



DIABETES MANAGEMENT TOOL KIT AT A GLANCE

DIABETES CLINICAL EDUCATION TRACK

Nurse and Therapist:

- Diabetes: The Basics (Relias) 1hr
- Diabetic Foot Screening (Elsevier) 0.5hr-CE Competency
- Hypoglycemia Management (Elsevier) 0.5hr-CE Competency
- Hyperglycemia Management (Elsevier) 0.5hr-CE Competency

Therapy Assistants:

- Hypoglycemia Management (Elsevier) 0.5hr -CE Competency
- Hyperglycemia Management (Elsevier) 0.5hr- CE Competency
 - Learner will be required to complete all courses for the requisite to show complete

Clinician Education Tool Kit

- Diabetes Management Best Practice Guidelines
- Diabetes Proactive Orders
- SBAR Communication Tool
- Diabetes Management Medication Reference Tool
- Diabetes Patient Stoplight
- Cross Walk for Managing Diabetes

PATIENT EDUCATION RESOURCES

- Krames Staywell Resource
 - Health Guide: Living Well with Diabetes
<http://staywell.mydigitalpublication.com/publication/?i=460451>
 - Education content: Understanding Diabetes, Getting the Right Healthcare, Monitoring Your Blood Sugar, Learning about Food and Diabetes, Adding Activity to Your Life, Understanding Your Medications, Living with Diabetes

Telemonitoring Program

- Empowers patients to complete daily health checks utilizing specialized equipment to monitor weight, blood pressure, heart rate, pulse oximetry and answer disease-specific symptom questions. Results are reported to the agency for increased symptom management and opportunities for patient education.

Health Call Checks Program

- Designed to offer our patients additional integrative Health Check Calls promoting disease specific education that encourages patient self-management of Heart Failure, COPD, Diabetes, Hypertension, Acute Myocardial Infarction, and Pneumonia. Our Carelink Call Center notifies to the agency of any clinical concern encountered allowing improved symptom management.

Marketing Collateral

- Located on Brand Central



DIABETES MANAGEMENT CLINICAL EDUCATION TRACK



DIABETES EDUCATION TRACK

Education Track for Nurses and Therapist

- Create Diabetes Clinical Program Requisite (total time 2.5hrs)
 - Diabetes: The Basics (Relias) 1 hr - CE
 - Diabetic Foot Screening (Elsevier) 0.5hr- CE (ID: ELS103WBT, Version: 1)
 - Hypoglycemia Management (Elsevier) 0.5hr -CE Competency (ID: EIS104WBT, Version:1)
 - Hyperglycemia Management (Elsevier) 0.5hr- CE Competency (ID: ELS104WBT, Version:1)
- Learner will be required to complete all courses for the requisite to show complete

Education Track for Therapy Assistant

- Create Diabetes Clinical Program Requisite (total time 1hr)
 - Hypoglycemia Management (Elsevier) 0.5hr -CE Competency (ID: EIS104WBT, Version:1)
 - Hyperglycemia Management (Elsevier) 0.5hr- CE Competency (ID: ELS104WBT, Version:1)
- Learner will be required to complete all courses for the requisite to show complete

Education Course Descriptions

Diabetes: The Basics (Relias) 1 hour CE

- Diabetes is the seventh leading cause of death and affects 9.4% of people in the United States (Centers for Disease Control and Prevention [CDC], 2017) . Improper management can cause a host of health problems and could even lead to death. Given the growing problem of diabetes in the U.S., it is very likely that you will care for someone with this disease; therefore, it is important that you understand how it affects people and how to help delay its devastating complications. This course covers the basics of the disease and current recommended medical treatments. It should help the nurse to better assess the needs of, and provide care for, someone with diabetes, as well as problem-solve common medication concerns.

Diabetic Foot Screening (Elsevier) 0.5hr-CE

- This skill describes the steps for screening the patient with diabetes for foot ulcers, infections, and other abnormalities and for educating the patient about their prevention.

Hypoglycemia Management (Elsevier) 0.5hr-CE

- This skill describes how to identify and manage the patient with hypoglycemia in the home setting.

Hyperglycemia Management (Elsevier) 0.5hr –CE

- This course describes how to manage elevated blood glucose.



**DIABETES MANAGEMENT
CLINICIAN EDUCATION TOOL KIT**



DIABETES MANAGEMENT CLINICAL PROGRAM REFERENCES

Diabetes Clinical Program were developed utilizing current evidence-based best practices from the American Diabetes Association, Centers for Disease Control and Prevention, Mayo Clinic, National Institute of Diabetes and Digestive and Kidney Disease, Home Health Quality Improvement, Family Practice Guidelines, and Krames Staywell, along with several studies to guide best practices. Please refer to the complete reference list for further study.

References

- American Diabetes Association (2019). *Diabetes Care: Standards of Medical Care in Diabetes- 2019*.42 (S1): S7-S147 Retrieved from https://care.diabetesjournals.org/content/42/Supplement_1
- Centers for Disease and Control and Prevention (CDC) (2019). *Diabetes and Prediabetes*. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>
- Centers for Disease and Control and Prevention (CDC) (2019). *Risk Factors for Complication*. Retrieved from <https://www.cdc.gov/diabetes/data/statistics-report/risks-complications.html>
- Centers for Disease and Control and Prevention (CDC) (2019). *Living with Diabetes*. Retrieved from <https://www.cdc.gov/diabetes/managing/index.html>
- Cash, J. & Glass, C. (2017). *Family Practice Guidelines*, (4th Ed) Springer Publishing Company
- Home Health Quality Improvement (2016). *Best Practices-Diabetes* Retrieved from <http://www.homehealthquality.org/Education/Best-Practices/BPIPs/Disease-Management-Diabetes-BPIP.aspx>
- Krames Staywell (2019). *Living Well with Diabetes*. Retrieved from <http://staywell.mydigitalpublication.com/publication/?i=460451>
- Leik, M.C. (2017). *Family Nurse Practitioner Certification Intensive Review* (3rd ED.). Springer Publishing Company, New York, NY.
- Mandal, A. (2019). *Diabetes Pathophysiology*. Retrieved from <https://www.news-medical.net/health/Diabetes-Pathophysiology.aspx>
- Mayo Clinic (2019). *Diabetes*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/diabetes/symptoms-causes/syc-20371444>
- National Institute of Diabetes and Digestive and Kidney Disease (2019) *What is Diabetes?* Retrieved from <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>
- Paspadakis, M. & McPhee, S. (2018). *Current Medical Diagnosis & Treatment*. McGraw-Hill Education /Medical (57th Ed)
- Weisenberger, J. (2016). *Diabetes Bootcamp. Today's Dietician*. Vol.18 (11):26



DIABETES MANAGEMENT

BEST PRACTICE GUIDELINES: SKILLED NURSING

Diabetes is a disease process that occurs when either the body is not able to produce an appropriate amount of insulin or the body's cells are insulin resistant. Insulin is a hormone that is produced by the pancreas. Insulin is released in response to a rise in blood glucose. Glucose is produced when we eat food and the body breaks it down to be used for energy. Insulin is required in order for glucose to enter the body's cells. If there is too little to no insulin made by the body or if the body's cells are resistant to insulin then glucose accumulates in the bloodstream and the body is not able to utilize the glucose for energy.

- Complete a focused physical assessment every visit.

VITAL SIGNS	PERIPHERAL PULSES	ACTIVITY LEVEL
MENTAL STATUS CHANGES	EXTREMITIES FOR DIABETIC AMYOTROPHY	NUTRITIONAL STATUS (APPETITE)
HEART/LUNG AUSCULTATION	PRESENCE OF PERIPHERAL NEUROPATHY-MICROFILAMENT EXAM	URINE OUTPUT (NOCTURNAL DIURESIS)
WEIGHT/ BMI	INSPECT FEET -DEFORMITIES	BLOOD GLUCOSE LEVEL (LOG)
VISUAL CHANGES	PRESENCE OF ULCER	MEDICATION COMPLIANCE

- Assess/Monitor/Educate on Signs/Symptoms of uncontrolled Diabetes (hypoglycemia and hyperglycemia) every visit.

