

Diabetes Management In Hospice

Managing diabetes in hospice care can be complicated. However, with a few tips and tools, hospice nurses and clinical staff can set up an effective management plan that helps patients avoid the risks of hypoglycemia.

→ Goals

- #1 Promote comfort by controlling symptoms of hypoglycemia/hyperglycemia*
- #2 Simplify testing by considering reducing to 3 times a week or symptomatically*
- #3 Simplify treatment to reduce risk of hypoglycemic events*
- #4 Respect patient rights to refuse treatment*
- #5 Improved quality of life*

American Geriatric Society recommends blood sugars > 190mg/dL

Risks of Hypoglycemia

- ✓ Risk of falls leading to bone fractures & dislocations
- ✓ Poor cognition and dementia
- ✓ Cardiovascular events - heart attack, stroke, or arrhythmias
- ✓ Decrease in ability to perform daily activities/tasks
- ✓ Increased risk of sudden death when A1c < 7.5%

Signs of Hypoglycemia

- ✓ Dizziness and visual changes
- ✓ Agitation, confusion or behavioral changes
- ✓ Sometimes as nonspecific as "feeling unwell"
- ✓ Fatigue and weakness
- ✓ Sweating, nausea, tremor

Impaired Awareness of Hypoglycemia

In older diabetics neurological symptoms of low blood sugar occur at higher levels and traditional symptoms at lower levels compared to younger diabetics. This reduces the awareness of when the low blood sugars started leading to the severe episode of hypoglycemia. The patient is now more vsensitive to low blood sugars... a cycle begins. It is important to recognize the signs and cautiously keep blood sugars higher to prevent this cycle.

Management Plan

Date: _____

Medications _____

Testing: _____

Diet: _____

Reassessment date: _____

→ Inform the Nurse of the Following Changes

1. *Changes in diet or eating habits*
2. *Changes in sleeping patterns*
3. *Change in fluid intake*
4. *Changes in mood or increase in anxiety/worry*
5. *Change in bowel habits*
6. *Any other concern*

REFERENCES

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