

# Admitting the resident with diabetes

## 1. What to look for at admission

It is important to assess the resident with diabetes when he or she is being admitted to the long-term care facility in order to make a care plan for the resident with diabetes.

Diabetes can lead to serious complications such as heart disease, stroke, nerve damage, kidney disease, circulation problems and eye disease. Residents with diabetes are at an increase risk for urine infections, skin infections, foot ulcers and mouth or dental problems. They are also more likely to die if they get pneumonia or the flu, so vaccination against these infections is important.

Use a checklist, such as the *Diabetes Assessment Work Sheet* in Section A of the **Tool Kit**, along with the Minimum Data Set to make your assessment. Some of the key areas to ask about are:

- ✓ The resident's diabetes treatment plan and medication list
- ✓ Their blood sugar testing plan and blood sugar levels for the past week
- ✓ Their nutrition needs and any dietary problems
- ✓ Their blood pressure while lying down and standing
- ✓ Any complications (cardiovascular, eye, kidney, nerve or dental disease)
- ✓ Resident's awareness of the signs and symptoms of high and low blood sugars
- ✓ A complete foot assessment, looking for existing or potential problems

## 2. Transferring care from the hospital

When a person with diabetes is discharged from a hospital directly to a long-term care facility, it is important to keep several things in mind:

- Often, diabetes care in hospitals is aimed at strict blood sugar control. However, once off intravenous insulin, acutely ill people may not remain under good blood sugar control when transferred to a long-term care facility. If the insulin dose isn't adjusted after admission, the resident may get low blood sugar (see pp. 13-15).

In the hospital, people are under stress and may need MORE insulin. As they recover in the long-term care facility, they may need LESS insulin.

- Hospitalized patients generally do not eat as much as people who are not hospitalized. Once in the long-term care facility, an increase in appetite can help to offset any changes in insulin dosage as noted above.
- Sick people may not eat regularly, which makes it hard to match the insulin dose to their food intake. Until they are eating consistently, more frequent checking of their blood sugar levels is recommended.