

Diabetes Mellitus

Information for MFP Transition Coordinators

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The MFP Transition Coordinator can use this information to determine what participant will be able to do and what additional supports may need to be put in place.

Definition:

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. Hyperglycemia, or raised (elevated or high) blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels. Source: <http://www.who.int/diabetes/en/>

Goal of Diabetes Management:

The goal of management of a person with diabetes is to keep their blood sugar (glucose) levels within an acceptable range so they do not develop complications from a blood sugar that is too high or too low. Participant needs to be able to engage in self management activities upon day of transition. For diabetes self-management this may include:

Blood Glucose Management

- Blood sugars should be checked regularly on predetermined schedule from provider and as needed. Results should be recorded in an accessible location and taken to each physician visit. Glucose Log available from UIC.
- Participant should be able to monitor and reorder glucose monitoring supplies and record glucose levels or have someone available to assist them on day of transition and each day thereafter.
- Participant should be assessed for ability to perform blood sugar checks and receive education on how to do this, if needed, prior to transition while still in the nursing home.

Questions to ask prior to transition

- Are blood sugars within a controlled range for this participant?
- Does participant know how to and is able to check own blood sugar level?
- Does participant know their target blood sugar range?

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- Does the participant have episodes of hypo or hyperglycemia (low or high blood sugar levels)? See symptoms of these below. If so, what are the physician's instructions for managing those episodes?
 - When should you call your physician
 - What to do when blood sugars are high or low
 - When to seek emergency services

Monitor for signs of hypoglycemia: Blood sugar falls below 60 mg/dl or below 80 mg/dl with symptoms. Signs and symptoms are due to impaired brain function and nervous system response.

- Mild symptoms include Shaking, Sweating, Fast heart rate, Dizziness, Hunger, Blurred vision, Irritability.
- Moderate symptoms include Confusion, Tiredness, Yawning, Poor coordination, Headache, Double vision, Combativeness.
- Severe symptoms include Unconscious, Seizures (Life threatening event call 911). Insulin reaction usually has a sudden onset and rapid progression. Hypoglycemia due to not eating can be slower.

Monitor for signs of hyperglycemia. Over time a high blood sugar can cause changes to nerves and blood vessel resulting in long-term complications. Blood sugars can rise slowly if a person's calorie intake increases or quickly if they stop taking their insulin. Symptoms include Dry mouth, Extreme thirst, Frequent urination, Extreme hunger, Weakness, Blurred vision

- Fasting blood sugar > 126 mg/dL; no calorie intake for at least 8 hours;
- Casual blood sugar > 200 mg/dL at any time of the day.
- 2 hour testing after eating > 200 mg/dL.

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Medications

- Is there a complete list of medications?
- Does participant understand and know how to take his/her medications?
- Does participant need assistance taking medication, setting up medication, ordering medication or supplies? If so, assistance and/or education should be arranged and provided prior to transition and ongoing.

Injections

Participant should be assessed for ability to perform self injections. If they cannot perform self-injections they should receive instruction on how to do this prior to transition while still in the nursing home. If transitioned and can not perform self-injections participant should be referred to home care for immediate start.

- If the participant gets insulin injections is he/she able to do self injections? If not, why not?
- Can he/she read the insulin bottle and marks on the syringe?
- Can he/she manage to draw insulin up into the syringe at correct dose?
- Can he/she give themselves the injection?
- Can he/she remember when to take insulin?
- Can he/she manage an insulin sliding scale?
- If no to any of the above, is there a caregiver available to help?

Foot checks/skin checks should be conducted daily.

- Does the participant know how to check his/her own feet and the importance of doing this?
- Does the participant have any sores or open wounds?

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- If participant is unable to check feet his/herself then they need someone available on regular basis, at least weekly, who will do this?
- Participant needs good, supportive footwear and should wear it **at all times.**

Performing Foot checks

- Inspect feet daily for signs of red spots, black spots, blisters, warmth, or open areas.
- Use a mirror to see bottom of feet if necessary or have someone else look at them.
- Do not soak your feet.
- Dry your feet thoroughly after bathing, especially between the toes.
- You should have good fitting footwear (shoes) and wear them at all times, inside and outside. Check inside your shoes before putting them on to be sure there is nothing inside.
- Report any change in the skin or feet to your healthcare provider right away with a follow-up appointment.
- Rub lotion on your feet as needed to keep skin soft and prevent cracks in the skin.
- Protect your feet from hot and cold. Test water temperature before putting feet in them. Be careful outside on hot sidewalks or patios.
- If you trim your own toenails, trim them straight across as needed.

Source: <http://www.diabetes.org/type-1-diabetes/well-being/foot-care.jsp>

Diet

- Does participant follow an ADA (diabetes) diet?
- Does participant understand his/her diet? If not, arrange for education. Participant may be eligible for diabetes education through an approved diabetes education program or visiting nurse. A referral can be made by the participant's physician.

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Medical Management

- Participant should have regular physician visits scheduled.
- Participant needs annual and as needed eye exams to check for retinopathy
- Annual dental exams are recommended
- Smoking cessation, vaccinations (influenza and pneumonia), limit or eliminate alcohol intake, daily exercise
- When was last blood work completed? What is the participant's schedule to have them completed?
 - Examples are: A1c, Lipid panel, Kidney function tests

What else can the TC do in addition to assessing self-management abilities?:

- **PERS – Personal Emergency Response System**
- **Arrange Healthcare provider visit the first week after transition**
 - Have participant ask healthcare provider about referral to an approved diabetes education program.
- **Consider home health nursing if:**
 - Blood sugars are out of control or participant is not able to check his/her blood sugars
 - Complex medication regime
 - Has difficulty or is unable to perform self-injections
 - Wounds or open skin areas – especially on the feet
 - Recent ED visit, hospitalization or illness
 - Participant needs education on diabetes management
- **Participant needs good fitting shoes and should wear them at all times.**