HYPERGLYCEMIA >250MG/DL	HYPOGLYCEMIA <70MG/DL
EXCESSIVE/FREQUENT URINATION	UNEXPLAINED WEIGHT LOSS
EXCESSIVE THIRST	SHAKINESS/DIZZINESS
TROUBLE CONCENTRATING	EXCESSIVE PERSPIRATION
HEADACHE	EXTREME FATIGUE
BLURRED VISION	EXCESSIVE HUNGER
SLOW HEALING WOUNDS	UNUSUAL BEHAVIOR
FREQUENT INFECTION (GUMS/SKIN/VAGINAL)	CONFUSION/IRRITABILITY
NEUROPATHY IN HANDS/ FEET	HEADACHE, NAUSEA

- Be aware of Signs of Ketoacidosis and follow Proactive order and Notify MD

DRY MOUTH	EXCESSIVE THIRST	DIFFICULTY BREATHING	FRUITY OR SWEAT SMELLING BREATH
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- Assess/Monitor/Educate on risk factors associated with Diabetes

OBESITY	PHYSICAL INACTIVITY	HX OF POLYCYSTIC OVARY SYNDROME
AGE > 45	UNHEALTHY CHOLESTEROL	HX OF GESTATIONAL DIABETES
ETHNICITY (AFRICAN AMERICAN, PACIFIC ISLANDER, ASIAN, HISPANIC/LATINO, AMERICAN INDIAN)	HYPERTENSION	INCREASE RISK OF DEVELOPING CARDIOVASCULAR DISEASE
HEREDITARY (PARENT/SIBLING)	ACANTHOSIS NIGRICANS	INCREASE RISK OF STROKE

- Educate in on possible complications associated with Diabetes

DIABETIC NEUROPATHY	RETINOPATHY	PERIODONTAL GUM DISEASE
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- Be Knowledgeable of the Patient History

COMORBID CONDITIONS	HOSPITALIZATIONS FOR EXACERBATION	GESTATIONAL DIABETES
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- Assess/Monitor/Educate on Prescribed Plan of Care for Diabetes

TREATMENTS <ul style="list-style-type: none"> • Medication • Symptom Management • Monitoring Blood Sugar • Nutrition-ADA Diet • Weight Management • Activity Regimen • Monofilament Testing • Laboratory Draws for A1C every 3-6 months (if ordered) • Managing Comorbidities 	PREVENTING PROGRESSION LIFESTYLE MODIFICATIONS <ul style="list-style-type: none"> • Smoking Cessation • Avoiding/ Limiting Alcohol • Routine Foot/Lower Extremity Inspection • Foot Care • Preventing Periodontal Gum Disease • Yearly vision checks • Managing Stress • Immunizations • Sick Day Routine • Keeping Scheduled Physician Appointments 	COPING METHODS <ul style="list-style-type: none"> • Staying Active • Relaxation Techniques • Setting Realistic Goals • Dealing with Sleep Apnea • Addressing Intimacy Problems 	PLANNING FOR FUTURE <ul style="list-style-type: none"> • Traveling • Driving • Diabetes Kit
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- Assess/Monitor/Educate on Activity/ Exercise Program:

RECOMMENDED ACTIVITY	SIGNS OF OVEREXERTION	SAFETY
<ul style="list-style-type: none"> • Stretching • Aerobic • Resistance <p><i>(Increasing activity as tolerates working towards 150mins spread over 3-4 days a week.)</i></p>	<p>HYPOGLYCEMIA</p> <ul style="list-style-type: none"> • Dizziness • Nausea/ Vomiting • Excessive Sweating • Tachycardia • Confusion • Irritability • Headache 	<ul style="list-style-type: none"> • Check Blood Sugar Prior to activity and as needed during activity • Controlling symptoms • Pacing activity • Taking breaks as needed • Recognizing limits • Wearing Diabetes identification bracelet • Keeping fast-acting sugar available during activity • When sick skip exercising • Stay hydrated • Closed- toe shoes with activity to prevent foot injury

- Educate on exercise recommendations as prescribed or recommended by the American Diabetes Association
- Educate on medication dose action, side effects, and proper storage, should be taken as ordered, same time each day, and take medication even when sick
- Assess/Educate on medication administer (insulin administration, proper disposal of needles, infection control)
- Evaluate medication compliance
- Complete medication reconciliation at Start of Care (SOC) and after each scheduled physician visit
- Assess/Monitor/Educate on compliance with prescribed therapy and physician ordered medications
- Evaluate need for scale to assess weight when indicated
- Notify Physician/Team Leader of changes in patient condition warranting a change to the Plan of Care
- Utilize the SBAR communication tool when communicating with physician
- Obtain/Follow/Educate on Proactive order parameters for hypoglycemia/hyperglycemia
- If patient loses consciousness call 911 do not give anything by mouth at this point and then notify TL and MD.
- Obtain physicians order for needed Durable Medical equipment
- Assist patient in scheduling follow-up physician appointment(s) as indicated
- Utilize the teach back method when providing education to patient/caregivers
- Assess/Obtain Order/Initiate Telemonitoring as indicated
- Assess/Obtain Order/Initiate Carelink House Calls as indicated
- Consult other disciplines as indicated
- Provide/Utilize Krames, American Diabetes Association, and/or other approved resources for supplemental education
- Transition to self-care when the patient meets their plan of care goals

****Identifying, monitoring, early intervention and patient education may lead to improved patient outcomes and decrease unnecessary hospitalizations.***



DIABETES MANAGEMENT BEST PRACTICE GUIDELINES: PHYSICAL/ OCCUPATIONAL THERAPY

- Develop a patient specific Therapy Plan of Care
- Assess/Obtain Order/Implement patient –specific plan for visit frequency
- Assess/Monitor/Educate on Signs/Symptoms of uncontrolled Diabetes (hypoglycemia and hyperglycemia) every visit.

HYPERGLYCEMIA >250MG/DL	HYPOGLYCEMIA <70MG/DL
EXCESSIVE/FREQUENT URINATION	UNEXPLAINED WEIGHT LOSS
EXCESSIVE THIRST	SHAKINESS/DIZZINESS
TROUBLE CONCENTRATING	EXCESSIVE PERSPIRATION
HEADACHE	EXTREME FATIGUE
BLURRED VISION	EXCESSIVE HUNGER
SLOW HEALING WOUNDS	UNUSUAL BEHAVIOR
FREQUENT INFECTION (GUMS/SKIN/VAGINAL)	CONFUSION/IRRITABILITY
NEUROPATHY IN HANDS/ FEET	HEADACHE, NAUSEA

- Be aware of Signs of Ketoacidosis and follow Proactive order and Notify MD

DRY MOUTH	EXCESSIVE THIRST	DIFFICULTY BREATHING	FRUITY OR SWEAT SMELLING BREATH
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- Be knowledgeable of Diabetic Neuropathy and effects on therapy
- Perform microfilament exam
- If Therapy only patient perform medication reconciliation after each scheduled physician visit.
- Assess for safety during exercise
- Notify Home Health Agency/Physician as indicated of exacerbation of symptoms not controlled when activity is stopped
- Assess/Educate on Smoking Cessation as indicated
- Assess/Educate on staying current with Pneumonia and Influenza immunizations as indicated
- Consult other disciplines as indicated
- Provide/Utilize Krames/American Diabetes Association, and/or other approved resources for supplemental education

- FOCUS ON FUNCTION and FALL PREVENTION, and monitor the patient's condition at all time.

TIPS FOR SUCCESSFUL THERAPY INTERVENTION

TYPE OF EXERCISE	DURATION	PROGRESSION	INTENSITY
<ul style="list-style-type: none"> • Stretching • Aerobic • Resistance 	<ul style="list-style-type: none"> • Goal of 150mins a week broken up over 3 to 4 days 	<ul style="list-style-type: none"> • Start slow and steady and progress as tolerates. <p>START WITH</p> <ul style="list-style-type: none"> • Warm up (Walking) • Aerobic (Exercises that raise heart rate) • Cool down (Stretching) 	<ul style="list-style-type: none"> • Rating of Perceived Exertion (RPE) between 11-13

- Be knowledgeable of Diabetic retinopathy and educate on ways to improve safety in home

INSTRUCT	TEST PROPRIOCEPTION	TEST BALANCE
<ul style="list-style-type: none"> • Leaving Light on at night • Utilizing DME as indicated for proprioception • Selecting items with sharp contrast in color • Regular vision check-ups at least once a year 	<ul style="list-style-type: none"> • Educate/Obtain order for assisted devices, if indicated • Educated on proper foot wear • Assess foot care • Educate on Fall Prevention 	<ul style="list-style-type: none"> • Test somatosensory and visual components of balance • Balance training, as indicated

- Document vital signs each visit and response/tolerance to activity and document in medical record
- Report changes in symptoms that warrant a change in POC to TL/MD
- Utilize the standard test that measure and address function, vision, balance, and activity tolerance.
 - 2-Minute or 6-Minute Walk Test
 - Timed Up-and-Go (TUG)
 - 30 Second Chair Rise Test
 - Single Leg Stance Test
 - Tinetti Balance Assessment
 - Visual 2- Finger Test for visual acuity, depth perception, and peripheral vision
- Encourage/Educate on taking medication compliance
- Assess/Monitor/Educated on a ADA diet
- Evaluate range of motion and strength in lower extremities focusing on feet and ankles
- If patient loses consciousness call 911 do not give anything by mouth at this point and then notify TL and MD.

