and enhanced. Finally, in addition to the mandatory training all trainees receive, the taught material during induction should be tailored more towards new doctors’ needs.

Aims Surgical inpatients with diabetes mellitus are common. We aimed to assess the diabetes management of diabetic adult surgical inpatients. This includes reviewing appropriate medication adjustment with altered eating statuses; fluids prescribed alongside a variable rate intravenous insulin infusion (VRIII); numbers of hypo- and hyper-glycaemic events in those on diabetic treatment and appropriate hypoglycaemia management options prescribed.

Methods We audited current performance against national guidelines from the Joint British Diabetes Societies Inpatient Care Group. A prospective snapshot audit was conducted on surgical patients with diabetes mellitus on 3 surgical wards. Data, including diabetic status, eating status, prescriptions and hypo- and hyper-glycaemic events, were collated by reviewing patient notes, feeding instructions and prescription charts. The results were presented at the surgical governance meeting, including a short teaching session, following which a prospective re-audit was conducted.

Results 65 patients were included in the first cycle and 34 in the second. The percentage of patients on gliclazide with a bedtime snack prescribed increased significantly from 28.6% to 81.8% (p < 0.005). The percentage of patients with hypoglycaemic and hyperglycaemic events decreased but there was no improvement in the VRIII fluid and PRN hypoglycaemia prescriptions.

Conclusions Robust prescription of diabetic medications and fluids is essential for positive outcomes. The significant increase in bedtime snack prescribing for patients on gliclazide was notable progress. However, there is still more to be improved, with the need for greater awareness of the appropriate VRIII fluid prescription and use of PRN hypoglycaemia management protocol. Continual assessment and improvement of diabetic management is recommended to ensure high quality and cost-effective care.

Understanding leadership through research

Abstracts

Improving fluid prescriptions for inpatient surgical inpatients with diabetes mellitus

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Aims Improving fluid prescriptions for inpatient surgical inpatients with diabetes mellitus.

Methods We aimed to assess the prevalence of inappropriate fluid prescribing for diabetic adult surgical inpatients. This includes reviewing appropriate medication adjustment with altered eating statuses; fluids prescribed alongside a variable rate intravenous insulin infusion (VRIII); numbers of hypo- and hyper-glycaemic events in those on diabetic treatment and appropriate hypoglycaemia management options prescribed.

Results 65 patients were included in the first cycle and 34 in the second. The percentage of patients on gliclazide with a bedtime snack prescribed increased significantly from 28.6% to 81.8% (p < 0.005). The percentage of patients with hypoglycaemic and hyperglycaemic events decreased but there was no improvement in the VRIII fluid and PRN hypoglycaemia prescriptions.

Conclusions Robust prescription of diabetic medications and fluids is essential for positive outcomes. The significant increase in bedtime snack prescribing for patients on gliclazide was notable progress. However, there is still more to be improved, with the need for greater awareness of the appropriate VRIII fluid prescription and use of PRN hypoglycaemia management protocol. Continual assessment and improvement of diabetic management is recommended to ensure high quality and cost-effective care.


demonstrating that well-thought planning measures can make all the fair to very fair. The rota was designed by Junior doctors of the contingency rota, and 61.54% replied that the rota was satisfaction survey. Out of 13 responses, to recruit help from the standby team. Two of the FY1 doctors were redeployed to reinforce Acute Medicine. There was constant feedback via a ward-cover team. On this contingency rota, there was a team that will create a contingency rota in order to anticipate possible COVID-19 related sickness and support front-line specialities, such as Acute Medicine and Intensive Care.

The team involved in the creation of this rota was led by one junior doctor from every grade. Data from the surgical take showed that the average number of daily surgical inpatients dropped from 47 in February, to 22 by the first week of April. This reduction, together with cancellation of elective operations, allowed us to create a contingency plan with a ward cover, an on-call and a stand-by team at all times. We managed to release doctors to support other departments, ensuring that surgical inpatients were receiving the pre-COVID-19 standards of care. We, also, created a ‘buddy system’, predicting possible COVID-19 sickness in the on-call or the ward-cover team. On this contingency rota, there was a ward cover team with one SHO, three FY1s and two registrars, including the team for ITU support and a ‘standby’ ward-cover team. Two of the FY1 doctors were redeployed to reinforce Acute Medicine. There was constant feedback via a ‘WhatsApp’ group from the on-call and the ward-cover team to recruit help from the standby team.

All doctors who were part of this rota were invited to provide feedback via a satisfaction survey. Out of 13 responses, 61.54% replied that they were satisfied or very satisfied with the contingency rota, and 76.92% replied that the rota was fair to very fair. The rota was designed by Junior doctors proving that well-thought planning measures can make all the fair to very fair. The rota was designed by Junior doctors

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The COVID-19 pandemic has affected millions of patients around the world. Hospital departments had to adapt their services and expand their bed capacity. Our aim was to lead a team that will create a contingency rota in order to anticipate possible COVID-19 related sickness and support front-line specialities, such as Acute Medicine and Intensive Care.

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