

DIABETES

PATHOPHYSIOLOGY

When the body does not have glucose to fuel cells properly. Can be because insulin isn't being produced to take the sugar from the blood stream into the cells, Could also be because the pancreas isn't producing enough insulin leaving the cells still very hungry, or the body isn't recognizing insulin as a vehicle to get the glucose into the cells (this is called insulin resistance). Type I diabetes is when the pancreas isn't producing insulin. Type II diabetes is when the pancreas doesn't produce enough insulin or resistance occurs. If the body doesn't get the glucose it needs to produce energy, it will start to break down fat to get the energy, If this happens for long enough, the body goes into a state of ketosis/acidosis and the patient can become altered, dehydrated, and have electrolyte imbalances.

ASSESSMENT FINDINGS

Elevated glucose, 3 P's (polydipsia, polyuria, and polyphagia), blurred vision, non-healing wounds, neuropathy, poor circulation, HTN, retinopathy; Check their feet, inspect their skin for wounds, get their HbA1C results, assess their insulin schedule and their understanding of the schedule.

DIAGNOSTICS

- Fasting blood sugar tests results greater than 100
- Chronic abnormal POC glucose and HbA1C.

NURSING PRIORITIES

- Monitor blood glucose levels
- Promote optimal electrolyte balance
- Prevent or manage infection

THERAPEUTIC MANAGEMENT

- Diet changes
- Insulin therapy (rotate sites to avoid lipoatrophy)
- Close BG monitoring
- Because of difficulty healing wounds and neuropathy monitor skin closely especially the feet
- Use the rule of 15 for low BG - 15 g sugar, recheck in 15 minutes
- Lots of patient education about diet and insulin and skin care.

MEDICATION THERAPY

- Insulin
- Oral anti-diabetic medications such as metformin.