Transitioning to self-care: When is your patient ready?

- Patient is stable with goals met
- Patient can verbalize/demonstrate self-monitoring goals and objectives
- Patient can verbalize warning signs of hypoglycemia/ hyperglycemia
- Patient demonstrates medication regime adherence
- Nursing support is no longer needed.



DIABETES MANAGEMENT

BEST PRACTICE GUIDELINES: HOME HEALTH AIDE

Diabetes occurs in the body when the body has trouble utilizing glucose due to either the lack of insulin or insulin resistance. Insulin is necessary to help glucose enter the body's cells where then it can be utilized for fuel or energy. When glucose is unable to enter the body cells it builds up in the bloodstream which starves the body cells for fuel.

- Observe for deterioration or increase Signs/Symptoms of Diabetes every visit and Report all clinical findings and patient complaints of symptoms to the Case Manager (CM) or Team Lead (TL).

HYPERGLYCEMIA >250MG/DL	HYPOGLYCEMIA <70MG/DL
EXCESSIVE/FREQUENT URINATION	UNEXPLAINED WEIGHT LOSS
EXCESSIVE THIRST	SHAKINESS/DIZZINESS
TROUBLE CONCENTRATING	EXCESSIVE PERSPIRATION
HEADACHE	EXTREME FATIGUE
BLURRED VISION	EXCESSIVE HUNGER
SLOW HEALING WOUNDS	UNUSUAL BEHAVIOR
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DRY MOUTH	EXCESSIVE THIRST	DIFFICULTY BREATHING	FRUITY OR SWEAT SMELLING BREATH
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- If patient loses consciousness call 911 do not give anything by mouth at this point and then notify TL and MD.
- Report abnormal vital signs including weight gain or loss as indicated in the Home Health Aide (HHA) POC per patient specific parameters to CM or TL
- Report if the patient informs you they are not taking their prescribed medication to CM or TL
- Observe/Report complaints/signs of hypo/hyperglycemia with activity requiring patient to take prn medication such as extra insulin
- Observe/ Report environment signs of overuse or abuse of over the counter medications or pain medicines.

- Observe/Report signs of urinary tract infection as Diabetic patient are at an increased risk

URGENCY	FEVER	LOWER BACK PAIN	DARK/CLOUDY URINE	PAIN WITH URINATION
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- Assist with activities of daily living (ADL's) while promoting independence with activity
- Assist with Daily Ambulation (with ambulatory device as indicated) while performing visit as indicated in the HHA POC and allow for frequent breaks during activity. Use a gait belt for assistance with ambulation when indicated to prevent falls and injury.
- Observe/Report all changes in the patient's base line functional ability to the CM or TL.
- Assist with exercise as indicated by the Home Health Aide POC

Basic Exercises Guidelines

EXERCISE TO THE POINT OF MUSCLE FATIGUE (NOT PATIENT SIGNS OF OVEREXERTION) <ul style="list-style-type: none"> • When they are not able to perform the exercise properly due to muscles shaking. Stop exercise 	PATIENT CAN ONLY COMPLETE 6 OR FEWER REPETITIONS <ul style="list-style-type: none"> • Decrease weight of resistance • Provide Physical assistance with exercise 	INCREASE EXERCISE LEVEL RESISTANCE <ul style="list-style-type: none"> • When patient can complete 20-25 repetitions • By: Adding weight or utilizing stronger level resistance bands.
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****Notify Therapist or Nurse for changes needed to Level of Therapy on Home Health Aid (HHA) Plan of Care (POC).***

- Demonstrate competency with performing education on prescribed exercises.
- Utilize LHC approved educational exercise resources.
- Promote safety with activities, assist in identifying potential risks, and notify CM or TL.

Assistance with Activities of Daily living, Observing patient response to care, and Communicating concerns and patient changes to CM or TL enables us to provide the highest level of quality safely to those entrusted in our care.

Phone: 000 -000-0000

Fax: 000 -000-1234

Patient Name: _____ Date: _____ MR: _____

- Hemoglobin A1c (HgA1c) lab on (date) _____
- May order Glucometer and testing supplies and instruct on use, if patient doesn't have one
- SN/patient/caregiver may perform CBG checks PRN x 5 for s/sx of hypo/hyperglycemia
- Patient specific CBG parameters: _____ - _____
- For _____ insulin (list insulin type), the following sliding scale may be used when
_____ (physician specific instructions for CBG frequency):

Blood Sugar (mg/dl)	Patient-Specific Scale
< 70	Initiate Hypoglycemia protocol
70-130	Circle One: No Intervention or _____ units
131-180	_____ units
181-240	_____ units
241-300	_____ units
301-350	_____ units
351-400	_____ units
> 400	_____ units and call Physician

- For reported or observed hypoglycemia episodes, confirm readings with a second CBG check
- For CBG readings of < 70 and patient is alert, SN, patient or CG may implement the following hypoglycemic protocol:
 - Hold oral agent or insulin until CBG levels are _____
 - Administer 15 gram of simple carbohydrates every 20 minutes until blood glucose is over 70 (15 gm carbohydrates = 1 tsp. sugar; 1 T honey or syrup; ½ cup fruit juice or soda)
 - Recheck CBG every 15 – 20 minutes until results are > 70 mg/dl for 2 consecutive readings.
 - Once CBG > 70 mg/dl, follow up with regular snack or meal
 - Notify physician of hypoglycemic incident and response to treatment
- May refer to podiatrist of patient/caregiver choice for foot complications such as calluses, foot ulcers
- For diarrhea, patient may take over-the-counter anti-diarrheal at package recommended dosage and frequency

Name: _____ Phone: _____ Fax: _____

Physician Signature: _____ Date: _____



SBAR TOOL

HOW TO COMMUNICATE WITH A PHYSICIAN ABOUT A PATIENT ISSUE OR COMPLICATION

S

SITUATION

- » Identify yourself and the patient.
- » Briefly state the problem—what is the problem, when it happened or started and how severe it is or appears to be. “I am calling because of _____”

B

BACKGROUND

- » Provide pertinent background information related to the Situation
- » Provide details of any Marked changes in patient status
- » Provide most recent findings based on the history, physical assessment, lab results, telemonitoring data, current medications, and code status
- » Provide information regarding prior interventions implemented

A

ASSESSMENT

- » You need to think critically when informing the doctor of your assessment of the situation. This means that you have considered what might be the underlying reason for your patient’s condition. Not only have you reviewed your findings from your assessment, you have also consolidated these with other objective indicators, such as laboratory results.
- » I think the problem is _____.
- » The problem seems to be _____.
- » I am not sure what the problem is, but I’m concerned because _____.

R

RECOMMENDATION

- » State your recommendation or what you want, or ask the physician what they would like to do if you do not know.
- » Suggest orders related to _____
- » “Could I have an order for _____?”

