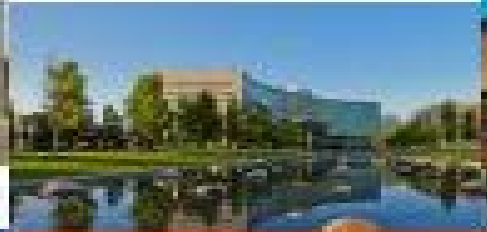


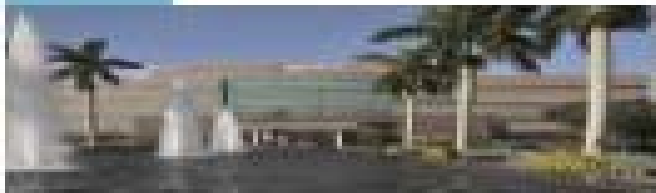


Thanks for the Feedback: The Voice of the Patient in Self-Management Education

Mary Beth Modic, DNP, RN, CNS, CDE
Clinical Nurse Specialist – Diabetes
Cleveland Clinic



ONE
Cleveland
Clinic



MISSION:IMPOSSIBLE

YOUR MISSION, SHOULD YOU CHOOSE TO ACCEPT IT

The Case for Transitioning Care:

High rates of medical errors

Serious unmet needs

Poor satisfaction with care

Higher rates of preventable
readmissions

Tremendous human and cost
burden

Our Mission:

- 1. Standardize curriculum across the system that incorporated ADA and AADE standards.**
- 2. Develop a Cleveland Clinic DSME brand.**
- 3. Create materials that would enhance patient engagement.**
- 4. Write a curriculum at a 5th grade level.**

The writing team consisted of:

- 1 pharmacist
- 4 RD CDEs
- 12 RN CDEs

The illustration team consisted of:

- 1 graphic artist
- 1 commercial illustrator
- 1 medical illustrator
- 1 photographer

The review team consisted of:

- 4 endocrinologists
- 2 administrators
- 1 RD CDE
- 1 RN

The Focus Groups consisted of:

43 patients

The Analysts consisted of:

2 Market Research Analysts

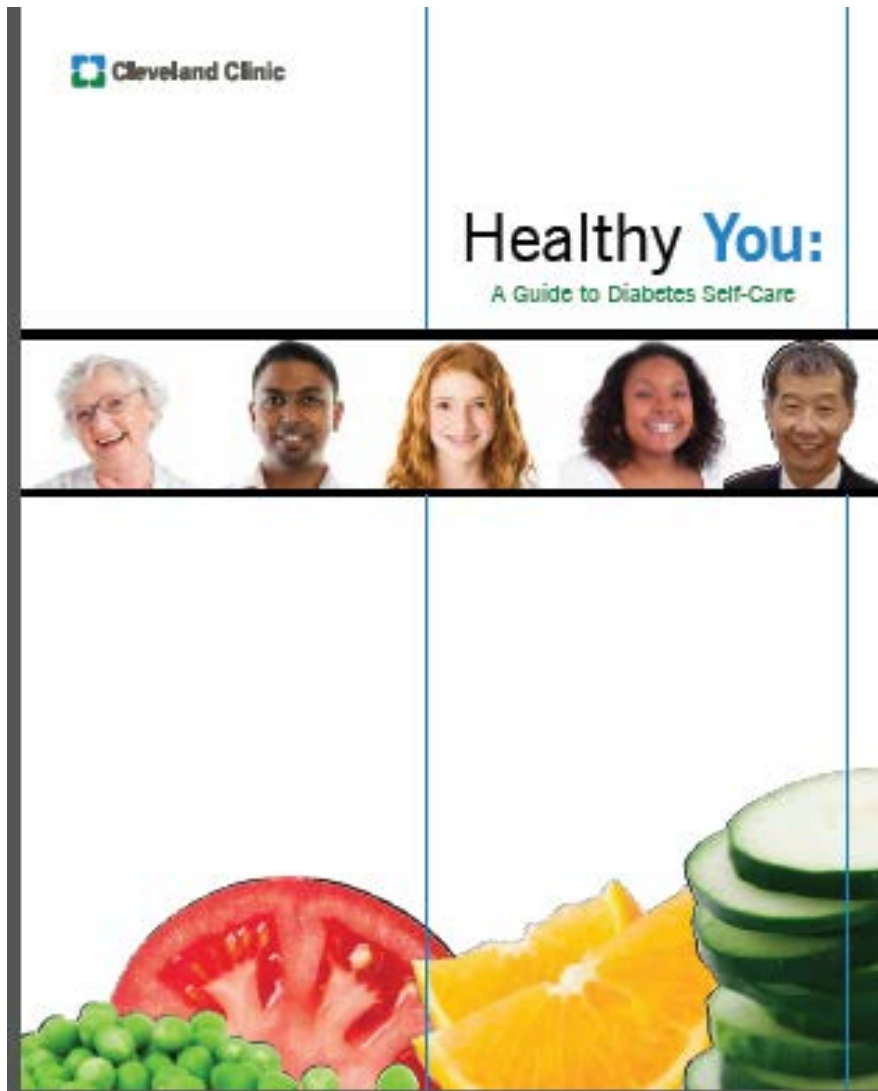
The number of individuals who aided in the writing and creation of the book totaled_____.



