

# Insulin safety (especially around dose changes) & District Nursing in the COVID19-era

- In the USA, half of all medication errors are said to involve insulin, and there have been multiple high-profile cases of insulin errors in the UK too, including a recent fatality in Eastern England.
- When the COVID19 pandemic arrived, the NHS had to change many systems very quickly. We have been forensically examining our new procedures to find any hazards introduced by the pandemic response.
- Our DN team have identified a number of pinch-points across the system (involving GPs, DNs, hospitals, EMS, and prescribers) that deserve particular attention when evaluating insulin safety in the COVID19-era.

## ➤➤ CHECKLIST: Does your system have any of these vulnerabilities? ◀◀

Have you changed your prescribing systems?  
If yes, have you reviewed how insulin dose changes are communicated to the DN team?

If **you** change someone's insulin dose, do you encourage patients/relatives to remind every HCP they come across (including DNs) - don't forget specialist nurses may be involved!

Have your DNs been stopped from taking their electronic devices (with the patient notes on) into patients' homes? If so, are they actually trying to memorise everything?

Donning & doffing PPE takes an extra few minutes per patient. Have you added this time onto the standard visit allocation? Or are your DN team having to rush through their visits to make up that time?

GPs: how are repeated paramedic visits for hypos communicated to, and then coded, on the electronic notes in use in your practice? Who looks at them, to spot patterns?

*Patients being discharged from hospital:*

- Do you have a system to ensure DNs see the hospital discharge letters pertaining to their patients?
- Do your DNs have time to review any new needs (instead of just re-starting what was there before admission) when a patient returns home?
- Do you have a system to ensure that any *previous* medication charts in patients' homes are removed?
- Do you have a system to ensure that changes in critical meds (e.g. insulin, steroids, PD drugs, anticonvulsants, immunosuppressants, anticoagulants) made in hospital are highlighted?

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