Summary of Medications for Type 2 Diabetes

DIABETES MEDICATIONS

Class of Medication	Common Name	Actions	Potential for Hypoglycemia
Biguanides	Metformin (Glucophage)	Reduces the amount of glucose released by the liver and decreases insulin resistance by muscle cells.	Not when used as monotherapy.
Alpha-glucosidase inhibitors	Acarbose (Precose) Miglitol (Glyset)	Slows digestion and absorption of dietary carbohydrate.	Increased risk when used in combination with insulin or sulfonylurea agents. Must treat hypoglycemia with dextrose.
Thiazolidinediones	Pioglitazone (Actos) Rosiglitazone (Avandia)	Increases insulin sensitivity, decreases liver glucose output. Takes 12 or more weeks to achieve maximal effectiveness.	Increased risk when used in combination with insulin or insulin secretagogues.
Dipeptidyl peptidase 4 (DPP-4) inhibitors	Sitagliptin (Januvia) Saxagliptin (Onglyza) Linagliptin (Tradjenta) Alogliptin (Nesina)	Slows the inactivation of glucagonlike peptide-1 (GLP-1) by the degradation enzyme DPP-4. Prolongs the action of GLP-1, thus increasing insulin secretion and decreasing glucagon secretion.	May increase risk with insulin secretagogues; not studied with insulin.
Sodium-glucose cotransporter-2 inhibitors	Canagliflozin (Invokana) Dapagliflozin (Farxiga) Empagliflozin (Jardiance)	Inhibits glucose reabsorption in the kidneys.	Low risk when used as monotherapy.
Sulfonylureas	Glimepiride (Amaryl) Glipizide (Glucotrol) Glyburide (Micronase, Glynase)	Stimulates the beta cells of the pancreas to increase insulin production.	Yes
Meglitinides	Repaglinide (Prandin) Nateglinide (Starlix)	Stimulates the beta cells of the pancreas to increase insulin production. They are shorter acting than sulfonylureas.	Yes
Incretin mimetics (injectable)	Exenatide (Byetta) Exenatide LAR (Bydureon) Liraglutide (Victoza) Dulaglutide (Trulicity)	Mimics the effect of incretin hormones to increase insulin secretion in the presence of elevated blood glucose levels, decreases glucagon production, slows gastric emptying, and improves first-phase insulin response.	Often used in combination with insulin or sulfonylureas, which may result in hypoglycemia.
Amylin analogues (injectable, taken with mealtime insulin but as a separate injection)	Pramlintide (Symlin)	Slows gastric emptying (therefore delays glucose from entering the bloodstream), suppresses glucagon.	Yes
Insulin (injectable)	Long-acting insulin: Glargine (Lantus) Detemir (Levemir) Intermediate-acting insulin: NPH (Humulin R, Novolin R) Short-acting insulin: Regular (Humulin N, Novolin N) Rapid-acting insulin: Lispro (Humalog) Aspart (NovoLog) Glulisine (Apidra)	Increases the passage of glucose from the bloodstream into the cells and decreases the production of glucose by the liver.	Yes Understanding when the insulin peaks as well as its onset and duration of action can help prevent hypoglycemic episodes.

* Not a complete list

RESOURCES

- MENSING CE. *THE ART & SCIENCE OF DIABETES SELF-MANAGEMENT EDUCATION DESK REFERENCE*. 3RD ED. CHICAGO: IL: AMERICAN ASSOCIATION OF DIABETES EDUCATORS; 2014.
- NAUCK MA. UPDATE ON DEVELOPMENTS WITH SGLT2 INHIBITORS IN THE MANAGEMENT OF TYPE 2 DIABETES. *DRUG DES DEVEL THER*. 2014;8:1335-1380.



Signs of Low and High Blood Sugar

↓	<p>Signs of <u>LOW</u> Blood Sugar</p> <ul style="list-style-type: none"> • Shakiness • Sweaty • Hunger • Anxiety • Nervous • Confusion • Acting angry or irritable • Slurred speech • Headache 	<p>Causes of <u>LOW</u> Blood Sugar</p> <ul style="list-style-type: none"> • Too little food • Too much medicine • More activity than usual • Too long between meals and snacks • Alcohol 	<p>Treatment of <u>LOW</u> Blood Sugar</p> <ul style="list-style-type: none"> • 1/2 cup juice • 1/2 cup sugared soft drink • 1 tablespoon honey • 4 sugar packets • 3-4 hard candy (unless at risk for choking) • 3 graham crackers • 2 tablespoons raisins • 3-4 glucose tablets • 1 cup skim or low fat milk
↑	<p>Signs of <u>HIGH</u> Blood Sugar</p> <ul style="list-style-type: none"> • Thirst • Hunger • Frequent urination • Fatigue • Nausea • Blurred vision • Headache • Confusion 	<p>Causes of <u>HIGH</u> Blood Sugar</p> <ul style="list-style-type: none"> • Too much food • Too little exercise • Too little medicine • Stress • Illness or infection • Injury • Short time between meals and snacks 	<p>Treatment of <u>HIGH</u> Blood Sugar</p> <ul style="list-style-type: none"> • Exercise unless sugar is above 240 • Adjust food intake • Work with your home health nurse to adjust your medicine

Please have a family member or caregiver call us if you are admitted to the hospital or go to the emergency room. We're available any time – day or night.

 **Agency Name
Goes Here**

Phone: 000.000.0000





Diabetes

*You're on the road to recovery.
Know the signs for a change in your condition.*



You're in the right lane!

- Your average blood sugars are typically under _____.
- Most fasting blood sugars are under _____.
- Able to perform usual activities.

Keep symptoms under control.

- Take your medications as ordered.
- Follow your prescribed diet as follows:

- Keep all physician appointments.
- Check your blood glucose levels as ordered by your physician.
- Continue regular exercise.
- Get your annual flu shot.

Call us if you have these symptoms. You may need a treatment adjustment.

- Average blood sugars are between _____ and _____.
- Most fasting blood sugars are under _____.
- Signs and symptoms of high or low blood sugar. (See page 2.)
- Unable to do usual activities.
- Redness or swelling of feet or lower extremities, development of new wounds, or fever.
- Any other symptom that bothers you, no matter how minor.
- Other _____

Call your physician or 911 immediately if you have these symptoms.

- Average blood sugars are above _____ or below _____.
- Most fasting blood sugars are well over _____ or under _____.
- You are unable to stay awake during the day.
- If blood sugar is <70, eat simple sugar. Recheck in 15 minutes. If still <70, eat simple sugar again and recheck blood sugar in 15 minutes. If blood sugar is not 71 or greater, call 911.

Caregivers – call 911 immediately if the patient is not responsive.

Physician name

Phone number

Please have a family member or caregiver call us if you are admitted to the hospital or go to the emergency room. We're available any time – day or night.


