

**From the Chief Medical Officer
Dr Michael McBride**



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

LEARNING COMMUNICATION

Subject:	Circular Reference: S&Q Learning Communication 01/10
Managing Diabetic Ketoacidosis	Date of Issue: 23 November 2010
For action by:	Related documents
Chief Executives, HSC Trusts, for cascade to: <ul style="list-style-type: none">▪ <i>Medical Directors</i>▪ <i>Directors of Nursing</i>▪ <i>Heads of Governance Trusts</i> Chief Executive, HSCB, for cascade to: <ul style="list-style-type: none">• Clinical Governance lead	
For Information to:	Superseded documents
<ul style="list-style-type: none">• Professor Patrick Johnston, Head of School of Medicines, Dentistry and Biomedical Sciences, QUB• Dr Terry McMurray, Postgraduate Dean, NIMDTA• Dr Owen Barr, Head of School of Nursing, UU• Linda Johnston, Head of School of Nursing, QUB• Dr Carolyn Harper, PHA – Medical Director Mary Hinds, PHA - Director of Nursing	N/A
Summary of Contents:	Status of Contents:
The purpose of this Circular is to highlight learning in relation to the recognition of serious complications of diabetes and its management	Learning Communication
Enquiries:	Implementation:
Any enquiries about the content of this Circular should be addressed to: Safety & Quality Unit DHSSPS Room D1 Castle Buildings Stormont BELFAST BT4 3SQ	Ongoing
Tel: 028 90528561 Qualityandsafety@dhsspsni.gov.uk	CMO Group material can be accessed on: http://www.dhsspsni.gov.uk/index/phealth/professional.htm SQS Directorate material can be accessed on: http://www.dhsspsni.gov.uk/index/phealth/sqs.htm

Dear colleagues

MANAGING DIABETIC KETOACIDOSIS

The report of an incident involving the care of a patient admitted with Diabetic Ketoacidosis has highlighted a number of learning issues for HSC organisations.

The content of the attached Circular at Annex A has been approved for regional dissemination.

We would ask you to bring this to the attention of relevant staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risk to their patients.

Action for Trust Chief Executives

Please ensure that these recommendations are implemented in your Trust by **19 May 2011**.

Action for Board Chief Executive

The HSC Board should provide assurance to the Department by **30 June 2011** that the provider trusts have implemented these recommendations. This assurance should be provided to briege.coyle@dhsspsni.gov.uk

Yours sincerely



Dr Michael McBride
Chief Medical Officer

MANAGING DIABETIC KETOACIDOSIS

Diabetic Ketoacidosis (DKA) is a life threatening condition. Although the mortality rate across the United Kingdom has fallen in the last 20 years, DKA is more common in younger people, especially teenagers and young adults.

The most common cause of mortality is cerebral oedema, particularly in children and young people under 25 years of age. Other serious complications of DKA and its treatment include hypokalaemia, hyperkalaemia and hypoglycaemia. Pulmonary oedema is more common in older people or those with impaired cardiac function. These rare but important complications should be highlighted to staff who are likely to be involved in managing patients with DKA.

Trusts should ensure that they have:

- up-to-date evidence-based guidelines for the management of children and adults with DKA;
- appropriate guidelines for young people with DKA cared for in adult settings;
- made staff aware of all relevant Trust policies and guidelines; that these are readily available in all areas where patients with DKA are treated; and that these are reinforced, for example through training.

You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation who need to be aware of this Circular in order to assist in complying with the *Quality Standards for Health & Social Care* –

- Criterion 5.3.2 (preventing, detecting, communicating and learning from adverse incidents and near misses);
- Criterion 5.3.3(d) (ensuring that clinical interventions are carried out under appropriate supervision and by appropriately qualified staff); and
- Criterion 5.3.3(f) (implementing evidence based practice through the use of guidance from the NPSA).