We began in the winter of 2011 and finished...



DSME Curriculum



- The new book is 252 pages and organized in 4 chapters.
- The content is based upon the national standards of the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE).

Executive Summary

Overall Reaction to the “Diabetes & You” Book

- The overall reaction was quite positive. These respondents found the book:
 - **Easy to read** – language used was simple to understand, non-techy; and the font was large, the text broken up by white space and graphics
 - **Very useful** – a much needed product by them and many others they know (friends/family saw the book and wanted a copy); is “easy to follow,” containing “practical tips,” useful examples, sample menus

Challenge #1- Rough Draft

- Some challenges frequently brought up are likely to be addressed during the final editing and printing of the book:
 - Various typos (especially the “Personal Goals” page)
 - Charts that span multiple pages, requiring “back and forth” reading
 - Big, heavy, bulky, twice the size as when printing will be double-sided
 - Terms introduced without definitions, or defined on later pages

Objectives

Background

- *An enterprise-wide committee has been working on a new diabetes education book for patients who attend group and individual classes. The book will replace an existing tool and will standardize content utilized during the classes.*
- *Preliminary research included an online survey with diabetes patients via the Cleveland Clinic Patient Panel. These participants reviewed draft materials and provided feedback to help create the current complete version of the new book.*

Current research primary objective: *To obtain in-depth feedback on the completed diabetes education book.*

Specific Objectives:

- ✓ Validate the content and format
- ✓ Determine if the book provides the most beneficial way to learn/obtain the diabetes information
- ✓ Gather feedback on the images, charts and graphs used in the book

Methodology

Respondent Profile

	Males	Females	Total Number of Participants
Hispanic: New/Non Group	0	1	1
Hispanic: 1yr+ Group	4	2	6
Mix of races: New/Non Group	4	2	6
Mix of races: 1yr+ Group	4	5	9
African American: New/Non Group	2	8	10
African American: 1yr+ Group	4	7	11
Total	18	25	43

Overall Satisfaction – Positives

The Task: Respondents were queried regarding their overall “satisfaction” on the book, once again, based on their recall from the homework assignment.

- Both segments, the “New/Non” and “1yr+” respondents, were quite positive, particularly noting the fact that the book is both “easy to read” and “very useful”



Those who noted “easy read” particularly referenced...

- Large font and well spaced out text
 - Words broken up by pictures, graphs, charts
 - Visuals quickly convey pertinent information
 - Non-technical terms – simplistic presentation
 - Repeats certain points, helpful reminders
- In fact, although respondents were only asked to skim the book at home, the vast majority reported that they found themselves reading the book “cover to cover” because it was engaging and so easy to read

“I was shocked I ended up reading it all. But it was interesting and it dealt with my health.”

“It explained things in a way that anyone could understand.”

Class 1 In-Depth - Negatives

Minor mentions / miscellaneous confusing phrases or missing elements

- *How do we figure our carb requirements?*
- *Need more on yeast infections – “They just mention and then kept moving”*
- *The explain ‘basal’ but not ‘bolus’*
- *Trusted websites but no criteria on what makes a trusted website?*
- *Humalog is both short and long lasting. They don’t say that here*
- *What about injecting in the bathroom at a restaurant? Is that safe? Is it better to do it at the table and have people think you’re shooting up?*
- *What is pancreatitis?*
- *Needs more on hypoglycemia*
- *More on drug interactions – “I didn’t know prednisone wreaked havoc on sugar”*
- *More on how low or high blood sugar for a length of time can affect you*
- *How do we normalize erratic sugar results, “like the one chart in here. That guy’s sugar is all over the place. What does he do about that?”*

Class 2 In-Depth Negatives

Medium mentions

- “New/Non” want more on “ketones”- define the term
 - *“If it’s important enough to tell us to check it, it’s important enough to explain what it is”*
- “1yr+” want elaboration on ER visits
 - *“Abdominal pain? If you have a stomach ache you should go to the ER?”*
 - *“Insurance might not cover it”*
 - *“Do they mean if you have all 3 of these or just 1 symptom?”*
- BMI chart clarification / instructions on ‘how to read’ the chart
 - There was some confusion among those thinking the height was in feet

Minor mentions

- *But why are they recommending sugary snacks like Jello? Is that allowed in our diet?”*
- *The ‘3 Carb Choices’ looks like the page number is ‘3.’ Confusing*
- *What about taking Tylenol?*
- *Is aspartame is okay for me to use?*
- *What about when you’re in the hospital?*
- *Need more menu options for planning purposes*

Class 3 In-Depth Negatives

Most respondents were very positive to this section and many, when asked, stated that they could not find anything confusing or negative. Most remarks here varied by the individual.