 **Agency Name
Goes Here**

Phone: 000.000.0000






CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
<p>Endocrine</p> 	<p>Hyperglycemia</p> <ul style="list-style-type: none"> increase thirst, fatigue, frequency in urination, and blurred vision <p>Hypoglycemia</p> <ul style="list-style-type: none"> sweating, dizziness, headache, tachycardia, confusion, irritability 	<p>Getting Started, Learning More</p> <ul style="list-style-type: none"> Understanding Diabetes Why high blood Sugar is a Problem Living with Diabetes You're in Charge 	<p>Problem Statement- DIABETES PATHO-PHYSIOLOGY</p> <p>A7000 POC ORDER: SKILLED NURSE TO PROVIDE INSTRUCTIONS ON DIABETES *TYPE I *TYPE II INCLUDING DISEASE PROCESS, ASSOCIATED SIGNS AND SYMPTOMS, AND CAUSES OF DISEASE PROCESS. POC Goal: PATIENT/CAREGIVER WILL UNDERSTAND AND DEMONSTRATE COMPLIANCE WITH TREATMENT REGIMEN FOR DIABETES BY *(ENTER DATE WEEK OR MONTH).</p> <p>Problem Statement-DIABETES-PRN ORDERS</p> <p>A7004 POC Order: SKILLED NURSE MAY PERFORM UP TO 2 PRN VISITS FOR HYPOGLYCEMIA/ HYPERGLYCEMIA SYMPTOM EXACERBATION ASSOCIATED WITH DIABETES SUCH AS DIZZINESS, WEAKNESS, UNUSUAL SWEATING, LIGHT HEADEDNESS, IRRITABILITY, HEADACHE, EXCESSIVE HUNGER, FREQUENT URINATION, BLURRED VISION, FATIGUE, FRUITY-SMELLING BREATH, DRY MOUTH, CONFUSION, NAUSEA AND VOMITING POC Goal: COMPLICATIONS RELATED TO DIABETES WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISKS.</p>	<p>Visit Interventions and Goals: Seq: 1 Visits: 2 Intervention: INSTRUCT PATIENT/CAREGIVER ON THE DISEASE PROCESS, SIGNS AND SYMPTOMS, AND CAUSES OF DIABETES.</p> <p>Intervention Details: INSTRUCTED PATIENT/ CAREGIVER ON DISEASE PROCESS OF DIABETES *TYPE I *TYPE II. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON SIGNS AND SYMPTOMS OF DIABETES. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON CAUSES OF DIABETES. Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER Intervention Details: *PATIENT/*CAREGIVER REPEATS INSTRUCTION COMPLETELY AND ACCURATELY ON TEACHING/TRAINING PROVIDED Intervention Details: *PATIENT/*CAREGIVER VERBALIZES LIMITED UNDERSTANDING OF TEACHING/TRAINING PROVIDED Intervention Details: *PATIENT/*CAREGIVER VERBALIZES UNDERSTANDING OF TEACHING/TRAINING PROVIDED BUT HESITANT TO PUT INTO PRACTICE Intervention Details: *PATIENT/*CAREGIVER VERBALIZES NO UNDERSTANDING OF INSTRUCTIONS PROVIDED. Intervention Details: *PATIENT/*CAREGIVER NEEDS FURTHER INSTRUCTIONS ON TEACHING/TRAINING PROVIDED Intervention Details: *PATIENT/*CAREGIVER RESPONSE TO TEACHING /TRAINING PROVIDED (OTHER)*</p> <p>Goal: THE PATIENT/CAREGIVER CAN DEFINE DISEASE PROCESS, DESCRIBE SIGNS AND SYMPTOMS, AND DISCUSS CAUSES OF DIABETES.</p>
<p>Diet</p> 	<ul style="list-style-type: none"> Nutritional Needs Diet Plan Adherence to Diet plan 	<p>Creating a Meal Plan</p> <ul style="list-style-type: none"> Making a Plan for Healthy Eating Healthy Eating for Weight Control How Carbohydrates Affect Blood Sugar Learning About Carb Counting Planning Your Meals Eating Away from Home 	<p>Problem Statement: DIABETES DIET</p> <p>A7001 POC Order: SKILLED NURSE TO INSTRUCT ON ADA DIET OR *(PRE-SCRIBED DIET ORDERED BY HEALTHCARE PROVIDER). POC Goal: PATIENT/CAREGIVER WILL DEMONSTRATE COMPLIANCE WITH ADA DIET OR *PRESCRIBED DIET BY *(ENTER DATE, WEEK OR MONTH).</p>	<p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: 2 Intervention: INSTRUCT PATIENT/CAREGIVER PRESCRIBED DIET. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON ADA DIET. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON CHOOSING THE RIGHT FOODS AND AVOIDING LESS FATS, AVOIDING ADDED SUGARS, EATING A VARIETY OF VEGETABLES, FRESH FRUITS, LEAN MEATS, FISH, AND MANAGING CALORIE INTAKE. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON PRESCRIBED DIET. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON HEALTHY EATING FOR WEIGHT CONTROL, HOW TO DETERMINE SERVING SIZES, KEEPING AN FOOD DIARY, AND MEAL PLANNING. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON HOW CARBOHYDRATES AFFECT BLOOD SUGAR AND CARBOHYDRATE COUNTING. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON READING FOOD LABELS Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER WILL VERBALIZE KNOWLEDGE OF PRESCRIBED DIET</p>



CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/ NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
<p>Medication Management</p> 	<ul style="list-style-type: none"> Medication Review/Compliance Side Effects Adjustments needed due to sx exacerbation 	<p>Taking Your Medication</p> <ul style="list-style-type: none"> Medications for Diabetes If you need to Use Injections Taking Other Medications Managing Your Medications Your Medication Plan 	<p>Problem Statement: Diabetes Medications</p> <p>A7005 POC Order: SKILLED NURSE TO INSTRUCT ON PRESCRIBED MEDICATIONS TO TREAT DIABETES, NEW AND CHANGED MEDICATIONS, HIGH RISK MEDICATIONS, ANY APPLICABLE DRUG INTERACTIONS.</p> <p>POC GOAL: PATIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE OF DIABETIC MEDICATION TYPES, ACTION, POSSIBLE SIDE EFFECTS, USE, ADMINISTRATION, AND PROPER STORAGE BY * (ENTER DATE, WEEK OR MONTH).</p>	<p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: ALL Intervention: INSTRUCT PATIENT/CAREGIVER ON THE USE OF PRESCRIBED MEDICATIONS USED FOR DIABETES TYPES, ACTION, POSSIBLE SIDE EFFECTS, USE, THOSE WITH ASSESSED KNOWLEDGE DEFICITS.</p> <p>Intervention Details: ALPHA-GLUCOSIDASE INHIBITORS INSTRUCTED PATIENT/CAREGIVER PURPOSE: PREVENT CARBOHYDRATE DIGESTION REDUCING THE IMPACT OF DIETARY CARBOHYDRATES ON RASING BLOOD SUGAR LEVEL AFTER MEALS. SIDE EFFECTS: MAY INCLUDE FLATULANCE AND DIARRHEA, AND HYPOGLYCEMIA. IN THE EVENT OF HYPOGLYCEMIA TAKE IN FOODS CONTAINING MONOSACCHARIDE. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: BIGUANIDES INSTRUCTED PATIENT/CAREGIVER PURPOSE: WORKS BY DECREASING INSULIN RESISTANCEAND GLUCOSE PRODUCTION IN THE LIVER, MUSCLE AND FAT CELLS. MAY ALSO IMPROVE LIPID LEVELS IN THE BLOOD. SIDE EFFECTS: MAY INCLUDE ANOREXIA, HEARTBURN, NAUSEA, AND DIARRHEA. AVOID ALCOHOL CONSUMPTION WHILE ON MEDICATION. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: DDP-4 INHIBITORS INSTRUCTED PATIENT/CAREGIVER PURPOSE: STIMULATES AN INCREASE IN THE BODY'S REALEASE OF INSULIN REDUCING GLUCOAGON AND BLOOD GLUCOSE LEVELS. SIDE EFFECTS: MAY INCLUDE NAUSEA, ANOREXIA, HEARTBURN, SORE THROAT, DIARRHEA, AND HEADACHE. AVOID ALCOHOL CONSUMPTION WHILE ON THIS MEDICATION. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: GLINIDES INSTRUCTED PATIENT/CAREGIVER PURPOSE: SHORT ACTING AND USED AT MEALTIME TO PREVENT POST-MEAL BLOOD GLUCOSE ELEVATIONS BY STIMULATING THE PANCREAS TO RELEASE MORE INSULIN. SIDE EFFECTS: HEADACHE, HYPOGLYCEMIA, AND UPPER RESPIRATORY INFECTIONS. This MEDICATION SHOULD BE TAKEN PRIOR TO A MEAL IF THEMEAL IS SKIPPED THEN DOSE SHOULD NOT BE TAKEN. MINIMIZE CHANGES IN DIET AND ACTIVITY. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: SGLT2 INHIBITORS INSTRUCTED PATIENT/CAREGIVER PURPOSE: LOWER BLOOD SUGAR BY CAUSING KIDNEYS TO EXCRETE GLUCOSE THROUGH THE URINE. USED IN CONJUNCTION WITH DIET AND EXERCISE. SIDE EFFECTS: MAY INCLUDE FREQUENT URINATION, LIGHT HEADEDNESS, AND DIZZINESS. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: SULFONYLUREAS INSTRUCTED PATIENT/CAREGIVER PURPOSE: STIMULATE THE PRODUCTION AND REALEASE OF INSULIN BY THE PANCREAS. MEDICATION EFFECTS CAN LAST UP TO 72 HOURS. SIDE EFFECTS: MAY INCLUDE HYPOGLYCEMIA, NAUSEA, DIARRHEA, HEARTBURN, AND ANOREXIA. AVOID ALCOHOL CONSUMPTION WHILE ON MEDICATION. MINIMIZE CHANGES IN DIET AND ACTIVITY. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p>



CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
				<p>Intervention Details: THIAZOLIDINEDIONES INSTRUCTED PATIENT/CAREGIVER PURPOSE: REDUCES INSULIN RESISTANCE IN MUSCLES AND FAT CELLS IN THE BODY. WORK BY DECREASING GLUCOSE PRODUCTION BY THE LIVER THERBY IMPROVING BLOOD GLUCOSE LEVELS. ALSO IMPROVE LIPID LEVELS. SIDE EFFECTS: FATIGUE, HEADACHE, INFECTION, AND FLUID RETENTION. A MISSED DOSE MAY BE TAKEN AT NEXT SCHEDULED TIME. DOUBLE DOSES SHOULD NOT BE TAKEN. AVOID ALCOHOL CONSUMPTION WHILE ON THIS MEDICATION. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS.</p> <p>Intervention Details: RAPID INSULIN INSTRUCTED PATIENT/CAREGIVER PURPOSE: REGULATES BLOOD SUGAR WHEN THE PANCREAS IS NO LONGER PRODUCE ENOUGH INSULIN. ENTERS BLOOD STREAM LESS THAN FIFTEEN MINUTES, REACHES MAXIMUM STRENGTH IN ONE TO TWO HOURS ON AVERAGE, AND LASTS THREE TO FOURS HOURS ON AVERAGE. SIDE EFFECTS: MAY INCLUDE HYPOGLYCEMIA, HYPERSENSITIVITY, RASH, ITCHING, AND INJECTION SITE REACTIONS. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS. GIVEN USUALLY BY INJECTION.</p> <p>Intervention Details: SHORT ACTING INSULIN INSTRUCTED PATIENT/CAREGIVER PURPOSE: REGULATES BLOOD SUGAR WHEN THE PANCREAS IS NO LONGER PRODUCE ENOUGH INSULIN. ENTERS BLOOD STREAM LESS THAN THIRTY MINUTES, REACHES MAXIMUM STRENGTH IN TWO TO THREE HOURS ON AVERAGE, AND LASTS THREE TO SIX HOURS ON AVERAGE. SIDE EFFECTS: HYPOGLYCEMIA, HYPERSENSITIVITY, RASH, ITCHING, AND INJECTION SITE REACTIONS. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS. GIVEN USUALLY BY INJECTION.</p> <p>Intervention Details: INTERMEDIATE ACTING INSULIN INSTRUCTED PATIENT/CAREGIVER PURPOSE: REGULATES BLOOD SUGAR WHEN THE PANCREAS IS NO LONGER PRODUCE ENOUGH INSULIN ENTERS BLOOD STREAM WITHIN TWO TO FOUR HOURS, REACHES MAXIMUM STRENGTH IN FOUR TO TWELVE HOURS ON AVERAGE, AND LASTS TWELVE TO EIGHTEEN HOURS ON AVERAGE. SIDE EFFECTS: HYPOGLYCEMIA HYPERSENSITIVITY, RASH, ITCHING, AND INJECTION SITE REACTIONS. CALL/NOTIFY HEALTHCARE PROVIDER IF YOU EXPERIENCE SIDE EFFECTS. GIVEN USUALLY BY INJECTION.</p> <p>Seq: 3 Visits: ALL Intervention: INSTRUCT PATIENT/CAREGIVER ON ANY NEW AND CHANGED MEDICATION, THOSE WITH ASSESSED KNOWLEDGE DEFICIT, HIGH RISK MEDICATIONS AND ANY DRUG INTERACTIONS. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON THE FOLLOWING MEDICATION *(NAME OF MED). PATIENT CAREGIVER INSTRUCTED ON *(USE, SIDE EFFECTS, EFFECTIVENESS, REACTIONS, AND INTERACTIONS). Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON HOW AND WHEN TO REPORT PROBLEMS ON THE FOLLOWING MEDS *(LIST MEDS) Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON SPECIAL PRECAUTIONS AND HOW AND WHEN TO REPORT PROBLEMS THAT MAY OCCUR FOR THE FOLLOWING HIGH RISK MEDS*(LIST MEDS) Goal: PATIENT/CAREGIVER WILL BE ABLE TO EXPLAIN PROPER USE AND ADMINISTRATION OF ALL PRESCRIBED MEDICATIONS. PATIENT/CAREGIVER WILL BE COMPLIANT WITH MEDICATION REGIMEN.</p> <p>Seq: 1 Visits: 2 Intervention: INSTRUCT PATIENT/CAREGIVER ON PROPER STORAGE OF INSULIN AND HOW TO PREPARE MEDICATION</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER INSULIN STORAGE AND HOW TO</p>




CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
			<p>PROBLEM STATEMENT—TEACHING ON INSULIN ADMINISTRATION</p> <p>A1008 POC ORDER: SKILLED NURSE TO TEACH PATIENT/CAREGIVER ON ADMINISTRATION OF INSULIN INCLUDING PROPER STORAGE, PREPARATION OF MEDICATION, ROTATION OF INJECTION SITES, AND SHARPS DISPOSAL</p> <p>POC GOAL: PATIENT/CAREGIVER WILL BE INDEPENDENT IN INSULIN ADMINISTRATION BY *(ENTER DATE, WEEK, OR MONTH)</p> <p>PROBLEM STATEMENT- NURSE TO PREFILL SYRINGES OR ADMINISTER INSULIN</p> <p>A590 POC ORDER: SKILLED NURSE FOR ADMINISTRATION OF SQ INSULIN. *DOSE OF *(INSULIN TYPE) EVERY *</p> <p>POC GOAL: PATIENT WILL TOLERATE INJECTION AS EVIDENCED BY NO COMPLAINTS OF DISCOMFORT AND DEMONSTRATES APPROPRIATE RESPONSE TO INSULIN ADMINISTRATION</p> <p>A476 POC ORDER: SKILLED NURSE TO PREFILL AND INSTRUCT *PATIENT/*CAREGIVER TO PREFILL INSULIN (#) SYRINGES WITH *(INSULIN TYPE AND DOSE) EVERY *TO ADMINISTER AS FOLLOWS*</p> <p>POC GOAL:*PATIENT/CAREGIVER WILL ADMINISTER INSULIN VIA PREFILLED SYRINGES WITHOUT COMPLICATIONS BY *(ENTER DATE, WEEK, OR MONTH)</p>	<p>PREPARE MEDICATION</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER INSULIN STORAGE AND HOW TO PREPARE MEDICATION</p> <p>Intervention Details: *PATIENT/*CAREGIVER ABLE TO PREPARE CORRECT DOSAGE</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER DEMONSTRATES PROPER INSULIN STORAGE AND ABLE TO PREPARE SYRINGE WITH ACCURATE INSULIN DOSAGE</p> <p>Seq: 2 Visits: 2 Intervention INSTRUCT PATIENT/CAREGIVER ON HOW TO ADMINISTER INSULIN, SITES TO INJECT, AND IMPORTANCE OF ROTATING INJECTION SITES</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER HOW TO ADMINISTER INSULIN, SITES TO INJECT, IMPORTANCE OF ROTATING INJECTION SITES</p> <p>Intervention Details: SKILLED NURSE OBSERVED *PATIENT/*CAREGIVER ADMINISTER INSULIN USING CORRECT TECHNIQUE</p> <p>Intervention Details: REFERENCE MATERIALS PROVIDED TO *PATIENT/*CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER ABLE TO LOCATE APPROPRIATE INJECTION SITE AND CORRECTLY ADMINISTER INSULIN</p> <p>Seq: 3 Visits: 2 Intervention SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON PROPER DISPOSAL OF SHARPS</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER DISPOSAL OF SHARPS.</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER DISPOSAL OF SHARPS. DO NOT THROW SHARPS INTO TRASH CAN. SHARPS TO BE DISPOSED OF IN IMPERMEABLE CONTAINER.</p> <p>Intervention Details: REFERENCE MATERIALS PROVIDED TO PATIENT/CAREGIVER</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER WILL DEMONSTRATE PROPER DISPOSAL OF SHARPS</p> <p>Seq: 1 Visits: ALL Intervention ADMINISTER SQ INSULIN PER PHYSICIAN ORDERS</p> <p>Intervention Details: USING ASEPTIC TECHNIQUE, SKILLED NURSE PERFORMED PREPARATION AND ADMINISTRATION OF *(INSULIN TYPE AND DOSE) UNITS SQ TO *(LOCATION)</p> <p>Intervention Details: PATIENT TOLERATED INSULIN ADMINISTRATION WITHOUT DISCOMFORT</p> <p>Goal: PATIENT VERBALIZES TOLERANCE TO INSULIN INJECTION</p> <p>Seq: 1 Visits: ALL Intervention PREFILL INSULIN SYRINGES</p> <p>Intervention Details: USING ASEPTIC TECHNIQUE AND STERILE SYRINGES, SKILLED NURSE PREFILLED *(#)</p>



CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
				<p>INSULIN SYRINGES AS FOLLOWS: Intervention Details: SKILLED NURSE INSTRUCTED PATIENT TO USE INSULIN SYRINGES AS FOLLOWS: Intervention Details: PATIENT/CAREGIVER VERBALIZES UNDERSTANDING ON ADMINISTRATION OF INSULIN FROM PREFILLED SYRINGES.</p> <p>Goal: *PATIENT/*CAREGIVER IS ABLE TO ADMINISTER INSULIN VIA PREFILLED SYRINGE WITHOUT COMPLICATIONS</p>
<p>Lifestyle Modifications/ Activity</p> 	<p>Lifestyle Modification needed</p> <ul style="list-style-type: none"> • Foot Exam • Oral Exam • Weight Exam • Immunizations Review • Emotional Stability • Activity tolerance • Activity Plan • Level of Energy 	<p>Maintaining Your Overall Health</p> <ul style="list-style-type: none"> • Caring for your Emotional Health • Quitting Smoking • Diabetes and Intimacy • On Road • When You're Sick <p>Adding Activity into Your Life</p> <ul style="list-style-type: none"> • Getting Active • Sticking with It • Overcoming Roadblocks 	<p>PROBLEM STATEMENT: DIABETES – LIFESTYLE CHANGES</p> <p>A7003 POC Order: SKILLED NURSE TO INSTRUCT ON DIABETES: INCREASE RISK FACTORS, POSSIBLE COMPLICATIONS, LIFESTYLE MODIFICATIONS, AND ACTIVITY.</p> <p>POC Goal: PATIENT / CAREGIVER WILL BE ABLE TO VERBALIZE THE REASON AND IMPORTANCE FOR NECESSARY LIFESTYLE CHANGES.</p>	<p>Visit Interventions and Goals:</p> <p>Seq: 2 Visits: 3 Intervention: INSTRUCT PATIENT/CAREGIVER ON LIFESTYLE MODIFICATIONS NECESSARY IN PATIENTS WITH DIABETES, THOSE WITH ASSESSED KNOWLEDGE DEFICITS.</p> <p>Intervention Details: INSTRUCTED PATIENT TO AVOID ALCOHOL CONSUMPTION AND EFFECTS ON BLOOD SUGAR Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON SMOKING CESSATION AND THE IMPACT ON DISEASE PROCESS. Intervention Details: INSTRUCTED PATIENT/CAREGIVER IN PERFORMING ROUTINE FOOT INSPECTION AND LOWER EXTREMITY INSPECTION FOR THE PRESENCE OF LESIONS EVERY DAY. Intervention Details: INSTRUCTED PATIENT/ CAREGIVER ON MAINTAINING A HEALTHY WEIGHT AS RECOMMENDED BY HEALTHCARE PROVIDER Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON FOOT CARE INCLUDING EXAMINING, PROPER HYGIENE, NAIL CARE, AND POSSIBLE NEED FOR SPECIAL FOOT WEAR. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON CARE AND PREVENTION OF PERIODONTAL GUM DISEASE. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON DEALING WITH EMOTIONAL HEALTH AND WAYS TO ALLEVIATE STRESS BY DEEP BREATHING, RELAXATION TECHNIQUES, YOGA, VISUALIZATION, AND TALKING ABOUT FEELINGS. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON KEEPING UP-TO-DATE WITH ALL IMMUNIZATIONS AS RECOMMENDED BY HEALTHCARE PROVIDER Intervention Details: INSTRUCTED PATIENT ABOUT IMPORTANCE OF KEEPING PHYSICIAN APPOINTMENTS, YEARLY EYE EXAMS, AND DENTAL EXAMS TWICE A YEAR, OR MORE FREQUENTLY AS RECOMMENDED BY PHYSICIAN. Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON SICK DAY ROUTINE AND WHEN TO CALL THE HOME HEALTH REGISTERED NURSE/PHYSICIAN. Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE OF DIABETES AND LIFESTYLE MODIFICATION NECESSARY TO MAINTAIN/ACHIEVE DESIRED HEALTH OUTCOMES.</p> <p>Seq: 3 Visits: 4 Intervention: INSTRUCT PATIENT / CAREGIVER ON PHYSICAL ACTIVITY.</p> <p>Intervention Details: INSTRUCTED PATIENT / CAREGIVER ON IMPORTANCE OF PHYSICAL EXERCISE AND EFFECTS ON BLOOD SUGAR.</p>



CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
			<p>PROBLEM STATEMENT—DIABETIC FOOT ASSESSMENT AND FOOT CARE TEACHING</p> <p>A2007 POC ORDER: SKILLED NURSE TO INSTRUCT PATIENT ON DIABETIC FOOT CARE. SKILLED NURSE TO ASSESS LOWER EXTREMITIES FOR PRESENCE OF LESIONS EVERY VISIT</p> <p>POC GOAL: PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF DIABETIC FOOT CARE AND DEMONSTRATE ABILITY TO PERFORM ROUTINE FOOT SCREENS *WITH/*WITHOUT ASSISTANCE BY *(ENTER DATE, WEEK, OR MONTH).</p>	<p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON GRADUALLY INCREASING PHYSICAL ACTIVITY WITH A GOAL OF EXERCISING 150 MINUTES PER WEEK THAT CAN BE SPREAD OVER 3 TO 4 DAYS IN A WEEK, AS TOLERATED.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON TYPES OF EXERCISES INCLUDING AEROBIC, STRENGTH, AND STRETCHING EXERCISES AND CHOOSING PHYSICAL ACTIVITY THAT FITS THEIR LEVEL OF TOLERANCE *(WALKING, SWIMMING, CHAIR EXERCISES).</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON STAYING SAFE WHILE EXERCISING.</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/ CAREGIVER REPORTS ONE ACTIVITY THAT INCREASES PHYSICAL EXERCISE</p> <p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: 2 Intervention INSTRUCT PATIENT/CAREGIVER ON PROPER FOOT CARE</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER FOOT CARE</p> <p>Goal: PATIENT/CAREGIVER IS KNOWLEDGEABLE ON PROPER FOOTCARE.</p> <p>Seq: 2 Visits: ALL Intervention ASSESS LOWER EXTREMITIES FOR THE PRESENCE OF SKIN LESIONS EVERY VISIT.</p> <p>Intervention Details: ASSESSMENT FINDINGS*</p> <p>Goal: <i>PATIENT WILL MAINTAIN SKIN INTEGRITY.</i></p>
<p>Monitoring Blood Sugar</p> 	<ul style="list-style-type: none"> Monitoring Blood Sugar Properly Utilization of Glucometer machine Utilization on a Sliding Scale Disposal of Sharps 	<p>Monitoring Your Blood Sugar</p> <ul style="list-style-type: none"> Checking Blood Sugar How the A1C Test Helps Treating Low and High Blood sugar Making Checking a Priority 	<p>PROBLEM STATEMENT—CBG MONITORING ONLY</p> <p>A2006 POC ORDER: *PATIENT/*CAREGIVER TO PERFORM BLOOD GLUCOSE TESTING *(INSERT FREQUENCY). PATIENT'S THERAPEUTIC CBG RANGE IS *MG/DL TO *MG/DL</p> <p>POC GOAL: PATIENT'S CBG WILL BE MAINTAINED WITHIN PRESCRIBED THERAPEUTIC RANGE BY *(ENTER DATE, WEEK, OR MONTH)</p> <p>PROBLEM STATEMENT—TEACHING ON CBG USE</p> <p>A1007 POC ORDER: SKILLED NURSE TO INSTRUCT PATIENT ON BLOOD GLUCOSE TESTING. FREQUENCY FOR BLOOD GLUCOSE TESTING. PATIENT'S THERAPEUTIC CBG RANGE IS *MG/DL TO *MG/DL</p> <p>POC GOAL: PATIENT/CAREGIVER WILL BE ABLE TO PERFORM BLOOD GLUCOSE TESTING INDEPENDENTLY</p>	<p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: 2 Intervention SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON USAGE OF CBG METER. CBG TO BE ASSESSED AT PRESCRIBED TIMES A DAY. ENSURING CORRECT MONTH, DAY, YEAR TIME ARE SET. SKILLED NURSE TO INSTRUCT ON HOW TO CHECK CONTROLS PER METER GUIDELINES.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON USAGE OF CBG METER INCLUDING CHECKING CONTROLS PER METER GUIDELINES</p> <p>Intervention Details: SKILLED NURSE OBSERVED PATIENT/CAREGIVER PERFORM CBG TESTING ACCURATELY</p> <p>Intervention Details: REFERENCE MATERIALS PROVIDED TO PATIENT/CAREGIVER</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER ABLE TO DEMONSTRATE ABILITY TO CORRECTLY PERFORM CAPILLARY BLOOD GLUCOSE TEST; ABLE TO ACCURATELY DOCUMENT CBG READING FROM METER MEMORY. PATIENT/CAREGIVER WILL DEMONSTRATE COMPLIANCE WITH CBG MONITORING.</p> <p>Seq: 2 Visits: 2 Intervention SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON PROPER DISPOSAL OF SHARPS</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER DISPOSAL OF</p>




