CONSIDERATIONS:

1. Diabetes mellitus is a chronic illness that requires continuing care and ongoing patient self-management, education and support to prevent acute complications and to reduce the risk of long-term complications.
2. Diabetes affects a large segment of the population:
   a. 25.8 million Americans – 8.3% of population
   b. Among Americans over age 65 years:
      i. In 2010: 27% have diabetes
      ii. In 2025: 53% have diabetes
      iii. In 2050: 58% have diabetes
3. Diabetes causes other conditions:
   a. Major cause of heart disease and stroke
   b. Leading cause of new blindness, kidney failure and non-traumatic amputation in adults
4. The most common primary diagnosis at admission among home healthcare patients were diabetes mellitus (10.1%) and heart disease (8.8%), including congestive heart failure (4.3%). Heart disease and CHF being common diabetes co-morbidities.
5. Home health patients with diabetes who have hyperglycemia have impaired leukocyte function leaving them vulnerable to infection.
6. Many home health patients do not achieve glycemic control and are found to have toxic blood glucose levels above 200 mg/dl at the time of admission.
7. Age-related changes in physiologic function may mask signs of hyperglycemia:
   a. Decline in sense of taste and smell may lead to poor nutritional intake and malnourishment
   b. Change in dentition may affect food choices and nutrition
   c. Change in sensing thirst can lead to dehydration, along with renal changes in urinary concentration; this may lead to hyperglycemic hyperosmoloar state (HHS) in Type 2 diabetes – a very serious complication with a 15% mortality rate
   d. Cognitive changes causing mental and emotional impairment and ability to carry out self-management of diabetes
8. Neuropathy is found in 60 - 70% of persons with diabetes causing gait abnormalities and falls, injuries to lower extremities, incontinence, and urinary tract infections.
9. Vision deficits are common, increasing the potential for functional deficits, falls and medication self-administration errors.
10. Polypharmacy increases the potential for non-adherence and medication under and over-dosing. Adherence to medication management is critical to managing glucose control and diabetes.
11. Patients with diabetes usually have multiple co-morbidities requiring medication and self-management. Some common conditions existing with diabetes are hypertension, coronary artery disease, depression and wounds. These conditions leave the patient vulnerable to myocardial infarction, stroke, peripheral artery disease, vascular ulcers, diabetic ulcers and infection.
12. Regardless of the primary reason for home care service, every patient with diabetes requires initial and ongoing assessment of his/her diabetes status and management to assure optimal health outcomes and promote glycemic control.
13. Initial assessment includes the comprehensive OASIS assessment and assessing the patient's:
    a. Level of knowledge about diabetes and its control through glucose testing, diet, and medication
    b. Level of glycemic control
    c. Ability to perform a glucose test and record test results
    d. Ability to draw up and inject insulin (if prescribed)
    e. Feet for lesions and knowledge of foot care principles; risk for ulcers via visual and sensory exam
14. On every visit, regardless of reason admitted to home care, assess the patient for:
    a. Level of glycemic control:
       i. Review the glucose test log (or meter memory if log not available)
       ii. Look for trends and patterns
    b. Adherence to blood glucose testing and medications
    c. Signs and symptom of hyperglycemia, hypoglycemia, organ system or co-morbid instabilities
    d. Lesions on feet (evaluated on discharge OASIS M2400a)
15. On every visit, take action to:
    a. Obtain and maintain glycemic control
    b. Address any lesions on patient's feet

EQUIPMENT:

Standard assessment visit equipment (thermometer, stethoscope, etc.)
Glucometer starter kit for patient teaching as needed
Monofilament
Clean gloves
Puncture-proof container
Impervious trash bag

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain to patient/caregiver the purpose of the assessment and that glycemic control affects all conditions for which you are providing care.
3. Assemble equipment on a clean surface.

4. Perform a standard routine visit assessment per agency policy.
5. Assess patient for changes known to impact glucose levels and/or diabetes self-management including: cognition, vision, functional ability, hydration, skin integrity, organ instability associated with co-morbidities, and psychosocial status.
6. Assess patient's feet for any lesions.
7. Review the blood glucose log book (or meter memory if log book not available). Take note of:
   a. Trends and patterns of blood sugar levels above or below the patient's target range
   b. Adherence to blood glucose testing
8. Observe patient for signs and symptoms of hyperglycemia or hypoglycemia:
   a. If hyperglycemic, review:
      i. Medications for missed doses
      ii. Appetite for increased carb ingestion
      iii. Increased stress/anxiety
      iv. Depression
      v. Signs of infection
   b. If hypoglycemic at time of visit take appropriate action to correct (*See Endocrine – Hypoglycemia*)
   c. If hypoglycemic episodes occurred, review:
      i. Medication for extra dosing
      ii. Omission of meals or decrease in carb intake with meals
      iii. Increased activity/exercise
9. If patient's status or past levels indicate, ask patient to check their blood glucose level during visit:
   a. If blood glucose levels are NOT within target range, guide and support the patient/caregiver in discussion and identification of suspected reason/cause
   b. Identify barriers to maintaining glycemic control
10. Contact physician to report out-of-target blood glucose trends and patterns, changes and barriers identified, and need for revision of the diabetes management plan. Obtain verbal change orders, as appropriate:
    a. If financial barriers are identified: Consider referral to social services
    b. If psychosocial or cognitive barriers are identified: Consider referral for mental health or social service evaluation
    c. Assess for diabetes pathways teaching. Provide appropriate education, referral to certified diabetes educator if appropriate
    d. If functional barriers are identified: Consider referral for the appropriate rehab therapy service
    e. If new skin ulcer/wounds/infection identified: Consider need to increase nursing visit for a short period
11. Explain the changes to the diabetes management plan to the patient/caregiver as ordered by the physician.

AFTER CARE:

1. Document in the patient's record:
   a. Blood glucose testing and findings
   b. Blood glucose pattern and trends, ability to maintain target blood glucose level
   c. Assessment findings related to hyperglycemia/ hypoglycemia, change in patient status including co-morbidities and foot skin integrity
   d. Barriers identified to attaining and maintaining target glucose levels
   e. Instructions given to patient/caregiver and ability to teach back
   f. Communication with physician
   g. Behavior change goals as determined by patient
2. Instruct patient/caregiver on diabetes management and change orders.
3. Communicate with physician about patient's status and needs. Obtain orders to improve diabetes management.

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Adopted VNAA; Approved Policy Committee 03/11/14