Diabetes Care for Assistant Staff in Care Facilities

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Special thanks
to the staff of Maplewood Care Center and Volunteers of America
St. Paul, Minnesota
http://maplewoodcare voa.org/

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**Purpose**

Our purpose is to give you the information about diabetes and how to take care of residents with diabetes. The information is practical and basic so it can be useful for most of the assistant staff in care facilities. The information in this book is based on the book “Diabetes care in long-term care facilities: A practical guide” that you can download at [www.ltcdiabetesguide.org](http://www.ltcdiabetesguide.org). There you will find more detailed information if you need it, as well as the most current version of this book.

**About diabetes**

One out of every three residents in nursing facilities has diabetes. Some do not know they have it. People with diabetes may go to the hospital and need care in nursing facilities more often if their diabetes is not under good control. You can help residents stay in control with diabetes.

1. **What is diabetes?**

Diabetes is a life-long disease. There is no cure. When someone has diabetes it means that they have a high amount of sugar (glucose) in the blood. Sugar in the blood comes from the food that is eaten.

When food is eaten and blood sugar rises, a hormone called insulin goes into the blood to move the sugar into muscle where it is used for energy or into the liver where it is stored. Insulin’s job is to keep the blood sugar level at 70-120 mg. If your insulin does not work the way it should or there is not enough of it, you have diabetes. If diabetes is not treated, you get high blood sugar that can cause many health serious problems, especially with the eyes, kidney, feet, heart and nerves. That is why it is important to treat diabetes and keep blood sugar levels near normal.

**Different kinds of diabetes**

There are different types of Diabetes. The most common one you will see is **Type 2 diabetes**. Once in awhile may also see someone with **Type 1 diabetes**.

**Type 2 diabetes** happens mostly in adults. Many are overweight. People with type 2 diabetes may not have any signs or symptoms so it can go on for many years before it is found. The sooner diabetes
is found the less damage there is to the body. People with type 2 diabetes usually take pills or insulin. They also need planned meals and physical activity.

Nearby all people with diabetes have type 2

**Type 1 Diabetes** happens when the body stops making insulin. This kind of diabetes usually happens in childhood. All people with type 1 diabetes take daily insulin injections. They must never skip them.

**People with type 1 diabetes always need insulin shots**

**3. What is prediabetes?**

Many people have prediabetes – one out of two people over age 65 has it. Having prediabetes means that your blood sugar level is higher than normal once in awhile, but not all the time. Half of people with prediabetes will get type 2 diabetes later if they do not do something about it. Just like with diabetes, people with prediabetes may not feel any signs. To find out if someone has prediabetes, a doctor must order blood tests. This is good to do if the resident has diabetes in his/her family or is overweight.

**4. How diabetes or prediabetes is found**

Many people with diabetes or prediabetes do not know it. You may see signs of high blood sugar in your residents. If you do, let the nurses know. We list the signs of high blood sugar later on.

Blood tests are used to diagnose diabetes. These tests should be done each year for most older adults to find undiagnosed diabetes. All adults over 45 years old who have heart illnesses, obesity or diabetes in their family should also be checked every year for diabetes. This applies to people in care facilities as well.

**2. True or false?**

Diabetes is very common, but many people do not know much about it. Know the truth about diabetes:

**True:** Having too much body fat makes people more likely to have diabetes.

**True:** Diabetes can run in the family (it is genetic).

**True:** Many people with diabetes need insulin shots after taking pills for years.

**False:** Eating too much sugar causes diabetes.

**False:** Diabetes is a punishment because of some bad thing you did.

**False:** Taking insulin means your diabetes is really bad.
Admitting the resident with diabetes

1. What to look for at admission

It is important that you to learn the resident’s special diabetes needs when he/she is admitted to your facility in order to create and carry out a personal care plan.

Licensed staff will find out if the resident’s diabetes has caused other problems affecting his/her heart, nerves, kidneys, circulation, eyes, mouth or other parts of the body, and what is being treated. All residents with diabetes should have a flu shot and pneumonia shot because either one can be deadly.

