## **Diabetes Management**



Read the following conversation of Peter, the Ward Nurse, handing over Alice Wilson to Christie, a nurse on the next shift, and then mark the following statements true or false.

Peter: Christie, I'd like to tell you about Alice Wilson. Alice came to the ward yesterday. She's been having a few hypos at home, so she's in for some investigations.

Christie: She's on bed twelve, isn't she?

Peter: That's right. 85 year old with a history of Type 2 diabetes controlled with diet and medication. She's on insulin bd while she's in here for stabilization. She's poorly compliant with her diet though.

Christie: That's right. I remember her. She can't give up her cakes and pastries.

Peter: Yeah, it's always been a problem for her. I think we'll have to give her some more diabetes education this admission.

Christie: So what's happening with her BSLs?

Peter: Right, well, she's on qds plus 2 am BSLs. We've been quite strict about the times we take her blood sugar levels.

Christie: Right, I can see that. 7:30 am before breakfast. 11:30 am before lunch, 4:30 pm before dinner. Dinner comes at 5pm on this ward, doesn't it?

Peter: That's right. We take the last one at 9:30 pm before bed time and ofcourse, the 2 am reading.

Christie: Oh, ok. Yes, I see. What should her blood sugar reading be?

Peter: Her BSLs should be between four and eight millimols before meals and less than ten millimols around one and a half hours after meals.

Christie: I see. What about in the evening at bed time? What should it be then?

Peter: It should be around eight millimols around bed time.

Christie: What are Mrs. Wilson's readings?

Peter: I'll go through her readings from yesterday first. You can see her at 2 am yesterday her BSL was four point eight. Before breakfast it was five point two.

Christie: Yeah, I see. Lemonade given and it went up to four point one.

Peter: That's right. I gave her some lemonade and sweet biscuit and checked her BSL again at 11:30 am her BSL was fine, five point seven. At 4:30 pm it was seven point one. We were quite pleased about that but in the evening at 9:30, it was up to fifteen.

Christie: Oh no, what happened?

Peter: It turns out that a well-meaning friend brought her a box of her favorite chocolates. The friend didn't even realize that Alice was a diabetic.

Christie: That's incredible! I suppose it is difficult when you love chocolate.

Peter: I know it's hard for her but something will have to be done about it or she won't be able to manage at home. I rang the Diabetes Educator and she said she'll see her tomorrow. I've also asked the dietician to see her so we can try to sort out what she does like eating. That will encourage her to eat regular meals.

Christie: Are we testing her urine for ketones at the moment?

Peter: Yeah, while she's having the hypos we're doing a daily urinalysis for ketones.

Christie: And?

Peter: Her urine's been negative for ketones yesterday and today.

Christie: All right. How was she today?

Peter: Much better, as you can see. At 2 am her BSL was still quite high at eight point zero.

Christie: Well, that was to be expected, wasn't it?

Peter: Yeah, it was six point five at 7:30 and five point two at 11:30. We made sure that she ate her breakfast today and didn't rush to the shower.

Christie: I see she's back on track now. A BSL of five point nine at 4:30 pm and four point eight at 9:30 tonight.

Peter: Yeah, that's right. Her 2 am BSL should be fine, I'd say. She hasn't had any hypos today at all.

Christie: Thanks. I'll keep an eye on her tonight, though.

## **Diabetes Management**



- Mrs. Wilson has been having a few hypos lately.
- She is 95 years old.
- She's having insulin to try and stabilize her.
- She's on qds plus 2 am BSL.
- Her blood sugar levels should be between 4 and 8 mmols before meals.
- Her blood sugar levels should go over 10 mmols half an hour after a meal.
- Alice is still eating the wrong types of blood.
- Her BSL went up to 25 in the evening.
- The Dietitian and Diabetes Educator will both visit Alice.

## Share your knowledge:

In small groups, discuss the following questions and then feedback your group's ideas to the class.

- Diabetes management is especially important for elderly patients. What sort of information do they need?
- What co-morbidities (diseases that exist at the same time as another illness) in the elderly might make diabetes management more difficult?
- How could you best help an elderly patient with diabetes management?