

OUR LADYS CHILDREN'S HOSPITAL, CRUMLIN
NURSING CARE PLAN 13

Diabetes Mellitus

(Please use in conjunction with careplan 1)



Care plan 13		Diabetes Mellitus	Issue date: August 2018
Problem		Goals	Review date: August 2021
..... is admitted for stabilisation of his/her diabetes mellitus	 will receive safe and appropriate care in relation to his/her diabetes mellitus	
Commenced, dated, time, and signature	No	Nursing Interventions	Discontinued, date, time, signature & grade
	1	Blood glucose monitoring	
		<ul style="list-style-type: none"> Monitor and record blood sugars pre main meals and as otherwise directed. Aim for blood glucose between 4 and 9 mmols. Ensure glucometer is correctly calibrated and quality control test performed daily. Administer subcutaneous insulin as per insulin prescription sheet. Rotate injection sites. Suitable injection sites include:.....	
	2	Observations	
		<ul style="list-style-type: none"> Monitor and observe for signs of hypoglycaemia <i>Example:</i> Hunger, clammy, lethargy, pallor. If blood sugar is < 4mmols Give patient 10g of rapid acting carbohydrate <i>Example:</i> 100mls fruit juice or 50mls lucozade After 10-15 minutes re-check blood sugar if still below 4mmols repeat lucozade and recheck after 10-15minutes. Repeat his step until blood sugar over 4mmols. Once blood sugar over 4mmols give 10-20g of starchy carbohydrate to help maintain blood glucose, <i>if next meal or snack is not due.</i> <i>Example:</i> A slice of bread, a piece of fruit, plain biscuit. (I.SPAD,2000) Give next meal or snack at the usual time. Monitor and observe for signs of hyperglycaemia. If blood sugar is > 16 mmols, check for the presence of blood ketones. <i>If ketones are > 1.0 inform medical team.</i> Record and report all abnormalities to medical team Liaise with Clinical Nurse Specialist Diabetes for advice education and support as required. Liaise with dietitian with regard to meal planning. See patient specific meal plan. Liaise with Medical Social worker as required Liaise with Psychologist as required 	
	3	Diabetic Ketoacidosis (DKA) (<i>refer to guidelines for management of DKA</i>)	
		<ul style="list-style-type: none"> Administer Intravenous fluids as prescribed (see care plan 9). Administer intravenous insulin as prescribed (see care plan 9) Record and report any changes in neurological status to medical team. Perform and document 1 hourly neurological observations. Maintain a strict intake and output chart . Oral fluid intake at discretion of medical team. 	

Created by L Andrews CNS and Catriona Cox (CNM2),
Updated 2018

Patient name.....

HCRN.....

Ward.....

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		<ul style="list-style-type: none"> • Monitor and record 1 hourly blood sugars. • Target is to maintain blood glucose between 8-12mmols.. • If blood sugar decrease exceeds 5mmols in one hour medical team to be informed immediately • If blood sugar rises above 15mmols medical team to be informed immediately (<i>as per guidelines for management of DKA</i>) • Monitor and record 1 hourly blood ketones and advise medical team if ketones continue to rise. • Assist medical team with obtaining blood samples as required. • Perform regular oral care if oral intake restricted or patient is vomiting. • Record and report all abnormalities to medical team. 	
4.		Other needs Nursing management of Different insulin regimes	
		<p><u>BD and TDS insulin regimes;</u></p> <ul style="list-style-type: none"> • Give insulin at the same time every day. • Aim for 3 meals and 3 snacks a day preferably at the same time every day. • Aim to keep Carbohydrate content at meal and snack times steady. • You need at least 2 hours of a gap between food and doing a blood sugar to get an accurate blood sugar. (This does not mean the patient needs to eat every 2 hours). • Document and reports all blood sugars taken. • If the patient in on BD insulin regime, insulin should be given 10-15 minutes pre breakfast and 10-15 minutes pre Dinner. • If the patient is on TDS insulin regime, insulin should be given 10-15 minutes pre breakfast, pre dinner and pre supper. <p><u>MDI/Basal Bolus Regime.</u></p> <ul style="list-style-type: none"> • The benefit of Basal Bolus regime is flexibility with meal times. • Aim for three main meals a day, snacking is not permitted on this regime, however if the patient wishes to have supper an extra injection of novorapid/humalog is needed. • Novorapid/Humalog injection must be given 10-15 minutes before food to cover Carbohydrate content in the meal. Insulin :Carbohydrate ratios are used to calculate insulin dose at meal times • A good understanding of Carbohydrate counting is needed when nursing patients on MDI. • If Blood sugar is >15mmols a correction bolus is needed. Inform the Medical team as they will need to calculate and prescribe correction dose needed. • Correction bolus should be included with meal time bolus to prevent overlapping of insulin and severe hypoglycaemia. • Give at least 3 hours of a gap between Novorapid/Humalog injections unless advised otherwise by Medical team. • Lantus/Levemir (basal insulin) should be given at the same time every day. <u>Before administering insulin it is very important to rotate injection sites and check for lumpy areas. Avoid areas that appear bruised or lumpy.</u> <p>All insulin must be prescribed by a Doctor and double check by two Registered Nurses.</p>	