

## **CARE OF THE DIABETIC PATIENT**

### **OBJECTIVES:**

1. To stabilize blood glucose and minimize hypoglycemic/hyperglycemic episodes.
2. To promote understanding of the disease process and the importance of adherence to the treatment regimen.
3. To promote prompt recognition and management of acute complications of diabetes, such as hypoglycemia and hyperglycemia.
4. To promote a program of self-care.

### **PROCESS STANDARDS:**

1. The Diabetes Educator will be notified of consults on admission to the general care units for those patients that meet criteria for diabetes education by the Diabetes Education Department.
2. Blood glucose monitoring will be performed according to physician's order and reported abnormal values, as ordered.
3. Vital signs (T, P, R) will be taken and a level of consciousness assessed a minimum of every shift.
4. Intake and output will be documented as ordered.
5. ★Learning needs will be addressed and instructions given/reinforced on at least the following:
  - a. Disease process and management
  - b. Proper diet and exercise
  - c. Medication administration including oral diabetes agents and return demonstration of insulin administration as applicable.
  - d. Early signs/symptoms of hyperglycemia and hypoglycemia and treatment of each.
  - e. Blood glucose monitoring and urine ketone testing (if applicable).
  - f. Importance of regular follow-up medical care.
6. ★Nutritional Services will be consulted for diet instruction as needed.
7. The patient/significant other will be encouraged to express any fears and anxieties regarding the disease and its impact upon lifestyle and will be assisted in planning any needed modifications to lifestyle.

**NOTE:** ★May be accomplished by the Diabetes Education Department and/or Nutritional Services Department, as appropriate.

## **STANDARD OF CARE FOR THE DIABETIC PATIENT**

### **At the time of discharge:**

1. The patient's blood sugar will have been maintained within reasonable limits for the 24 hours prior to discharge.
2. The patient/significant others will communicate understanding of the disease process and signs, symptoms, and management of possible acute complications such as hyperglycemia and hypoglycemia.
3. The patient/significant others will express understanding of the importance of compliance to treatment regimen.
4. The patient/significant other will be able to communicate /demonstrate the ability to perform self-care within their limitations.

### **HAVE I DOCUMENTED:**

- \* Consult to Diabetes Educator and/or Nutritionist, if applicable
- \* Blood glucose
- \* Vital signs every shift
- \* Patient education in conjunction with Diabetes Educator and/or Nutritionist
  - Disease process and management
  - Diet and exercise
  - Medication Administration
  - Blood glucose monitoring, urine ketone testing, if applicable
  - Follow-up medical care
  - Signs, symptoms, and management of possible acute complications such as hyperglycemia and hypoglycemia

### **At The Time of Discharge:**

- \* Patient understanding
  - Disease process
  - Medications
  - Diet, exercise
  - Monitoring, if applicable
  - Treatment regimen

### **Reference:**

1. Doenges, M., Moorhouse, M., and Murr, A. Accessed 5/13/09: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\)](#). *Risk for unstable blood glucose*.
2. Swearingen, P. [Manual of Medical-Surgical Nursing Care](#), 6th ed., 2007. Accessed 5/13/09: [Mosby's Nursing Consult - Reference Books](#). *Diabetes Mellitus: Nursing diagnosis and intervention*.