

Special circumstances

1. Tube feedings

Tube feeding in residents with diabetes presents challenges for blood sugar control. Care must be taken to match the insulin amount and action time to the resident's nutritional intake.

Tube feeding may be given over a full 24-hour period (around the clock) or may be given over a shorter period of time, such as 8, 12 or even 18 hours. Tube feeding may also be given as a bolus feeding periodically throughout the day.

Bolus means a large amount given at one time.

Checking blood sugar and administering insulin will be different for each situation. Try to match the insulin action to the timing of nutritional intake.

For 24 hour tube feeding:

If basal insulin is used and the tube feeding is stopped, other means of nutrition must be given to the resident to avoid low blood sugar.

2. Nothing by mouth (NPO)

When a resident has been ordered NPO for a test or procedure, diabetes medicines need to be adjusted. Typically, oral medicines are not given and insulin may be withheld or given at a lower dose. Each situation is different and should be discussed with the clinician.

Special circumstances

3. Diabetes management when the resident is dying

Managing diabetes for dying patients requires setting goals for care and modifying the treatment plan to meet the goals as the underlying disease progresses. The overriding rule is to reduce the symptoms of diabetes while making the monitoring and treatment less burdensome to the resident.

Counseling and educating the resident and family are important. The resident and family members may think that caregivers are not paying attention or have “given up” when blood sugar monitoring and control are less aggressive. Talk to them about an approach that considers the balance between the benefits, burdens and risks of tighter blood sugar control.

The key is to be flexible when providing care to a dying resident. If the goal is to avoid high blood sugar symptoms (excessive thirst and frequent urination), but the resident is not tolerating food and medicines, using insulin might be best option even if this was not part of the treatment plan before.

In the very last stages of dying, it is acceptable to stop injections, medicines and blood sugar checks. Often, the resident’s clinician may have no alternative but to stop all diabetes care at this point.