Medium mentions

- Pre-exercise blood sugar guidelines (p. 168)
 - Again, chart must be continuous, hard to flip back and forth
 - Some confusion regarding snacking, several want clarification:
 - *“Are we supposed to snack before and after?”*
 - *“So what’s the difference between the lower than 100 and the 100-150 blood sugar ranges?”*
 - *“How soon after snacking do we exercise?”*
 - *“How much does exercise affect sugar? What might the readings be after?”*

Minor mentions/miscellaneous

- *Skimmed Type 1 information because not relevant*
- *Skimmed PVD information because “too scary”*
- *“Odd ending” page 194, “take with you wherever...”*
- *Need more on stress, might not recognize the symptoms*
- *Need brand suggestions for low-carb pasta*

Class 4 In-Depth Negatives

Medium mentions

- World of Food confusion or lacking in detail
 - *Are these supposed to be what you typically see or what we should eat?*
 - *CHO is confusing. If it's 'carb choice,' spell it out*
 - *"But we aren't supposed to have rice" so why is it suggested in the menus?*
 - *The book doesn't discuss the fatty foods that African-Americans love to eat*
 - *There are not enough options in the book. We can't eat the same things every day*

Minor mentions

- *Apps/interactive media would be more useful than websites*
 - *Seeing someone cooking, preparing food is more helpful*
 - *Restaurant apps would help to plan what you will eat before you get there*
- *Earlier mention of "trusted websites" should refer to this page of sites*
- *What should be in our cupboards? Give sample grocery lists*
- *This section is "sparse" in comparison to the other classes*

Cultural Considerations

- Recall that respondents were recruited to provide for a mix of races (2 Hispanic groups, 2 African-American, and 2 with a mix); and that the Hispanic participants were screened to provide those who could read and write in English
- For the most part, there were similar reactions among the segments, with most representatives of each feeling that the *Diabetes & You* book was appropriate for them
- There were only a few minor differences or points of emphasis:



Hispanic Perspective:

- Several positively emphasized the “low-tech” and easy to understand terminology used in the book. They appreciated this approach, but occasionally suggested that for older Hispanics, it would need to be in Spanish
- This group was somewhat more likely to suggest a need for a kids’ version.
- A few felt the book could do more to “scare the pants” off those with diabetes, sharing stories of relatives who did not take the disease seriously enough and developed complications. (“*Dad came home saying, ‘I just got a little sugar.’*”)
- Other minor suggestions that were made by those in the Hispanic groups were...
 - Add a reference for Mexican cooking for diabetics with the websites

Cultural Considerations

African-American Perspective:

Three (3) main points of emphasis stood out :

1. Whole person focus needed

- This segment more often suggested the need to address not just the physical aspects of diabetes, but the mental and emotional components as well
 - They want the book to provide encouragement, be “cheerful,” and suggest tips for dealing with the stigma and depression that can accompany diabetes
- ### **2. Some “down and dirty” summaries needed**
- Several referenced educational levels of many in their communities, noting that others would be too intimidated by the information in the book
 - They suggested bulleted lists that would condense and “streamline” the information, particularly regarding symptoms and management tips



“More elementary,
less voluminous.”

“You have to be
realistic and practical
in the book.”

“A simple list,
‘Don’t eat this, but
eat this.’”

Cultural Considerations

3. What about our favorite foods?

- Some indicated that the book could better address foods typical in the African-American community, particularly about making fried foods at home and eating out at fast food restaurants
- At some level, they want an acknowledgement of these preferences, ideas on how they can adapt their cultural favorites and be diabetes friendly, and how to continue eating at these local low-cost establishments “without feeling guilty”



Missing Components



- The “1yr+” segment often noted that the book did not sufficiently address their emotional needs. Specifically, respondents want the following included...
 - **More on the psychological impact of living with and trying to manage diabetes**
 - *How to deal with moments of depression*
 - *How to deal with others seeing them inject insulin when they are in a public place*
 - *Maybe even a crisis hotline*

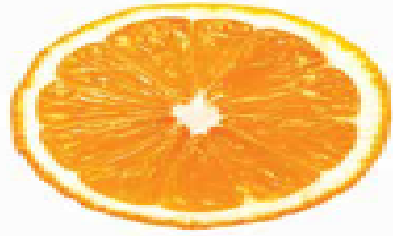
Readers Want Something Hopeful

- *Information on new research and possible future treatments*
- *Something cheerful to counteract the “bad news” of being diagnosed with diabetes*
- *Convince readers that they can live a normal life*

Likely Users of the Book

- Several suggested that this book is **for fairly motivated and educated learners**, but might have limited appeal for those with less education. The less educated would need a more simplified presentation with “bulleted lists of do’s and don’ts”
- Several also pointed out that the book is **not for children and teens**, a need they see as great. Many of them have children and grandchildren with diabetes who could benefit from the information in the book, only it would need to be more “fun” if geared towards kids.
- One focus group suggested that if the book were for elderly Hispanics, it would have to be written in Spanish

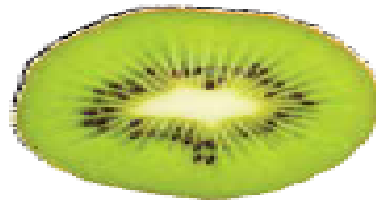
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Monitoring of Blood Sugars
Nutrition
Goal Setting



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CLASS 2

Goal Setting
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Sick Day Management



●

CLASS 3

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Physical Activity
Diabetes Complications



●

CLASS 4

Goal Setting
Stress and Emotional Health
Safety While Driving
and Traveling
Menus from Different Cultures
Diabetes "Apps"

What should my blood sugar level be?

Blood sugar ranges may be different for each person and can change throughout the day. Your health care provider will tell you what range is good for you.

