

Diabetes

Research has shown that patients who take an active role in their health care get better results. This workbook is meant to help you understand what to expect during your stay in the hospital so you can take an active role in your care. You should feel confident asking your doctor about any questions you may have regarding your treatment plan.

The information covers a usual hospital stay for a patient with this condition. You may have certain issues that require your hospital stay to be increased, or you may be sent home sooner if you are doing well.

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Ten Steps You Can Take to Make Sure Your Hospital Stay Is a Safe One

- 1 Make sure that your doctors and nurses know about every medicine you are taking. This should include prescription and over-the-counter medicines, and supplements such as vitamins and herbs. Let them know if you have recently taken any blood thinners such as aspirin, Coumadin, Bufferin, Motrin or ibuprofen. If you have recently stopped taking such medicines, tell the doctor or nurse the date on which these medicines were stopped.
- 2 Make sure your doctors and nurses know about any allergies and reactions you have had to foods and medicines. Let your doctor and nurse know if you have any tendency to bleed or if you bruise easily.
- 3 Always make sure that you fully understand the information about your tests and treatments. Ask questions if you do not understand!
- 4 You should ask all health care workers who have direct contact with you if they have washed their hands. Research has shown that 30 percent to 50 percent of infections that patients have while in the hospital can be prevented by handwashing. Handwashing is the single best way to prevent the spread of bacteria. This is a very simple plan with really important results!
- 5 You or your family should learn as much as possible about your condition by talking to your nurses and doctors and reading medical information.
- 6 Always be sure you know who is providing care to you. You should expect hospital staff members to be wearing identification badges (preferably photo ID) and to introduce themselves and their roles before they provide care.
- 7 Before you undergo any procedure, your doctor will explain what will be done and ask you to sign a consent form. It is very important for you and your doctor to discuss the plan thoroughly and for you to agree to it, so you know exactly what will happen to you. Make sure you understand the benefits and the risks of any procedures or treatments that you are going to have.
- 8 Ask your doctors or nurses about the results of any tests or procedures that you have had, and if and how those results change the plan for your care.
- 9 When you are ready to go home, ask your doctors and nurses to explain the home treatment plan for you in detail and in words you can understand. This includes information about your medicines, caring for any incisions or wounds and finding out when you can get back to your usual activities.
- 10 When you are prescribed new medicines, ask for written information and make sure you understand the following things:
 - What is the medicine for?
 - How should I take it and for how long?
 - What should I do if I forget a dose?
 - What side effects can this medicine cause?
 - Is this medicine safe to take with the other medicines and supplements that I am presently taking?
 - What other safety measures should I follow while using this medicine?
 - What storage conditions are required for this medicine?

What to Expect on the Day You Are Admitted

What Is Diabetic Ketoacidosis?

Diabetic Ketoacidosis (DKA) is a condition brought on by an inadequate amount of insulin, resulting in both increases in blood sugar level and increases in certain types of acids (ketoacids) in your blood. The acid that forms can be very dangerous if not treated. Acid build-up affects the function of your heart, brain and kidney as well as intestines, muscles and lungs. To reverse the problem, insulin must be given to decrease the sugar level and stop acid from forming.

- It is important to determine the exact reason that your blood sugars are out of control. For some patients, this may be the first time you were ever told you had diabetes. For other patients, another illness may have caused an imbalance in your diabetes management.
- Several blood tests may be done in the emergency room including frequent fingerstick checks of your glucose levels and blood tests to measure other electrolytes.
- Urine tests will be done to help measure the amount of acid in your urine. It is very important to try and understand what brought on the high blood sugars and acid build-up. If you understand what went wrong this time, you can help prevent this problem in the future.
- The nursing staff will monitor your blood pressure, heartbeat, respiratory rate and temperature closely. They may also conduct frequent checks to test your alertness.
- An intravenous (IV) line may be placed in order for you to receive fluids and medicines (for example, you may be given IV insulin). Electrolyte replacements may also be given intravenously. At some point, you may be receiving IV solutions

containing glucose (a type of sugar) and insulin. This is done to keep your sugar from getting too low while the insulin reverses the acid build-up.

- You will not be allowed to have anything to eat or drink if you are having problems with nausea and vomiting.
- If you are not having problems with nausea or vomiting, you may be started on a liquid diet and advanced to a diet with no concentrated sweets, when able.
- If you are vomiting, it is possible that the doctors may want to insert a tube to drain your stomach so you don't choke on stomach contents.
- You may be on bedrest for the first few hours. If your blood pressure, heartbeat and temperature are normal, you may be allowed to walk to the bathroom.
- A review of some important educational points about your diabetes will be started the day you are admitted. This will be individualized based on how much you already know. For the newly diagnosed diabetic patient or for those with detailed learning needs, much of this education will be completed when you return home. Please discuss your home care options with your doctor.

Safety Tip

Make sure that someone is available to assist you when you get out of bed for the first few times, as you may feel weaker than usual. Ask for help getting to the bathroom.

Key Activities:

Write a list of questions to review with your doctors and nurses and be sure that you receive answers that you understand.

