

DRAFT DIABETES MELLITUS CARE PLAN

Date	Focus	Goals	Interventions	Staff Resp.
	<p>_ Resident has diagnosis of Diabetes Mellitus Resident is on insulin r/t: _ variability in glucose control hypo/hyperglycemia, especially following recent hospitalization. hx of unstable glucose levels</p>	<p>_ Resident will have no complications r/t diabetes x 90 days</p>	<p>_ Diabetes medications as ordered by Physician</p>	LN
		<p>_ Resident will be free from any s/sx of hypo/hyperglycemia X 90 days</p>	<p>_ Monitor/document medication effectiveness and side effects</p>	LN
	<p>_ Resident has alterations in: - Renal function - Urinary function - Vision - Peripheral circulation - Peripheral sensation</p>	<p>_ Resident's Normal Blood Glucose level range will be identified and stabilized. X 90 days</p>	<p>_ Monitor/document/report any s/sx of hyperglycemia: increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abd pain, "fruity" acetone breath, stupor, coma</p>	LN
	<p>_ Resident at risk for: - Hypoglycemic reactions - Hyperglycemic reactions - Alterations in Nutrition - Impaired skin integrity - Impaired vision - Knowledge deficit r/t disease process - Delayed healing of wounds - Other: _____ _____ _____</p>	<p>_ Resident's blood sugar level will remain within range of _____ to _____ x 90 days</p>	<p>_ Monitor/document/report any s/sx of hypoglycemia: sweating, tremor, increased heart rate, pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait, seizures</p>	LN
		<p>_ Resident will be converted and maintained on fixed daily insulin dose regimen X 90 days</p>	<p>_ Monitor/document/report FSBS as ordered</p>	LN
		<p>_ Resident/caregiver will verbalize an understanding of the Diabetes Mellitus disease process and diet restrictions. X 90 days</p>	<p>_ If Resident is on Sliding Scale Insulin – submit FSBS results documentation to MD after 7 days</p>	LN
		<p>_ Resident will demonstrate ability to self-administer FSBS and interpret results. X 90 days</p>	<p>_ Initiate Hypoglycemic measures as ordered</p>	LN
		<p>_ Resident will demonstrate ability to self-administer medications X 90 days</p>	<p>_ Labs as ordered (hemoglobin A1c q 3 mos, or more frequently if glucose levels unstable)</p>	RD
		<p>_ Resident will demonstrate ability to self-administer medications X 90 days</p>	<p>_ Dietary consult for nutrition regimen and ongoing monitoring.</p>	LN SSD
		<p>_ Resident or resident's caregiver is able to demonstrate ability to perform FSBS and interpret results and to administer medication. X 90 days</p>	<p>_ Identify areas of non-adherence to resident's diabetic management</p>	LN SSD
			<p>_ Plan teaching program based on resident/caregiver level of understanding and knowledge deficits.</p>	RD
			<p>_ Monitor/document for level of cooperation, any cognitive or physical deficits that occur</p>	LN SSD RD
	<p><i>*IF RESIDENTS ON SLIDING SCALE INSULIN</i></p>	<p>_ Resident will be transitioned to basal/bolus or other long acting insulin regimen X 90 days</p>	<p>Work with physician to transition resident on to a stable basal/bolus or other insulin regimen that meets resident's need as quickly as possible</p>	RN MD