

DIABETES

Type 1 diabetes mellitus (DM) is when the pancreas produces little or no insulin.

Type 2 DM is a chronic condition that affects how the body processes blood sugar.

It is important to know your resident who has diabetes and their medication-taking treatment.



Signs and symptoms

Hyperglycaemia

Capillary glucose (CG) > 15 mmol/L

Happens gradually over hours to days

- Polydipsia (extreme thirst)
- Lethargy
- Loss of alertness
- Polyuria (increased urination)
- Rarely progresses to coma
- Weight loss
- If severe, hypotension (low blood pressure) and tachycardia (fast heart rate)
- Blurred vision
- Fatigue
- Slow wound healing
- Dehydration

Hypoglycaemia

Capillary glucose (CG) < 4 mmol/L

Happens suddenly in minutes to hours

- Confusion/ drowsiness/ sleepiness/ disoriented
- Dizzy/headache / light headed
- Hunger, nausea (feeling sick)
- Changing behaviour: anxious, nervous, irritable
- Rapid/fast heartbeat
- Shakiness/weakness/fatigue
- Looks pale, with sweaty skin and clamminess
- Slurred speech
- Blurred vision
- Unconscious if not treated
- Pins and needles of the lips and tongue or numbness

Resident can become unconscious if not treated - this is a medical emergency

ACTION

Action plan

Hyperglycaemia

- Report to registered nurse to identify acute illness
- Detailed fluid balance chart
- Encourage fluid intake to prevent dehydration
- Avoid sugary food or sweet drinks
- Increase frequency of CG If high, administer insulin as prescribed by doctor (competency assessment for insulin administration is required)
- Monitor vital signs closely
- Monitor level of consciousness



RECORD

**Document in progress
notes/update care plan**

Hypoglycaemia

- Report to registered nurse
- Check CG - If low, then follow the care plan
- If a person is under 70kg - Give one of the following:
 - 5 Dextro or Vita glucose tablets
 - 3 BD glucose tablets
 - 15 g glucose powder
 - 175 ml fruit juice or non-diet soft drink
 - 9 jellybeans
 - 1 tablespoon honey
 - 1½ tablespoons jam
 - 1 Hypo-Fit gel
- Recheck after 15 minutes
- Stay with the resident and make sure they are safe
- Observe signs of improvement or deterioration
- If remains hypoglycaemic, urgently inform the registered nurse
- If not conscious, call an ambulance and stay with resident, check airway and place in recovery position
- When CG is greater than 4 mmol, provide a snack containing carbohydrate, eg, a slice of toast or 2 biscuits and crackers



RECORD

CARE MANAGEMENT OF A RESIDENT WITH DIABETES

- Monitor food intake, for example if family/whānau brings in food
- Encourage fluid intake
- Monitor weight
- Administer diabetic medications on time
- Encourage exercise
- Monitor moods
- Prevent infections, for example, UTIs and skin infection
- Monitor skin daily and treat any skin lesion promptly
- Check feet daily and make sure shoes are well-fitting to prevent injury. Refer to podiatrist if needed
- Check teeth and gums for signs of infection
- High risk for falls when diabetes is poorly controlled
- Rotate insulin needle sites
- Monitor alcohol intake
- Closely monitor glucose levels if resident is unwell, for example, vomiting, diarrhoea, not eating
- See the care plan and facility policy and procedures, for example medication administration