

Newly Diagnosed Diabetes: What Happens During the Hospital Stay

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November 18, 2020

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American Family Children's Hospital

Hospital Admission

- Referred by provider/ED
- Admission location based on condition
- Length of stay 2-3 days
- Once medically stable the focus is **education**

Learning: All inpatient admission patients are monitored for low blood sugars.

Signs and Symptoms



Polyuria

Polydipsia

Polyphagia

To go home caregivers must know how to:

- Check a Blood Sugar
- Calculate insulin doses
- Draw up and inject insulin
- Identify and count carbohydrates
- Treat a low and high blood sugar
- Understand basic concepts around sick day management
- Call the provider/follow-up with clinic

After Hospital Follow-up

1-2 Days After Discharge

- Phone Blood Sugar Review with Clinic RN
- Repeat 1-3 times weekly initially

1-2 Weeks

- Telehealth visit
- Provider RN, RD, SW
- Review Blood Sugars
- Nutrition Counseling
- Basic Education Review

4-6 Weeks

- In Person Follow-up
- Multidisciplinary
- Blood Sugar Review
- A1C TS
- Review Education
- Usually "homeproofing" at this time

Severe Diabetes Follow-up Every 3 Months

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Session Objectives

- Define criteria for new onset diabetes diagnosis
- Discuss the roles of each interdisciplinary group in providing new onset diabetes education
- Summarize content that families must master before hospital discharge
- Discuss initial follow-up with diabetes team following hospital stay for new onset diabetes

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Other Signs and Symptoms
Nausea
Vomiting
Diarrhea
Frustrated
Polyuria
Polydipsia
Polyphagia
Rapid, heavy breathing

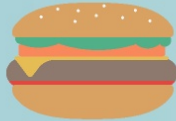
Signs and Symptoms



Polyuria



Polydipsia



Polyphagia

Other Signs and Symptoms

Bedwetting

Vision change + headaches

Rapid weight loss

Irritability/mood changes

Fatigue/weakness

Stomach Pain, nausea, vomiting

Fruity odor on breath

Rapid, heavy breathing

Often Mistaken for:

Stomach Flu
Recurrent Yeast Infection
Urinary Tract Infection



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Currently, AFCH does not have an option for outpatient education for new onset patients.

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New Onset Education

- Multidisciplinary
- Provided over at least 2 days (typically)
- **Goal:** Initial mastery of survival skills allowing safe to return to home





Medical Management

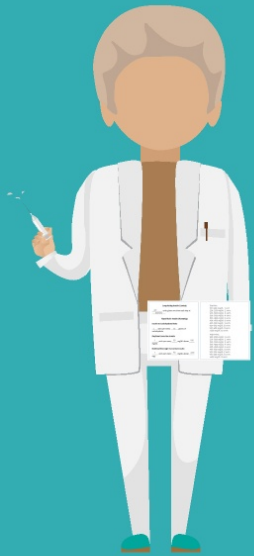
- Initial priority is stabilization
- Prescribe initial insulin doses (weight based)
- Medical care during hospital stay
- Basic pathophysiology and general diabetes education for families

Resources:

- Verbal communication
- Growing Up Healthy: Type 1 101 Blog

Inpatient Registered Nurse

Role: expert resource who transitions care to caregivers as appropriate based on emerging skills



Skills taught:

- Insulin injection (syringe and vial)
- Insulin and carb calculation at meals
- Insulin basics (action time/storage)
- Support family in decision-making learning basics of diabetes care

Long-Acting Insulin (Lantus):

40 units given one time each day at
bedtime

Rapid-Actin Insulin (Humalog):

Insulin to Carbohydrate Ratio

1 units per every 15 grams of
carbohydrate

Daytime Correction Insulin

1 units per every 50 mg/dL above 150
mg/dL

Bedtime/Overnight Correction Insulin

1 units per every 50 mg/dL above 200
mg/

Daytime:

151-200 mg/dL 1 unit
201-250 mg/dL 2 units
251-300 mg/dL 3 units
301-350 mg/dL 4 units
351-400 mg/dL 5 units
401-450 mg/dL 6 units
451-500 mg/dL 7 units
501-550 mg/dL 8 units
551-600 mg/dL 9 units
>600 mg/dL 10 units

Nighttime:

201-250 mg/dL 1 units
251-300 mg/dL 2 units
301-350 mg/dL 3 units
351-400 mg/dL 4 units
401-450 mg/dL 5 units
451-500 mg/dL 6 units
501-550 mg/dL 7 units
551-600 mg/dL 8 units
>600 mg/dL 9 units

Health Psychology

Role: Evaluate emotional and familial strengths and weaknesses

Skills Taught:

- Tools to assist with coping, emotional resilience in relation to new diagnosis with chronic disease



Learning Center

Role: Diabetes survival skill education

Skills Taught:

- Blood glucose monitoring
- Insulin basics
- High and low blood sugar treatment
- Urgencies (emergent hypoglycemia, sick day)
- Insulin Pens (as needed)

Tools Used:

- Pink Panther Book
- New Onset Folder with handouts
- Hands on teaching with glucometer, demo insulin pens and glucagon
- JDRF Bag of Hope

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Nutrition

Role: Nutritional assessment and guidance, carb counting education

Skills Taught:

- What are carbohydrates and carb containing foods
- How to count carbs & resources to help
- Meal and snack planning
- Using food to prevent hypoglycemia with exercise
- Counsel on how to optimize nutritional intake





Tools Used:

- Food models
- Calorie King App
- Carb counting handout

Social Work

Role: Expert resource/liaison to families and health care providers for navigating the complexities of health care system, diagnosis, and psychosocial factors

- Emotional evaluation, support, connection with mental health resources
- Connection with medical team, family, community stakeholders
- Insurance and community resource recommendation and connection



Resources Used:

- JDRF Resources (Parent Blog)
- Financial/Insurance Resources
 - Wiscovered.com
 - Getinsulin.org
 - Will's Way
 - Lion's Club
 - Katie Beckett (for children with multiple medical complexities)

Child Life

Role: Identify developmentally appropriate ways for child/family to cope with new diagnosis of chronic illness and injections/pokes

Skills Taught:

- Coping strategies
- Developmentally appropriate medical play



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Routine Diabetes
Follow-up Every 3
Months

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Learning objectives are established upon admission and monitored throughout the stay.

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Patients with Diabetes
Follow-up Every 3
Months