

SUE WYATT RN CDE

Credentialed Diabetes Educator/RN

Certified Pump Trainer

HCL Trial Co-ordinator and Diabetes Nurse Educator

St Vincent's Hospital/ University of Melbourne

The DNE: A Member of a Health Professional Team

- Excellent communication with other team members i.e. Dietitian
- Roles should be clearly established
- Pump Commencement: DNE, DR and Dietitian to sign off
- Initial dosing: DR/ENDO to sign off on all calculations
- Communication with patient: cc: entire team....email/text/screen shots
- DNE staff will need in-depth understanding of insulin titration
- Plan for out of hours cover (roster)

Training the Trainer:

- Credentialling essential/ background knowledge in pumps preferable
- Company courses /certification by Device Companies (more than one in future)
- ADEA pump courses/ guidelines around scope of practice
- Observe training with a Rep or experienced educator in HCL first and then train under supervision / competency assessed
- Computer skills important
- Understanding of scope of practice, back up resources, medico-legal aspects

Patient Selection and Implementation: DNE Role

- DNE spends greatest time with the patient: Insights
- Establish and address patient's capabilities and expectations
- Commitment essential- "not set and forget"
- Trust
- Patient : access to smart phone/computer
- Establish lines of communication (Face to Face, phone, electronic)
- Pump settings in conjunction with Dr

Patient Selection and Implementation: DNE Role

- DNE – Credentialed / experienced in CSII
- Coordination/ implementation of training and follow-up
- Titration- Dr/DNE need strong skills
- Troubleshooting if patient goes out of CL
- Sick-day management

To Consider :

- Time Required : *Intensive education*
- Day 1- 5-6 hours if pump naïve, 2 hours if pump user
- Day 3- 2 hours
- Commencement of CGM : 2 hours if CGM naïve , 1hr if a user
- Auto Mode set up : 2 hours
- Auto mode follow up: daily contact -5-30 minutes for up to 2 weeks
- Weekly uploads for titration of carb ratio etc
- 3-6 monthly review face to face
- MDI- HCL more gradual = 85% in target if well prepared

To Consider :

Funding :

- Cost
- Time
- Intensity / Burden
- Skin Integrity
- Willingness to wear CGM continuously
- Not indicated for pregnancy
- Will public/ private sector allocate time and funding?

Summary: DNE Perspective

- Clinics need to prepare now/ Education is pivotal
- DNE is part of a team/ communication important
- DNE role is pivotal at all stages of patient care
- Supervised practice with pump adjustment
- Core staff trained in this technology not all (don't use it you loose it!)
- Appropriate resourcing will be important