Bathing and dressing are times when you can help with important checks for skin, foot or mouth infections. These are much more common with diabetes. Report to the nurse right away if you see any sores or infections on the resident. Sores and infections heal more slowly when someone has diabetes.

2. Admission from the hospital

When a person with diabetes comes from a hospital directly to your facility, there may be big changes in their care. These changes can upset diabetes control or cause a health crisis. Pay close attention to the resident’s medicine taking, eating, and physical activity in the days right after admission. Bedside blood sugar tests need to be done more often. Sometimes assistant personnel do these tests. If you do, you need to learn what the blood sugar numbers mean and what the numbers should be (that is, the blood glucose goals) for the new resident.

Managing diabetes for the resident

1. What are goals for treatment?

Goals for controlling diabetes will depend on the resident’s health. All staff should know what the resident’s blood sugar levels should be. Blood pressure goals are also important. Sometimes blood cholesterol is also treated. No one should have high sugar or low sugar symptoms. Good treatment keeps blood sugar tests between 70-180mg.

Assistants who do bedside glucose tests

If you do fingerstick blood sugar (glucose) tests, check the standing orders for the resident to know how often to test.

Blood sugar testing:
Finds high and low sugars
Finds out if medicines and meal plans are working
Finds changes in general health

2. How often and when to test

Right after admission, blood glucose testing is usually done:

- Four times daily when residents take insulin
- At least two times daily when they take pills only

Once the resident’s diabetes is under control, tests are done before meals when sugar is the lowest.
Using the test results

When a blood sugar test is less than 70 mg/dL or the resident has low blood sugar signs, he/she needs to drink a sweet drink or take some glucose gel to raise the sugar. **Low blood sugar** can cause the resident to fall, be injured, or even black out or faint.

Make sure the nurse knows when blood sugar tests are high (more than 200) or low (less than 70).

In addition to the doctor, the pharmacist or dietitian may be able to help learn what is causing high or low blood sugars.

3. High blood sugars (hyperglycemia)

High blood sugar means that the resident’s diabetes treatment is not working. This could be because the resident has an infection, a new illness or is taking a new medicine. Other things that cause high blood sugars are vomiting, diarrhea, having had recent surgery or having a fever. Having high blood sugar for several days can be very serious.

Signs of high sugar usually come on slowly over hours or days and can be hard to see. If you notice any of these signs in a resident with diabetes (especially if they cannot think clearly), tell the nurse what you are seeing and if the symptoms are new:

- Not thinking clearly
- Complaining of blurred vision
- Sluggishness or being drowsy
- Suddenly having red and dry skin
- Change in behavior
- Frequent urination
- Vomiting
- Incontinence

4. Low blood sugars (hypoglycemia)

When blood sugar (glucose) drops to less than 70 mg/dL, the body does not have enough energy and the resident can get very sick. Low blood sugar will only happen to people with diabetes who are taking insulin or certain diabetes pills.

Too much insulin or diabetes medicine can cause blood sugars to drop too low. This also happens if the resident:

- Skips a meal, delays meals, or does not eat enough at meals
- Increases physical activity
- Takes insulin at the wrong time
- Is vomiting or has diarrhea

Different people have different signs for low blood sugar. You may not notice if you do not know how the resident normally looks and acts. These signs can all be signs of low blood sugar or other serious problems:

- Confusion or exhaustion
- Not able to concentrate or having hallucinations
- Weakness
- Aggression or irritability
- Blurred vision
- Nausea
- Falling or bad coordination
- Hunger
nurses will give him/her some food or sugar in a gel or tablets in order to raise his/her blood sugar. The resident should look and feel better in about 15 minutes. If not, more food or sugar should be given. Glucose in a tube makes it easy to give the right amount of sugar to treat a mild reaction.