CROSS WALK FOR MANAGING DIABETES

SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
			<p>BY *(ENTER, DATE, WEEK, OR MONTH)</p> <p>PROBLEM STATEMENT- DIABETES PROACTIVE ORDER</p> <p>A7002 POC Order: PATIENT/CAREGIVER/ SKILLED NURSE MAY PERFORM CBG CHECKS PRN X 5 FOR SIGNS AND SYMPTOMS OF HYPOGLYCEMIA OR HYPERGLYCEMIA. SN/PATIENT/CAREGIVER INSTITUTE THE FOLLOWING SLIDING SCALE.FOR *(INSULIN TYPE), THE FOLLOWING SLIDING SCALE MAY BE UTILIZED FOR BLOOD SUGAR READINGS (MG/DL):</p> <p>70-130 *(# OF UNITS OR ZERO UNITS) 131-180 *(# OF UNITS) 181-240 *(# OF UNITS) 241-300 *(# OF UNITS) 301-350 *(# OF UNITS) 351- 400 *(# OF UNITS) >401 *(# OF UNITS) AND CALL PHYSICIAN.</p> <p><70MG/DL SN/PATIENT/CAREGIVER TO INITIATE HYPOGLYCEMIA PROTOCOL: VERIFY WITH SECOND CBG READING; HOLD ORAL AGENT/INSULIN UNTIL CBG LEVELS ARE *.</p> <p>IF PATIENT ALERT ADMINISTER 15GRAMS OF SIMPLE CARBOHYDRATES EVERY TWENTY MINUTES UNTIL BLOOD GLUCOSE IS OVER 70MG/DL VERIFIED BY RECHECKING CBG EVERY 15 MINUTES UNTIL OVER 70 MG/DL FOR TWO CONSECUTIVE READINGS. INSTRUCT ON FOLLOWING UP WITH REGULAR MEAL OR SNACK ONCE CBG IS ABOVE 70MG/DL.</p> <p>SN TO NOTIFY PHYSICIAN OF HYPOGLYCEMIC INCIDENT.</p> <p>POC Goal: PATIENT WILL MAINTAIN SYMPTOM CONTROL OF DIABETES THROUGH UTILIZATION OF PRESCRIBED PROACTIVE ORDERS BY *(ENTER DATE WEEK OR MONTH)</p>	<p>SHARPS.</p> <p>Intervention Details: INSTRUCTED *PATIENT/*CAREGIVER ON PROPER DISPOSAL OF SHARPS. DO NOT THROW SHARPS INTO TRASH CAN. SHARPS TO BE DISPOSED OF IN IMPERMEABLE CONTAINER.</p> <p>Intervention Details: REFERENCE MATERIALS PROVIDED TO PATIENT/CAREGIVER</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT/CAREGIVER WILL DEMONSTRATE PROPER DISPOSAL OF SHARPS</p> <p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: 2 Intervention: INSTRUCT PATIENT/CAREGIVER ON RECOGNIZING HYPOGLYCEMIA/HYPERGLYCEMIA, AND UTILIZING PRESCRIBED INSULIN SLIDING SCALE.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON RECOGNIZING HYPOGLYCEMIA WITH SYMPTOMS OF DIZZINESS, SHAKINESS, SWEATING, DIAPHORETIC, HEADACHE OR FAST HEART BEAT, AND IRRITABILITY AND CONFUSION.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON RECOGNIZING HYPERGLYCEMIA WITH SYMPTOMS OF BLURRED VISION, INCREASED TIREDNESS, THIRST, AND NEED TO URINATE.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON UTILIZING PRESCRIBED INSULIN SLIDING SCALE INCLUDING HYPOGLYCEMIA PROTOCOL.</p> <p>Intervention Details: SN PERFORMED CBG AND RESULTS RECORDED IN DOCUMENTATION.</p> <p>Intervention Details: FOLLOWED PROACTIVE ORDERS FOR SLIDING SCALE AND *(UNITS OF INSULIN GIVEN).</p> <p>Intervention Details: FOLLOWED PROACTIVE ORDERS FOR HYPOGLYCEMIA AND PHYSICIAN NOTIFIED OF *(RESPONSE TO TREATMENT).</p> <p>Intervention Details: PATIENT EDUCATION BOOKLET PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT WILL RECOGNIZE HYPOGLYCEMIA AND HYPERGLYCEMIA AND BE ABLE TO UTILIZE THE INSULIN SLIDING SCALE WHEN INDICATED AND MAINTAIN SYMPTOM CONTROL OF DIABETES.</p> <p>Seq: 2 Visits: ALL Intervention: ASSESS PATIENT FOR SIGNS AND SYMPTOMS OF HYPO/ HYPERGLYCEMIA</p> <p>Intervention Details: ASSESSED PATIENT FOR SIGNS/SYMPTOMS OF HYPO/HYPER GLYCEMIA. PATIENT *NOT EXHIBITING/*EXHIBITING THE FOLLOWING SYMPTOMS OF *HYPO/*HYPERGLYCEMIA</p> <p>Intervention Details: NOTIFIED DR * OF HYPOGLYCEMIA INCIDENT</p> <p>Goal: EPISODES OF HYPO/HYPERGLYCEMIA WILL BE IDENTIFIED PROMPTLY</p>



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SYSTEM FOCUS	ASSESSMENT AREA SYMPTOMS/NEEDS	KRAMES: LIVING WELL WITH DIABETES	HCHB PATHWAY	HCHB INTERVENTION & GOALS HCHB DETAILS
<p>Chronic Condition</p> 	<ul style="list-style-type: none"> Assessing Comorbidities (Sleep Apnea, CAD, CHF, HTN) Complications Associated with DM Review current Labs 	<p>Maintaining Your Overall Health</p> <ul style="list-style-type: none"> Managing Cardiovascular Risk Factors Staying Healthy Reducing your Risk for Complications 	<p>PROBLEM STATEMENT: DIABETES – LIFESTYLE CHANGES</p> <p>A7003 POC Order: SKILLED NURSE TO INSTRUCT ON DIABETES: INCREASE RISK FACTORS, POSSIBLE COMPLICATIONS, LIFESTYLE MODIFICATIONS, AND ACTIVITY.</p> <p>POC Goal: PATIENT / CAREGIVER WILL BE ABLE TO VERBALIZE THE REASON AND IMPORTANCE FOR NECESSARY LIFESTYLE CHANGES.</p>	<p>Visit Interventions and Goals:</p> <p>Seq: 1 Visits: 2 Intervention: INSTRUCT PATIENT/CAREGIVER ON INCREASE RISK FACTORS AND POSSIBLE COMPLICATIONS RELATED TO DIABETES, THOSE WITH ASSESSED KNOWLEDGE DEFICITS.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON RISK FACTORS ASSOCIATED WITH DIABETES INCLUDING BEING OVERWEIGHT OR OBESE, AGE GREATER THAN 45, ETHNICITY, HEREDITARY, HIGH BLOOD PRESSURE, UNHEALTHY CHOLESTEROL, PHYSICALLY INACTIVE, ACANTHOSIS NIGRICANS, AND HISTORY OF HEART DISEASE, STROKE, POLYCYSTIC OVARY SYNDROME, AND GESTATIONAL DIABETES.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON POSSIBLE COMPLICATIONS ASSOCIATED WITH DIABETES INCLUDING NUEROPATHY, RETINOPATHY, AND PERIDONTAL GUM DISEASE.</p> <p>Intervention Details: INSTRUCTED PATIENT/CAREGIVER ON MANAGING CARDIOVASCULAR RISKS BY MONITORING AND REDUCING HIGH BLOOD PRESSURE AND LOWERING UNHEALTHY CHOLESTEROL LEVELS.</p> <p>Intervention Details: REFERENCE MATERIALS PROVIDED TO PATIENT/CAREGIVER</p> <p>Goal: PATIENT / CAREGIVER WILL DEMONSTRATE KNOWLDEGE OF INCREASE RISK FACTORS AND POSSIBLE COMPLICATION ASSOCIATED WITH DIABETES.</p>