Write down the target blood sugars you and your health care provider decided together in the table below.



Blood Sugar Targets

Time	Adults with Diabetes	Target
Before meals	70 to 130 mg/dL	
2 hours after meals	Less than 180 mg/dL	
A1C	Less than 7%	

What are common things that can affect my blood sugar?

For people with diabetes things that make your blood sugar go up include:

- Food
- Illness
- Stress
- Missed dose of medication
- Out-dated medication including insulin

Things that make your blood sugar go down include:

- Physical activity
- Diabetes medication
- Alcohol
- Missing/skipping meals — Not eating on time

How is diabetes managed?

Diabetes is managed through proper diet, exercise and, if needed, medication. Your healthcare provider will monitor your level of blood sugar, cholesterol, A1C, and triglycerides. It is important to keep these values as normal as possible.

Type 1 diabetes is controlled with:

- Insulin
- Meal planning
- Exercise (physical activity)

Type 2 diabetes is controlled with:

- Meal planning and exercise (physical activity)
- Medicine taken by the mouth
- Insulin or other injectable medications

Medications

Questions you may have concerning medications will be answered in this chapter:

1. Why do I need to take medication?
2. What medication is my health care provider prescribing to me and why?
3. Are there any side effects?
4. How do I take it?



Why Do I Need To Take Medication?

You and your healthcare team are partners in helping you follow your personal diabetes treatment plan. Along with healthy eating and being physically active, your healthcare provider may order medications to keep your blood sugar in target range.

- Medications may be taken by mouth or injected through the skin.
- More than one medication may be needed.
- The treatment plan may change over time.

The best plan for YOU will be the one that works to keep YOUR blood sugar in control.





in·su·lin/: is a naturally occurring hormone made by the pancreas that helps the body use sugar for energy.

Insulin: What You Need to Know

There are two major reasons you need to take insulin:

1. To manage the body's need for insulin between meals and during the night.
This is called "background (basal) insulin".

2. To manage the rise in blood sugar after meals.

This is called "mealtime" insulin. Other names for this insulin include "prandial" or "bolus" insulin.

Background Insulin: (Long Acting - Lantus, Levemir, Intermediate - NPH)

- Helps control blood sugar during the night and between meals.
- Is taken 1 to 2 times a day at the same time each day.
- Lowers blood sugar up to 24 hours at a steady pace (except NPH).

Background Insulin: (Intermediate NPH)

- Helps control blood sugar during the night and between meals.
- Is taken 2 times a day at the same time each day.
- Each dose of NPH lasts between 12 and 16 hours.
- Acts differently with different people.

Mealtime Insulin: (Apidra, Humalog, Novolog, Regular)

- Helps control blood sugar after eating a meal or snack.
- Is taken at mealtime.
- Is taken 1 to 3 or more times a day.

Premixed Insulins are a combination of background and mealtime insulin.

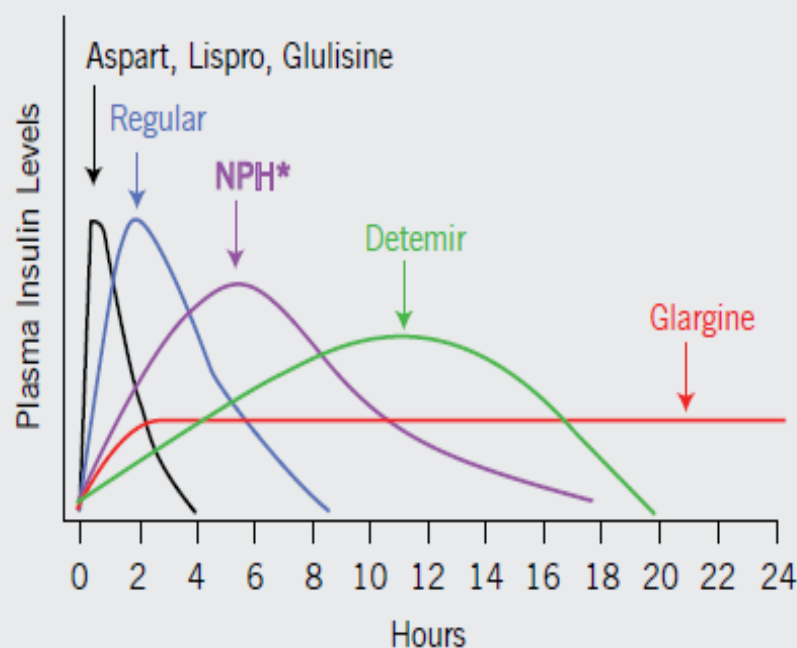
- Helps control blood sugar during the night, between meals and after meals.
- Is taken 2 times a day at the same time each day, typically before breakfast and the evening meal.