**Serious reactions:** When the resident cannot drink or swallow, is unconscious, or is having seizures, we never treat with something to swallow. A medicine called glucagon, which is given as a shot, will raise the blood sugar quickly. Know where the glucagon kit is kept. If you see signs of a serious reaction, call a nurse right away to give the glucagon. Move the resident to be laying on his/her side to make sure he/she does not choke while waiting for treatment.

Injected glucagon treats serious low blood sugar quickly

**How to prevent low blood sugar**

- Test the resident’s blood sugars regularly.
- Provide meals at about the same time with the same amount of carbs.
- Give a bedtime snack for those who have nighttime low sugars.
- Give the resident some carbohydrates when he/she is not able to eat as usual.
- Find out if the resident can tell you if he/she is having low blood sugar or if a family member can tell you their usual signs.

If you see any of signs of low blood sugar, tell a nurse right away.

**How to treat low blood sugar**

**Mild reactions:** This happens when the resident is awake but has signs of low blood sugar or has a blood sugar test level less than 70 mg/dL. The nurses will give him/her some food or sugar in a gel or tablets in order to raise his/her blood sugar. The resident should look and feel better in about 15 minutes. If not, more food or sugar should be given. Glucose in a tube makes it easy to give the right amount of sugar to treat a mild reaction.

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If you see any of signs of low blood sugar, tell a nurse right away.
5. Meal Plans

Good nutrition (eating well) is an important treatment for diabetes. Being at a healthy weight also helps the resident to control blood sugar levels.

Doctors no longer limit what people with diabetes can eat. The resident can usually eat the same food as everyone else unless he/she has other health problems.

**Desserts now can be part of the diabetes meal plan.**

Nurses and dietitians will check the resident for nutrition problems and may create a special meal plan. Be sure to tell them if you see the resident having any eating or swallowing problems. During mouth care, check the health of the resident’s teeth and gums. Report to the nurse if the resident has mouth pain or needs more help with eating.

**An individual meal plan**

The dietitian will design a well-balanced meal plan for the resident within the first 21 days of admission. The meal plan will probably use the regular resident menu, and it should have the same amount of carbohydrate at each meal. This is called a “consistent carbohydrate” plan.

If the resident has heart disease, high blood pressure or has had a stroke, his/her meal plan may cut back on salt. The cooks can add herbs and spices to make food taste better if the resident complains.

**Foods are grouped into protein, fat and carbohydrates.**

**Proteins** are meats, fish, eggs, cheese or poultry. Protein does not make the blood sugars rise.

**Fats** are oils, butters, creams, and are in many foods. Fats do not make the blood sugars rise. Fatty foods are sometimes cut back for residents with heart diseases.

**Carbohydrates** are the sugars in fruits, juices, soda pop, milk, yogurt, breads, rice, pasta. Some vegetables contain a lot of carbohydrates, such as corn, peas, squash, potatoes. Carbohydrates in foods raise the blood sugar, but these foods are needed for their vitamins and for energy. Sweets usually contain a lot of sugar unless they are “low sugar” or “sugar-free.”

**Carbohydrate foods**

Some meal plans allow a certain number of carbohydrates, or “carbs,” for each meal (usually 3 to 5) and for the day (usually a total of 16). One carb contains 15 grams and is called a “serving.” People living on their own may learn to count the number of carb servings they are eating to control their blood sugar. Some examples of one carb (or 15 grams of carbohydrate) are:

- 1/2 cup of fruit juice
- 1/2 cup cooked cereal with milk
- 1 cup milk
- 6 crackers
- 1/2 cup pudding or ice cream
- 1 apple
- A small muffin
- 1 slice of toast
- 1/3 cup of rice
- 1/3 cup of pasta
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It takes some time to learn how much of these foods is a one carb serving. Once you learn them you can notice which ones are not being eaten and sometimes suggest a substitute. People who take insulin must eat the right amount of carbohydrate foods to keep from having an insulin reaction or low blood sugar.

Watch resident eating habits

- How much and which foods the resident eats daily is important for controlling their diabetes. Report to the nurse and dietitian when a resident does not eat.

