 | | 4 | **5** | |
| **2** | | 2 | | | 4 | | 6 | | 8 | 10 | |
| **3** | | 3 | | | 6 | | 9 | | 12 | 15 | |
| **4** | | 4 | | | 8 | | 12 | | 16 | 20 | |
| **5** | | 5 | | | 10 | | 15 | | 20 | 25 | |
| **Risk Level and Action** | **Level** | | | | | | | **Action** | | | | |
| 1 – 4 | NO CURRENT RISK | | | | | | No further action, but ensure controls are maintained and monitored | | | | |
| 5 – 9 | LOW RISK | | | | | | Develop management plan and review quarterly | | | | |
| 10 – 16 | MEDIUM RISK | | | | | | Develop management plan and review monthly | | | | |
| 16+ | HIGH RISK | | | | | | Develop management plan and review subject to each occurrence | | | | |
| **Assessment Summary** |  | | | | | | | | | | | |
| **Author(/s)** | **Print Name** | | | **Position / Relation** | | | | **Signature** | | | | |
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| **RISK MANAGEMENT PLAN** | | | | | |
| **Purpose** | The purpose of this risk management plan is to identify the risks and measures taken to minimise risks associated with Diabetes | | | | |
| **Proactive Measures** | **The following risks may need to be considered for people with Diabetes.** **HYPO:** The blood sugar level is too low, which generally means a reading less than 4 mmol/l – please see individual range for more details.   * Being tired * Feeling hungry, shaking, sweating * Seeing less * Headache – feeling very warm or cold * Mood swings, loss of concentration  **HYPER:** The reverse of a hypo is a hyper (full: hyperglycaemia). The blood sugar level is too high, which means above 11.1 mmol/l. A hyper can occur by eating too much, using no or too little insulin, stress or disease.  **Symptoms** of a hyper are:   * Thirst, dry tongue * Tiredness, sleepiness * Urinating much * Sudden mood swings, getting angry easily * Being nauseous or vomiting   **Baseline Measures taken to minimise the risks (delete as appropriate) :**   * The care plan will contain the full details around the individuals condition and how this affects their daily life and how staff can best support the individual. * Staff to have received training in the care of Diabetic people and have an awareness of Type 1 and Type 2 Diabetes. * NICE guidelines available for reference. * Blood glucose monitor available on an individual basis and named. * Staff trained to test and record blood sugar levels. * Staff trained and able to administer insulin as prescribed. (Delete as necessary) * Insulin administration site chart to be used. (Delete as necessary) * Awareness of Hypoglycaemic episodes and how to treat. * Awareness of Hyperglycaemic episodes and how to treat. * Dietary needs are adjusted to meet diabetic guidelines. * Eye care and footcare to be of high importance and healthcare professionals to be made aware for specific treatment. * Annual checks with of HbA1c form with the GP / Diabetic nurse specialist. * Medication if used, to be always available and awareness of time specific medicines as prescribed. * Individual and person centered care plan and risk assessment in place and reviewed and adjusted as needs dictate. | | | | |
| **Individual Risk Measures and specific guidance** | You may want to include some or all of the following; (this list is not exhaustive)   * The individuals normal blood sugar range * What action staff need to take specifically when blood sugar readings fall outside for these levels. * Details of diabetic nurse/healthcare professionals involved in the diabetic care of the individual. * Where is the blood sugar monitor kept? * How often is it calibrated? * How often blood sugars will be recorded and where the information will be kept? * Where are sharps to be disposed? * Dietary requirements including is kitchen/chef aware and updated. * Individual choices and preference that may affect diabetic care and support. | | | | |
| **Author(/s)** | **Print Name** | **Position / Relation** | | **Signature** | |
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| **Cosignatories**  **(Staff Team)** | **Print Name** | | **Position / Relation** | | **Signature** |
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|  | **RISK ASSESSMENT REVIEW** |  |
| **Date** | **Notes** | **Name & Signature** |
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