

# MANAGING DIABETES

Day to day in a long term setting



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## CASE STUDY 1 - TIM

- A 71 yo man
- Morbidly obese, wheelchair bound, cognitive and self managing other activities
- Enjoys eating what he wants, coke and popcorn are his favorites
- On Metformin and insulin 70/30 (50 units am, 30 units pm)
- Has been well controlled (A1c = 7.2, ave am glucose =114) until last week.
- AM glucose readings: 150, 156, 142, 168 and 155
- PM glucose readings: 230, 210, 200, 186, and 253



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## MANY FACTORS INFLUENCE GLUCOSE IN DIABETICS

- Infections
- Sick days
  - Dehydration, lack of appetite, metabolic changes
- Stresses
  - Part of the hormonal response to external stressors
- Medications
  - Cholesterol medication, steroids, tb meds and many others



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# RESPONDING TO GLUCOSE EMERGENCIES

- Most glucose fluctuations are not emergent
- HOWEVER, hypoglycemia (low blood glucose) is the exception
- There is no specific cut off, when low blood glucose is too low... It is patient dependent
- Watch for:
  - Confusion, Dizziness, lightheadedness, sweating and trembling
  - Documented glucose level <70 mg/dl
- YOU SHOULD
  - Give 15 g of glucose immediately
    - 3-4 glucose tablets
    - 6 oz of non-diet soda
    - 6 oz of juice
    - A piece of fruit
    - 1 cup milk
  - Monitor for 15 minutes
    - If symptoms subside, eat a snack/meal within the hour
    - If glucose remains <70- repeat treatment
    - If 3 treatments do not recover glucose levels and or the patient become unconscious, seek emergent medical treatment




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## CASE STUDY 2

- A 53 yo type 1 diabetic post amputation rehab male is attempting to stand from his wheelchair without assistance.
- You hear him mumbling to himself, and then cursing
- He looks at you without recognition and you notice he is sweating significantly from his face
- As you approach, he raises his voice "I just want out of this \*\*\*\* place", and attempts to bear weight on his amputated leg and falls.




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## 4 STEP PLAN

- Medication Plan
- Food Plan
- Exercise Plan
- Stress Management Plan




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## MEDICATIONS FOR DIABETES

- Oral Medication
- Fast acting insulin
- Intermediate or mixed (70/30 for example)
- Long acting insulin

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## FOOD PLAN

- Four things we need to be focused on with our food plan
  - Grams of carbohydrates
    - We should encourage 45-60 g per meal and 20-30 g per snack
  - Grams of Protein
    - About 40-60 g per meal
  - Consumption of fruits and vegetables (preferably with fiber)
  - Total calories

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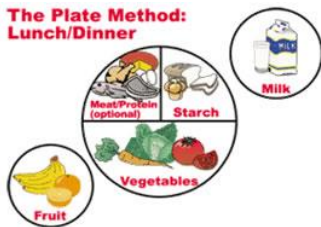
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## THE PLATE METHOD



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# MENU CRITIQUE

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|-------------------------|--|---|
| <b>Breakfast</b>        | <b>Lunch</b>   | <b>Dinner</b>                               |
| Hot or Cold Cereal      | Soup of the Day  | Soup of the Day                             |
| French Toast            | Roasted Turkey Breast<br>or<br>Tavern Battered Haddock | Cheesy Chicken Meal<br>or<br>Beef Chow Mein |
| ****Fruit               | Sweet Potatoes   | Buttered Rice                               |
| Choice of Egg           | Green Beans  | Oriental Vegetables                         |
| Breakfast Meat          | Blueberry Strusel Bread/Butter                         | Homemade Roll/Butter                        |
| Breakfast Potato        | Rice Pudding   | Fortune Cookie                              |
| Toast, Muffin or Pastry | **Beverage Choices                                     | Pie Cherry Dessert                          |
| Margarine/Jelly         |  | **Beverage Choices                          |
| **Beverage Choices      |  |   |

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# ACTIVITY

- Together, plan out a single day menu for your diabetic patients following our dietary goals
- PER MEAL
  - 45-60 g carbohydrate
  - 40-60 g protein
  - Half the plate, vegetables




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# EXERCISE PLAN

- Exercise and/or activity are critical in helping manage blood glucose
  - Physical activity helps cells respond better to insulin
  - Exercise consumes more energy helping regulate glucose
- Sometimes, traditional exercise is not possible or plausible
- What are some ways your patients can participate in physical activity?




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### CASE STUDY 3 - JAJUANA

- Lajuana is a 64 yo post stroke woman in your facility on long term rehabilitation.
- She weighs about 260lbs, has been a type 2 diabetic for 8 years and has high blood pressure. She recovered from CABG surgery 3 years ago.
- She attends her therapy sessions once/day but is not making much progress
- What can you do to help augment her activity and encourage her?



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### STRESS PLAN

- Your body does not know the difference between different types of stressors
- It responds by increasing cortisol, epinephrine and other hormones in preparation for fight or flight.
- These hormones, also make it harder to use glucose correctly because it is trying to hold on to all available energy until it is needed
- What are some of the stressors your patients face?
- What can you do to help them?



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### GUIDED IMAGERY



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