- Check more closely what and how much the resident is eating whenever his/her blood sugars are too high or too low or if the medicines are changed.

- Carbohydrate foods raise blood sugar, but that should be controlled by the resident’s treatment. It is very important for the resident to eat the same amount of carbohydrates at each meal and each day.

Flexible meal programs

“Room service” plans, or “five meals a day” plans can be a problem for those taking medicines for diabetes, especially if he/she takes insulin. Staff will need a plan for making sure the resident’s meals fit into the diabetes care plan. Flexible meal plans may not be good for residents with diabetes if eating that way does not fit the care plan.

Swallowing problems

Watch for signs of swallowing problems, such as:

- Holding food in the cheeks
- Taking a long time to swallow or eat meals
- Coughing or clearing the throat when eating or drinking

Report any of these signs to the dietitian and nurse. The resident may need tests, speech therapy or a special diet. If a special diet is ordered to help swallowing, it may contain more carbohydrate than usual. Thickened juices and liquids have more carbohydrates than the same drinks that are not thickened. Diabetes medicines are usually changed when the resident is on a special diet.

Tube feedings

Tube feedings are like meals. The resident’s medicines need to match the amount of carbohydrate he/she is getting with a tube feeding. Insulin is often the medicine that is used for tube feedings because the doses can be easily adjusted. More frequent blood sugar testing may be done to adjust the type and amount of insulin needed to control blood sugar levels with tube feeding.

Nothing by mouth (NPO)

When a resident has been ordered NPO for a test or procedure, diabetes medicines will be changed or not given at all. Without food, some residents will have low blood sugars, so watch for signs.

6. Medicines for diabetes

Most residents with diabetes are treated with pills or shots. These medicines work in different ways and more than one may be used. Sometimes medicines make people sick. This is called a “side effect.” The nurses and doctor need to know if medicines are making a resident sick. You can help by watching for side effects when a resident is given a new diabetes medicine. Some diabetes medicines can cause low blood sugar. Ask the nurse if you should watch for low sugar signs.
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**Insulin**

Insulin is a hormone that turns the sugars from foods you eat into the energy your body needs for daily life. A person with diabetes does not have enough insulin in their body (or their insulin does not work right), so they take insulin shots. The shots they get may be different kinds of insulins that work at different times - some right away and some after a few hours. Some insulins last a short time, and some work for a day or longer. The main side effect of taking insulin shots is getting low blood sugar (hypoglycemia).

8. Physical Activity as treatment

Physical activity helps improve muscle strength, balance, thinking and general blood flow. Physical activity for at least 30 minutes a day is what doctors suggest for most people with diabetes as part of their daily care. Wheel chair exercises, walking, even range of motion exercises are useful. Encourage residents with diabetes to do whatever kinds of movement they are safely able to do throughout the day.

Group physical activity sessions give people more social time and can help improve everyone’s quality of life.

9. Heart and circulation health

More than three out of four people with diabetes have some heart or circulation disease. Heart attacks and strokes are much more common among people with diabetes and are more likely to be deadly. That is why it is important to try to control high blood sugar, high blood pressure and high cholesterol, which add to heart and circulation diseases. Nursing assistants, residents and their families should all be aware of the signs of heart attack and stroke. Report any signs that you observe to the nurse right away.

**Signs of a heart attack**

- Pain or bad feelings in the middle of the chest for more than a few minutes
- Pain or bad feelings in one or both arms, back, left shoulder, neck, jaw or stomach
- Sudden trouble breathing
- Cold sweat
- Nausea
- Feeling dizzy or lightheaded
- Fear or anxiety

**Signs of a stroke from a blood clot**

- Numbness, weakness, or paralyzed face, arm or leg on one side of the body
- Trouble seeing in one or both eyes, dimness, blurring, double vision, no vision
- Slurred or garbled speech
- Trouble walking, dizziness, loss of balance or coordination

**Signs of a stroke from bleeding**

May have the same signs as a stroke from a blood clot, or these:

- Very bad headache
- Nausea and vomiting
- Neck stiffness
- Dizzy or lightheaded
10. Eye care

Certain kinds of eye diseases are common in people with diabetes. One common eye problem, retinopathy, is the leading cause of blindness in the United States. Finding and treating retinopathy early can prevent blindness for many. Controlling blood sugar and blood pressure can also reduce eye diseases over time.

