15. DAFNE AWARENESS TRAINING

There are effectively four levels to DAFNE:

Level 1 DAFNE Awareness

Level 2 DAFNE Advisers: DAP-1 and DAP-2 (graduates of the DAP courses)

Level 3 DAFNE Educators/DAFNE Drs (graduates of the DEP and DDP courses)

Level 4 DAFNE Trainers/DEP Reviewers/Auditors (experienced DAFNE Educators who will be involved in the training of new DAFNE Educators and Drs and in the external auditing for the QA programme)

DAFNE Awareness training will be in-house training for your colleagues who will not be/have not yet been, on a DAP, DEP or DDP courses, but who are sufficiently involved with patients, to need to have knowledge of how DAFNE patients differ and how to deal with them in clinics etc.

The DAFNE Awareness training will also help to avoid any angst among colleagues who feel that DAFNE is elitist, it will also be useful to identify DSNs and dietitians who are/are not interested in becoming DAFNE Educators themselves.

The DAFNE Educators from the current centres have already run Awareness training in their own centres using their own ideas of structure and duration.

It is anticipated that new centres will not be in a position to run Awareness training for at least 6 months post completion of the DEP and DDP courses.
15.1 Supporting DAFNE Patients in Primary Care

DAFNE Terms
QA = quick acting insulin
BI = background insulin
CP = 10g carbohydrate portion
BG = blood glucose

DAFNE ‘Correction’ Guidelines
1 unit QA reduces BG by 2-3 mmol/l (less predictable if BG >11mmol).
1CP (10g carbohydrate) increases BG by 2-3mmol/l.

DAFNE BG Targets
Pre breakfast  5.5-7.5mmol/l
Pre other meals  4.5-7.5mmol/l
Pre bed  6.5-8mmol/l
HbA1c  45-55mmol/mol

Hypoglycaemia
Treat all BG <3.5mmol/l as hypo – i.e. using 1½ - 2 CPs rapid acting CHO
Eat if BG <4.5mmol/l to avoid hypos – 1 CP can raise BG by 2-3mmol/l
1-2 mild hypos per week are acceptable
Severe hypo is classed as 3rd party help needed

Stepwise Guidelines
In DAFNE workbook for
• problem solving
• treating hypoglycaemia
• managing illness
• physical activity and exercise

Useful prompts for DAFNE patients
• What are your targets for your BG? DAFNE targets in DAFNE diary and see above.
• How are you using your DAFNE diary? It is not possible to apply DAFNE principles without using a DAFNE diary.
• What evidence do you have to indicate that your BI is set at the right level? BG should stay steady overnight if no carbohydrate is taken.
• How are you using your ratios? Ratios can vary across the day and between people.
• Are your corrective doses working as you would expect? Use of 1 unit QA or multiples to reduce BG levels.
Handouts
Diary page
Hypo treatment
DAFNE contact lists
DAFNE information for primary care practitioners
DAFNE poster
15.2 What is DAFNE?
Summary Information for Primary Care Practitioners

DAFNE stands for Dose Adjustment For Normal Eating. Essentially it is a very comprehensive structured group education programme specifically for people with type 1 diabetes who use multiple dose insulin therapy. The DAFNE course is usually taught to a group of 6-8 people and lasts for one full week and uses adult learning principles. During this week sessions are delivered on what diabetes is, how the various insulins work, what to do if you become ill, hypos, why good control matters and how we screen for and manage diabetes complications.

The major emphasis of DAFNE is on teaching people with type 1 diabetes the skill of counting how much carbohydrate they eat in any given meal or snack and being able to adjust the insulin they give to match that meal. DAFNE teaches the importance of regular blood glucose monitoring and how to look for patterns in blood glucose levels. The ability to count carbohydrate combined with the principles of insulin adjustment taught on the course should enable the person to be fully in control of their diabetes. The target blood glucose levels advised are tight and patients are encouraged to aim for good glycaemic control.

A patient who has done DAFNE training will typically talk about their meal time insulin doses in terms of ratios, eg 1½ to 1 ratio. The ratio refers to the number of insulin units to be given for every 10g carbohydrate in their food. They will have worked out through experience and blood glucose monitoring how much insulin they need to give for each 10g portion of carbohydrate eaten. The amount of quick acting mealtime insulin they give each day will vary depending on what they eat and how physically active they are.

A DAFNE graduate is very knowledgeable about diabetes and should be capable of managing their own insulin and blood glucose levels without any medical support the vast majority of the time. They should have the skills to problem solve their own blood glucose monitoring provided they apply them. If a DAFNE graduate is struggling with their blood glucose levels it is unlikely that a non-diabetes specialist will have the expertise to be able to sort them out. For this reason we encourage the DAFNE graduates to attend for group education follow-up and/or to access their DAFNE educator directly if they are having problems with their diabetes.

Having completed a DAFNE course the majority of people are not routinely re-appointed to their main consultant diabetes clinics for review. In that sense they are discharged from clinic follow-up although they are never fully discharged from the specialist team with the continuing contact to the educator. The educator can access consultant review for any patient if required and the educator should make contact once a year as a minimum.

All DAFNE graduates are advised to see their diabetes team for the annual review of lipids, creatinine, urine albumin excretion, blood pressure, foot check and eye screening. The frequency of HbA1c monitoring will depend on the individual patient and how good their glucose control is. A very motivated person who has made a lot of changes during the course of DAFNE may initially want some extra HbA1c tests to reinforce for them that their control is improving.
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