You will be discharged when:

- Your blood sugars are under control on injectable insulin.
- Your potassium level is normal and blood results are OK.
- You are no longer nauseated and vomiting.
- You are able to eat a full diet.
- Fluid status has improved.
- The event that caused the high blood sugar has been identified.
- The nursing staff decreases the frequency of blood testing and the monitoring of your heartbeat, temperature, and blood pressure.
- Your IV line is stopped because your blood sugars, blood results, and fluid status are normal.
- Your insulin may be given by injection.
- Get out of bed, if you can, and start taking short walks in the hall.

Before you go home make sure you have:

- Enough of each kind of insulin you take.
- Enough insulin syringes.
- Enough glucose test strips.
- Urine ketone strips to check ketoacids in your urine at home.
- A follow-up appointment for an office visit with your doctor.

Hypoglycemia:

If you have diabetes and are taking medicine, you should be alert for the warning signs of low blood sugar (hypoglycemia). If your blood sugar is low, you will feel:

- Nervous.
- Shaky.
- A fast heartbeat.
- A headache.
- Weak.
- Confused.
- Anxious.
- Cold and clammy.

If your blood sugars are recording low and you do NOT have these symptoms, you may be unaware of hypoglycemia. This could be serious. If you are worried about this, you should:

- Carry something sweet at all times.
- Check your finger-stick sugar levels at least four times each day.
- Discuss this with your doctor.

If your blood sugar is low, you should eat some form of sugar such as:

- Hard candy, such as Lifesavers®.
- Sugar.
- 4-ounce cola or other soft drink.
- 4 ounces of fruit juice.
- Glucose tablets.

Safety Tip

You should ALWAYS have some form of sugar readily available. Sugar treatments will not help if you can't get to them.

Hyperglycemia:

If you have diabetes, you should be alert for the warning signs of high blood sugar (hyperglycemia).

If your blood sugar is high, you will:

- Feel tired.
- Feel thirsty.
- Have blurry vision.
- Have skin infections.
- Have high blood glucose results.

If your blood sugar is high, you should:

- Take your medicine if you missed it.
- Get back on your diet.
- Test your blood sugar more frequently and test your urine for ketones.
- Call your doctor if you are ill, have an infection, or have ketones in your urine.

Sick Day Rules:

When you have diabetes and take insulin, you must take extra care of yourself. Remember:

- Always take some insulin, even if you cannot eat. Illness often raises your blood sugar whether you eat or not.
- Discuss with your doctor how to balance short-acting insulin and long-acting insulin when you are sick. Remember that serious illness will tend to raise your blood sugar and start to cause acid build-up.
- Even if you are not eating, you need insulin to prevent acid build-up. You may need to take fluids with sugar when you are sick to prevent getting low sugars while the insulin treats the acid build-up.

- Call your doctor when you are ill.
- Check your blood sugar every three hours.
- Test for ketones in your urine if your blood sugar is greater than 240 mg/dL.
- Drink plenty of fluids, including water and warm broth, as directed by your doctor.
- Replace food with liquids such as fruit juices and regular soda. Gelatin and sherbet can also be used.

Note:

Before you go home, be sure to schedule a follow-up office visit with your doctor.

Self Care

- Although diabetes cannot be cured yet, it can be controlled by creating a balance between diet, medicine and exercise. Careful attention to your care at home is essential.
- Know how often to test your blood glucose each day. This is usually done before meals and at bedtime. Write the results in a log book.
- Test your urine for ketones if your glucose is greater than 300 mg/dL or if you are not feeling well.
- Follow your diabetic diet.
- Eat meals at regular times. Do NOT skip meals.
- Check with your doctor about resuming your previous activities.
- Carry Lifesavers® or hard candy to treat low blood glucose.
- Carry identification at all times indicating that you are a diabetic.
- Dispose of your used insulin syringes in a safe manner, such as in a large juice can or glass jar.
- Store the insulin that you are using at room temperature. Any extra bottles should be stored in the refrigerator. DO NOT FREEZE the insulin.
- Do not use any insulin that has crystals or solid particles in it.
- Make certain that you have a plan for obtaining more insulin and supplies BEFORE you run out.

Things to Know:

Please make sure you understand the following issues related to your care prior to returning home:

- What type of insulin and what dose should you be taking each day? What time of day?
- How to mix, draw up and inject insulin.
- Know the signs of hyperglycemia (high blood sugar). What actions should be taken?
- Know the signs of hypoglycemia (low blood sugar). What actions should be taken? Does someone at home know how to respond if you are unable to treat yourself?
- How to do self blood glucose monitoring, urine ketone testing and recording of results.
- Understand your diabetic diet and the importance of eating at regular times.

When to Call a Doctor

- If you are having frequent high or low blood sugars.
- If your blood glucose is greater than 300 mg/dL and you have ketones in your urine.
- If you have chills, nausea or vomiting.

Personal Information

Diabetes Specialist: _____

Phone #: _____

Family Doctor: _____

Phone #: _____

Appointments!

Who: _____ Who: _____

When: _____ When: _____

Where: _____ Where: _____

Time: _____ Time: _____

Who: _____ Who: _____

When: _____ When: _____

Where: _____ Where: _____

Time: _____ Time: _____

Who: _____ Who: _____

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