Injectable Insulin Medications

Medication Name	Onset (Start of Action)	Peak (When it Works Hardest)	Duration (How Long it Stays in Body)	Use (When to Take)
Rapid Acting Insulin glulisine (Apidra) Insulin aspart (Novolog) Insulin lispro (Humalog)	5-20 min	1-3 hrs	3-5 hrs	Take 5-15 min before eating; may be mixed with NPH
Short Acting Regular Insulin	30-60 min	2-4 hrs	5-8 hrs	Take 30-60 min before eating; may be mixed with NPH
Intermediate Acting NPH Insulin	1-2 hrs	4-10 hrs	10-16 hrs	*Usually taken twice daily
Long Acting Insulin detemir (Levemir) Insulin glargine (Lantus)	60-90 min 90 min	3-14 hrs No peak	18-24 hrs Up to 24 hrs	Take once a daily
Pre-mixed (Int. + Regular) 70/30 (70% N and 30% R) 50/50 (50% N and 50% R)	30 min	2-12 hrs	10-16 hrs	Usually given before breakfast and dinner
Pre-mixed (Int. + Rapid) Humalog mix 75/25 (75% insulin lispro protamine susp. and 25% insulin lispro)	5-20 min	1-2 hrs	10-16 hrs	Usually given before breakfast and dinner
Humalog mix 50/50 (50% insulin lispro protamine susp. and 50% insulin lispro)	5-20 min	1-2 hrs	10-16 hrs	Usually given before breakfast and dinner
Novolog mix 70/30 (70% insulin aspart protamine susp. and 30% insulin aspart)	5-20 min	1-2 hrs	10-16 hrs	Usually given before breakfast and dinner

Insulin:

How long does it last; how fast does it work?



* Roll the cloudy insulin vial between your hands 15-20 times to mix the insulin

Storing Your Insulin

Pen and Pen Device

- Write the date on the pen when you first open it
- Keep the pen you are using at room temperature.
- Avoid temperature extremes (*either too hot or too cold will change how the insulin works*).
- Store unused and unopened pens in the refrigerator

*Throw away any insulin that changes color or looks like it has clumps or anything floating in it.

Vial

- Write the date on the vial when you first open it
- Keep the vial you are using at room temperature
- Avoid temperature extremes (*either too hot or too cold will change how the insulin works*).
- Store in refrigerator (refer to table for how long the insulin will work after it is opened.)*
- Store it at room temperature when not in the refrigerator.
- Store unused vials in the refrigerator

*Throw away any insulin that changes color or looks like it has clumps or anything floating in it.

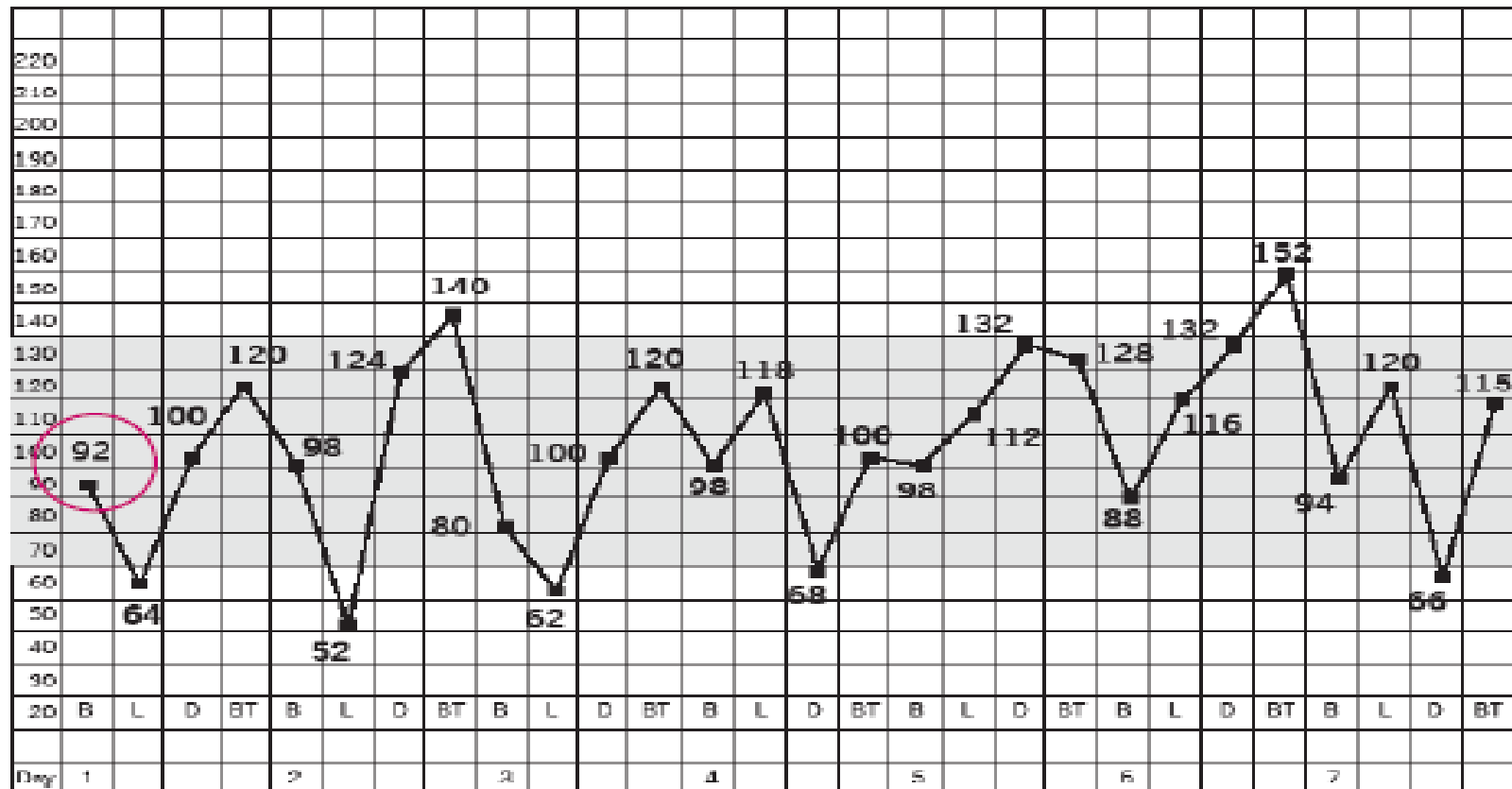
After the first use, each pen or cartridge is good for a limited time. Record the date you first use it. Discard it based on the chart below. Store it at room temperature not in the refrigerator.