Treatment by an eye doctor can prevent blindness

People with diabetes should get an eye exam done by an eye care specialist once a year. Eye doctors can find problems that people cannot see or feel.

Report any eye symptoms, such as these, that the resident tells you about since it may be an emergency:

- Blurry vision
- Symptoms like a curtain going up or down
- Reduced vision in general
- Dark spots
- Flashing lights
- Sensitivity to light
- Pain or pressure in eye

9. Foot and skin care

High blood sugar from diabetes can cause nerve damage and poor blood flow that can harm legs and feet. Common foot problems – such as calluses, blisters, dry cracked skin, sores or athlete’s foot – can lead to infections, especially if blood sugars are

High blood fats (cholesterol or lipids)

People with diabetes are more likely to have high blood cholesterol. Diet changes or medicines may be used to control this condition, which can cause heart disease, strokes and other problems.
high. Untreated infections can lead to gangrene and amputation. Residents who stay in bed are in greater danger of having these problems. Special shoes, socks and sometimes devices to protect the feet and legs are often needed for people with diabetes who have foot problems.

Pressure sores (ulcers) and skin breakdown are common among residents with diabetes. Poor footwear, splints, wheelchair legs and anything that presses on the feet or legs can cause foot sores. This is why residents should have their feet and skin checked often (once a week or even daily) and any problems should be treated right away.

When caring for a resident’s feet or legs, look for problems such as:

- Redness, calluses or bleeding under the calluses
- Skin problems
- Open sores
- Infections
- Injuries
- Moist, peeling skin, especially between the toes
- Dry, cracked skin
- Abnormal toenails
- Changes in foot shape
- Pain
- Loss of feeling, especially in the feet
- Changes in foot shape
- Need for toe nails to be trimmed

Report any of these problems to the nurse.

Nerve damage

Diabetes can cause nerve damage, which can appear as:

- Pain that is often described as burning, stinging, tingling, or like pins and needles.

- Loss of feeling, especially in the feet. This lack of feeling makes the person more likely to have an injury. Nerve damage can also cause misshapen toes and feet.

- Changes in the shape of the foot. These changes in shape cause the foot to not fit well in normal shoes. This creates pressure and causes skin breakdown. These people need specially-made shoes. For these residents, look at their feet when they remove their shoes to see if there are any red areas or sores.

Tell the nurse if you see any redness, sores, infection or changes in the resident’s feet.

A bunion is a misshapen bone on the side of the foot caused by the big toe slanting toward the smaller toes.

Claw toe and hammer-toe cause the toe to bend upwards.

Poor blood flow

Poor blood flow in the legs and feet is caused by clogged blood vessels. This can cause foot sores, swelling or slow healing.

Signs of poor blood flow are aching pains, swelling and slow healing sores

People who also have nerve damage with poor blood flow may not be able to feel aching pains.

Assessing the feet

At admission, it is important to look at the resident’s legs and feet carefully. The nurse can find loss of feeling and poor blood flow in his/her
infections increase the chance of the resident getting heart disease or having a heart attacks or stroke. Good mouth care and good blood sugar control can reduce these problems.

Mouth problems are also more common in older adults and can make eating and daily life less pleasant.

When you provide daily mouth care, watch for problems such as:

- White or red patches that can turn into sores or ulcers
- Pain, swelling, redness and sensitivity to hot, cold or sweets
- Dry mouth (may be caused by high blood pressure or certain medicines)
- Red, swollen, pus or bleeding gums, which can be painless or painful
- Bad breath
- Loose teeth or dentures that do not fit right

Routine dental care is very important. People with mouth problems may not eat as they should because it hurts. If a resident has mouth problems, the dietitians can assist in planning that are easier to eat.

