Diabetes Service

The Diabetes Service is available to you, your carer and/or your family at your local hospital, community health service or residential aged care facility.

Using a person-centred approach, a range of specialised knowledge and skills and self-management activities to improve health and wellbeing and reduce the risk of illness and/or diabetes related complications.

A diagnosis of diabetes can be hard to accept.

For many people, learning about their diabetes is the first step to feeling better and living a longer, healthier life.

Our staff

The Diabetes Specialist Nurse is either a:

- A Credentialled Diabetes Educator™: this is a Registered Nurse or Midwife who has completed a university post graduate diabetes management and education certificate and is recognised by the Australian Diabetes Educator's Association as an advanced practice health professional.
- Diabetes Educator: this is a Registered Nurse or Midwife who has an interest in diabetes management and education and may have completed additional training.

Our service

Guided by best practice guidelines, research and policy, the Diabetes Specialist Nurse offers clinical care and education to:

- people with newly diagnosed diabetes
- people who have been diagnosed for some time and require an update due to;
 - changes in therapy
 - diagnosis of a complication
 - diagnosis of another health problem
 - risk of low and high blood glucose levels
- women with gestational diabetes
- women with diabetes who are considering pregnancy or who are pregnant
- children and adolescents with diabetes
- carers of people with diabetes including children's services.

Our self-management services

The seven key areas that are essential for successful and effective diabetes self-management are:

- healthy eating
- being active
- monitoring (e.g. blood glucose and ketone testing)
- taking medication (e.g. oral and/or injectable)
- problem solving
- health coping
- and reducing risks.

Our specialist services

Our Diabetes Specialist Nurse service may also include:

- registration with the National Diabetes Service
 Scheme and access to subsidised products
- individualised action plans for low blood glucose (hypoglycaemia)
- individualised action plans for high blood glucose (hyperglycaemia) and sick days
- individualised advice for administration of injectables
- access and training in continuous glucose monitoring systems
- access and training in continuous subcutaneous insulin infusions (insulin pump therapy)
- a hospital review service to support safe discharge home
- a rapid access assessment to minimise emergency department visits and hospital stays.

Our service aims to provide clinical care and education as close to your home as possible.

In the event that a service cannot be provided, our staff will facilitate assistance via teleconference in a shared care arrangement with an appropriate regional or metropolitan hospital.

Referrals

You can self refer to the Diabetes Service.

As a person with diabetes, you can simply phone the Country Referral Unit on 1800 003 307.

At an appointment

You are welcome to bring a friend or relative with you.

If you have the following, please bring your:

- a list of current medications
- results of any recent blood tests
- blood glucose monitor, testing equipment and record book
- blood ketone monitor and testing equipment
- injectable device and consumables
- insulin pump and consumables.

Our scope of practice

The Diabetes Specialist Nurse will provide a setting that supports positive learning and cultural awareness

- conduct a careful assessment
- work with you and other members of your diabetes health care team:
 - Endocrinologist / Diabetes Specialist
 - Specialist Physician / Medical Practitioner
 - Dietitian
 - Podiatrist
 - Ophthalmologist / Optometrist
 - Physiotherapist / Exercise Physiologist
 - Psychologist / Social Worker / Counsellor
 - Aboriginal Health Worker
 - Pharmacist.

There might also be reason to include staff at your workplace, university, school or childcare centre.

- develop an education and management plan to assist you to achieve your goals
- offer follow up appointments to evaluate plans, initiate changes in clinical care and provide updates in treatment options and resources available.

Diabetes self-management education has been shown to improve health and wellbeing and reduce HbA1c, diabetes related complications and costs associated with hospital visits.

For more information contact:

Diabetes Service

Mallee Coorong Community Health Service
96 – 104 Swanport Road

MURRAY BRIDGE SA 5253

Telephone: (08) 8535 6800

www.chsa-diabetes.org.au www.countryhealthconnect.sa.gov.au www.sahealth.sa.gov.au

For information in languages other than English, call the Interpreting and Translating Centre on (08) 8226 1990. Ask them to call The Department of Health and Ageing.

This service is available at no cost to you.

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Information for people with diabetes and their families

Riverland Mallee Coorong Local Health Network