Pens and cartridges not in use: store in the refrigerator (36-46 F). They will be good until the expiration date printed on them.

Brand Name	After first use good for	
	Pen	Vial
Apidra (glulisine)	28 days	28 days
Humalog (lispro)	28 days	28 days
Humalog Mix 50/50	10 days	28 days
Humalog Mix 75/25	10 days	28 days
Humulin R (regular)	14 days	28 days
Humulin N	14 days	28 days
Lantus (glargine)	28 days	28 days
Novolin R (regular)	14 days	42 days
Novolin N	14 days	42 days
Novolin 70/30	10 days	42 days
NovoLog (aspart)	28 days	28 days
NovoLog Mix 70/30	10 days	28 days
Levemir (detemir)	42 days	42 days

Pattern Management

Graph 1



Target
Range

Key: B = breakfast, L = lunch, D = dinner, BT = bedtime

Looking at this graph, what are your thoughts about this person's blood sugar control?*

Some other tips for success:

Write your goals down!



Don't overwhelm yourself by choosing too many goals. One or two to start with is fine.



Review your goals at least once a week.

Ask yourself if you feel you are making positive changes towards reaching your goal. If not, take action and change your plan!

Use support people to help you. Share your goals with someone close to you and tell them what they can do to help you. Look for those around you that may have been successful and find out how they made positive changes.



Choosing my personal GOALS

My personal goal for this session is: _____

Please choose 2 behaviors changes that will help you reach your goal:

- ☐ Test blood sugar _____ times per day
- ☐ Write down the results of my blood sugar every time I test
- ☐ Increase my daily activity by choosing to park farther away, take the stairs, walk to the store _____ times/week
- ☐ Increase activity (type) _____ (times) _____ a week
- ☐ Take my diabetes medication at (time)
- ☐ Carry diabetes identification with me at all times: car, bracelet necklace (circle one)
- ☐ Check feet everyday
- ☐ Stop smoking
- ☐ Decrease my smoking by (number of _____ cigarettes everyday)
- ☐ Will not skip meals
- ☐ Replace (food) _____ with (food)
- ☐ Lose _____ pounds in 6 to 12 weeks (No more than 24 pounds)
- ☐ Ask for support from family and friends when I feel overwhelmed
- ☐ Look for causes of blood sugars that are too high or too low
- ☐ Other _____

Patient Signature _____ Date _____

key points to remember

Always take your diabetes medications (pills or insulin). With infection and illness, blood sugar typically increases even if you are unable to eat your usual meals.

Check your blood sugar more often while you are sick. It is generally recommended that you test your blood sugar every **2-4 hours** when you are sick or if you have an infection with blood sugar above 250 mg/dl.

Drink plenty of fluids. Focus on 8 ounces of sugar-free fluid every hour while awake. Managing an elevated blood sugar is more difficult when you are dehydrated.

Keep a supply of sick day foods and fluids so that if you should become sick, you will have them on hand. Keep your sick day box updated and stocked. Develop a system that will help you check expiration dates and contents every 3-4 months.

Have ketone test strips on hand for periods of illness. *It is recommended that you check ketones if you have two blood sugar readings in a row above 250mg/dl.* Call your provider if you have positive ketones.

Be prepared. When you are sick, you may not feel good enough to purchase the items to need to adequately manage illness.

Be sure to have such items available.

what to put in your sick day box

- Thermometer
- Ketone testing strips
- Lancets
- Glucose testing strips
- Glucagon (if you have Type I diabetes)
- Acetaminophen
- Regular pop
- Diet pop
- Juice boxes
- Instant glucose gel (or tube cake frosting)
- Bottled water
- Soup or cans of broth
- Saltine crackers
- Jello (regular)
- List of current medications
- Healthcare providers phone number and office location



Portion Distortion

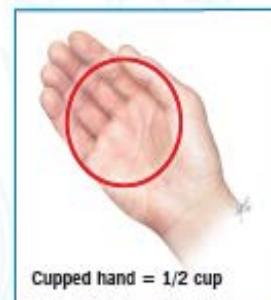
"Portion Distortion" means that people have become used to eating greater amounts of food containing more calories at one meal or snack. Restaurant meals of all kinds as well as soft drinks and snacks have gotten larger over the past two decades.