13. Vaccination

All people with diabetes should get a flu shot every year. People with diabetes get sicker and are more likely to die when they get the flu (influenza). You and all other staff, as well as family members of residents should also get a flu shot every year.

Pneumonia is also more deadly for people with diabetes. A pneumonia vaccine can be given once to people under 65 years of age. If they are age 65 or older, they may need a second dose.
14. Mental health

Very high and very low blood sugars can cause thinking and brain function problems. Memory problems are more common in people who have diabetes for a long time.

**Depression** is the most common mental illness in adults and is highest among residents of care facilities. For people with diabetes, depression is twice as common. Signs of depression are:

- Sleeping too much or too little
- Eating too much or too little
- Having a lot of aches and pains
- Having no energy or motivation
- Being irritable and intolerant, snapping at people
- Losing interest or pleasure in things they used to enjoy
- Feeling worthless or guilty
- Not able to concentrate or make decisions
- Being overly restless or moving too slow
- Thinking a lot about death or suicide

**Anxiety** is more common in older adults and may happen along with depression. Often, anxiety is missed because the signs, such as these, are mistaken for other health problems:

- Fatigue, chest pains, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, having to go to the bathroom frequently, feeling out of breath, having hot flashes, or having trouble relaxing, sleeping and concentrating.

Other types of anxiety can cause these symptoms:

- Feelings of fear, worry, apprehension or dread without reason, persistent upsetting thoughts, hoarding, performing rituals obsessively, being easily startled, having frightening flashbacks or nightmares, sudden attacks of terror, or sudden changes in mood or behavior.

Mental illness is common and can be treated, but often signs go unnoticed and people suffer needlessly. When you care for someone daily, you may be the first to notice a mood or mental change. Notify the nurse if you do. Encourage your care facility to do regular screening and treatment for mental health problems.

15. Rehabilitation short stay residents

More often today, people are staying in skilled nursing facilities for short-term care. People with diabetes will be discharged to home and will care for their diabetes themselves. These people are otherwise healthy and may be using newer treatments such as insulin pumps, frequent insulin shots based on carb counting, or even blood sugar sensing devices.

- An insulin pump is a small electronic device that holds insulin and injects it under the skin by pressing a button. It comes with a needle and tubing that must be changed every few days to avoid infection. If you have a resident with an insulin pump, watch the site for redness that could be a sign of infection.
- A glucose sensor also has a needle under the skin and automatically tests the resident’s blood sugar level. If a resident is using a glucose sensor, he/she should maintain it or else shut it off.

If a resident is not able to operate his/her device, staff will have to give him/her insulin and test blood sugars the normal “old-fashioned” way.

Surgery and rehabilitation will affect diabetes control in different ways. As activity and eating increase, blood sugars will change and medicines must be adjusted more often. Many short stay residents have not been in the hospital before and will not know what to expect. Nursing staff may
not have seen the new devices being used by these residents. As much as possible, these residents should do their own blood sugar testing and adjust their medicines or insulin themselves. You can assist by talking to the resident about changes with his/her diabetes day to day as they heal and by letting the nurse know what is happening.

Learn more about diabetes

With diabetes affecting so many of your residents and people in your community, you may be interested in learning more. You may have friends or family with diabetes who can learn from you.

Ask if your facility offers diabetes education classes in addition to this one. The more you know about diabetes, the more you can make sure more people are diagnosed, get the right care, and stay healthy.

- The American Diabetes Association has news and handy tips on many diabetes topics on their website at www.diabetes.org.
- The National Diabetes Education Program offers many easy to read tips and tools for people with diabetes or prediabetes and their caregivers in many languages. See www.yourdiabetesinfo.org.
- Staff at your facility can download more detailed information about diabetes for free at www.LTCdiabetesguide.org. You can use this guide too if you are interested.