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

|  |
| --- |
| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risks to health from episodes of Hypo / Hyperglycaemic episodesRisks to health from appropriate dietary needs not being 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** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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.****HYPOGLYCAEMIC:**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

**HYPERGLYCAEMIC:**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** |
|  |  |  |
|  |  |  |
| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **RISK ASSESSMENT REVIEW**  |  |
| **Date** | **Notes** | **Name & Signature** |
|  |  |  |
|  |  |  |
|  |  |  |