Americans are surrounded by larger portion sizes for lower prices, encouraging people to buy larger amounts. Research has shown that people eat more when they are served larger meals in restaurants or can buy bigger packages of snack foods.



Hand Guide to Portion Control

When you don't have measuring utensils, you can use your hands. The "hand method" provides an easy way to decide what is a reasonable portion of food.



Flavoring Foods Without Salt



Poultry

Basil
Dill
Green pepper
Lemon juice
Majoram
Oregano
Paprika
Parsley
Poultry seasoning
Rosemary
Saffron
Sage
Savory
Tarragon
Thyme



Fish

Bay leaf
Cumin
Curry
Dill
Dry mustard
Green pepper
Lemon juice
Majoram
Onion
Paprika
Parsley
Savory



Beef

Basil
Bay leaf
Cloves
Dill
Dry mustard
Green pepper
Horseradish
Majoram
Nutmeg
Onion
Pepper
Rosemary
Sage
Savory
Thyme



Pork

All spice
Applesauce
Cinnamon
Cumin



Pasta

Basil
Bay leaf
Garlic
Oregano
Poppyseed

Stress and Diabetes



1. What are symptoms of stress?
2. How can I reduce stress in my life?
3. How does stress affect my mood?

1. What are the symptoms of stress?

Most people experience stress as an emotional or physical strain. It can result in worry, anxiety, and tension. Everyday events or changes in life may create stress. Stress affects everyone to some degree, but it may be more difficult to manage when people learn that they have diabetes.

Symptoms of stress can include:

- Nervousness
- A fast heartbeat
- Rapid breathing
- Upset stomach
- Feeling overwhelmed
- Change in sleep habits
- Difficulty concentrating

Stress can make it more difficult to control your diabetes as it may throw off your daily routine. Hormones from stress increase your blood pressure, raise your heart rate, and can cause blood sugar to rise. Both high and low blood sugar can cause changes in your mood.

2. How can I reduce stress in my life?

There are many things you can do to reduce stress. The following are some suggestions:

- Take some time to plan ahead and prepare for the unexpected.
- Take your medications as directed.
- Eat healthy meals.
- Be active. Take a walk.
- Meditate. Keep a journal.
- Share your feelings with friends and family.
- Laugh often. Keep your sense of humor.
- Seek support from your faith community.
- Make time in your day for regular exercise.

Don't be afraid to talk to your health care provider if you need extra help in reducing the stress in your life.

play



Overcoming Obstacles in Meal Planning

Managing your diabetes every day can be difficult at times. Some days will be more challenging than others. Here are a few suggestions to deal with obstacles in planning your meals.



Financial

- Buy items in bulk and when on sale (freeze extras)
- Buy seasonal fruits/vegetables
- Rinse canned vegetables to reduce salt or buy large amounts of frozen vegetables
- Volunteer at a food pantry/ community garden where you can save dollars on food purchased there for donating your time in helping others
- Join a large grocery wholesaler where prices are lower than at regular supermarkets
- Compare prices on-line and in local newspaper ads
- Buy store brands for items where taste or quality is similar to that of a national brand
- Be aware of grocery store attempts to sell featured items which may not be sale items
- Set a menu to use leftovers at least one day of the week

Meal Planning and Preparation

- Cook for yourself instead of eating prepared or take-out meals
- Enroll in a community sponsored cooking class (check local library offerings)
- Plan out a few days to one week of menus
- Make a grocery list (put in pictures) and stick to it
- Shop on the outside aisles of the grocery store – this is where the healthy items are located – fruits, vegetables, grains, dairy, fish, poultry, lean cuts of meat
- Avoid the “junk food” aisles at the grocery store, these items are usually high in calories, fat, sugar and salt
- Shop on-line for easy pick-up to limit time in the grocery store
- Go to the grocery store after you have eaten to avoid buying food items that may satisfy your hunger. This will help you avoid making “impulse” purchases and buying food you do not want or need
- Select a heart healthy cookbook at the library

Behaviors

- Set goals that you can meet, and just a few at a time – this will help you be successful
- Be moderate with changes—it doesn't have to be all or none
- Go easy on yourself, no one is perfect – everyone has a “bad day”
- Reward yourself when you meet a goal. Choose rewards other than food - Take 30 minutes out of your busy day to read a book, listen to music, take a walk. Buy a new book, piece of jewelry or tool.
- Be positive—healthful foods can taste good
- Get “back on the bandwagon” should you fall off

Driving safety

There are steps people with diabetes should take to make sure they are safe behind the wheel.

- What should I do before I drive a long distance?
- What are items I should keep in my car to treat a low blood sugar?

BEFORE YOU DRIVE:

If you are taking a medication that can cause your blood sugar to go low (insulin or glipizide, glyburide, glimepiride) **CHECK YOUR BLOOD SUGAR**. If your blood sugar is less than 90 mg/dL, eat a carbohydrate containing snack.

Always keep a carbohydrate source in your car:

- Small juice box or can of regular soda pop
- Glucose tablets
- Instant glucose gel
- Hard candy
- Take your glucose meter and strips/lancets with you wherever



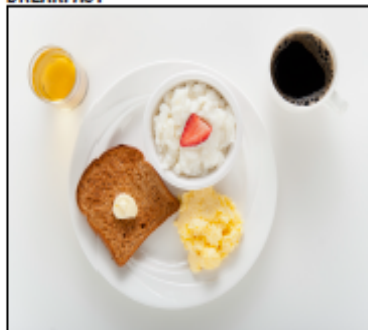
It is very dangerous to drive during a low blood sugar reaction.

If you are driving and you experience symptoms of a low blood sugar, safety pull off the road.

- If possible, check your blood sugar
- Eat a carbohydrate containing food
- Wait 15 minutes
- Repeat treatment, if your symptoms continue, or a recheck of your blood sugar remains less than 70 mg/dL
- It is recommended that you **WAIT** 30-60 minutes before you resume driving. Your ability to think clearly and make good driving decisions may be affected by a low blood sugar.
- If your blood sugar remains below 70 mg/dL **OR** if you feel unsafe to drive, stay where you are and call 911.

African American

BREAKFAST



Egg substitute

Wheat

toast 1 slice (1 CHO)

Grits 1 c. (2CHO)

Juice 1/2 c. (1CHO)

Coffee

LUNCH



Turkey burger

Wheat bun 2 halves (2CHO)

Sweet

potato fries 1/2 c. (1CHO)

Orange 3 ounces (1CHO)

Salad

Sugar-free iced tea

DINNER



BBQ chicken breast

Red beans 1/2 c. (1CHO)

Brown rice 2/3 c. (2CHO)

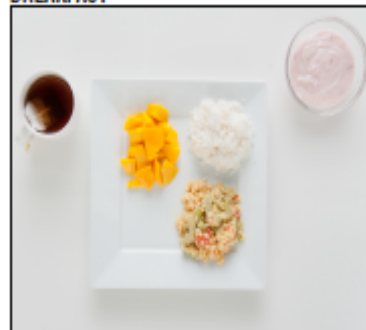
Corn bread 2" square (1 CHO)

Greens

Water

Filipino American

BREAKFAST



Ampalaya with egg beaters

Rice 2/3 c. (2CHO)

Yogurt 1 c. (1CHO)

Mango 1/2 c. (1CHO)

Tea

LUNCH



Chicken afritada with

Potato 1/2 c. (1CHO)

Soup 2 c. (2CHO)

Orange 3 ounces (1CHO)

Sugar free

drink

DINNER



Pompano fish

Rice stick

noodles 1 c. (3CHO)

Pear 3 ounces (1CHO)

Diet drink

Diabetes Apps

Many people with diabetes choose to keep a paper log of blood sugar readings, carbohydrate intake, physical activity, etc.

However, with the increasing use of smartphones (mobile phones with increased software capabilities), many people choose to use technology to help manage diabetes.

If you own a smartphone and feel comfortable with mobile technology, you may want to consider a diabetes app (application).

These on-the-go tools can be downloaded onto your phone. There are many apps to choose from, and some of the most popular ones are free. Searching a web site such as diabetesselfmanagement.com or diabetes.org can help you find a variety of apps.

A mobile app makes it easy to record and store information such as blood glucose readings, A1C blood tests, carbohydrate intake, medications, physical activity, and weight.



Apps can also be used in many other ways, such as:

- Monitoring your daily activity
- Reminding you to check your blood glucose
- Graphing and tracking blood glucose trends
- Providing access to educational articles
- Making it easier to share your blood glucose record with your health care provider
- Providing you with meal planning tools
- Providing emergency medical information to a first responder, such as medications and contact information
- Locating restaurant menus for nutritional values

Talk with your health care provider about finding an app that is “trusted” and will fit your individual needs.

Diabetes Apps



Guide to Diabetes Education Materials

The materials described below are available to augment diabetes education and assist in the placement of referrals.



DSME Referral Aid

The goal is to increase the number of patient referrals to one of our Outpatient Diabetes Self-Management Education (DSME) Programs. This card is to facilitate LIP referrals. Instructions on how to place the referrals are included on the back of the card. PWO#15310.



My Diabetes Blueprint Pamphlet

This pamphlet is to be used to record diabetes medications and insulin regimens. Instructions for hypoglycemia rescue are also included. This 4 page pamphlet is to be completed by the bedside nurse **UNLESS the PATIENT is BEING FOLLOWED by ENDOCRINOLOGY**. Then the NPs or Inpatient Endo CDEs will complete the document. PWO#15246.



Healthy You: A Guide to Diabetes Self-Care – Inpatient Survival Skills

This booklet replaces the purple and green covered binder entitled "Your Guide to Managing your Diabetes". The new 33 page booklet includes an introduction to diabetes. It also covers how to administer insulin, monitor blood sugars and treat hypoglycemia. This booklet should be given to patients in the hospital and those patients receiving instruction at the Family Health Centers who **ARE NOT PARTICIPATING** in a DSME program. PWO#15477.



Healthy You: A Guide to Nutrition Basics for Patients with Diabetes

This 28 page booklet is used by dietitians, CDEs and APNs. It introduces the patient to basic information on portion size, food label reading and carbohydrate counting. PWO#15894.

Lessons Learned

1. All participants do not start out on the same page.
2. Projects of this nature take on a “life of their own” and result in more work.
3. The CNS is poised to lead.
4. The devil is in the details!
5. The patient is the EXPERT.





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