Self-care Skills for Patients with Diabetes

Self-care Skills for Patients with Diabetes

VA/DoD Clinical Practice Guideline for Management of Diabetes—TOOLKIT

For the Provider/Educator

Teaching Tips

- Consider patient readiness for learning: attitude, physical conditioning, attention span, learning ability
- Schedule timing and duration of teaching sessions for maximum effectiveness
- Focus on most important knowledge and skills for that particular patient
- Offer learning through multiple methods to maximize effectiveness (see, hear, touch, discuss, perform)
- Provide reinforcement material for patient to refer back to after the teaching session

Components of the Flip Chart

- Patient Pages Include:
  - Simple graphics/questions for patients
- Educator Pages include
  - Script for educator
  - Check for understanding questions
  - Red flags to help spot misconceptions

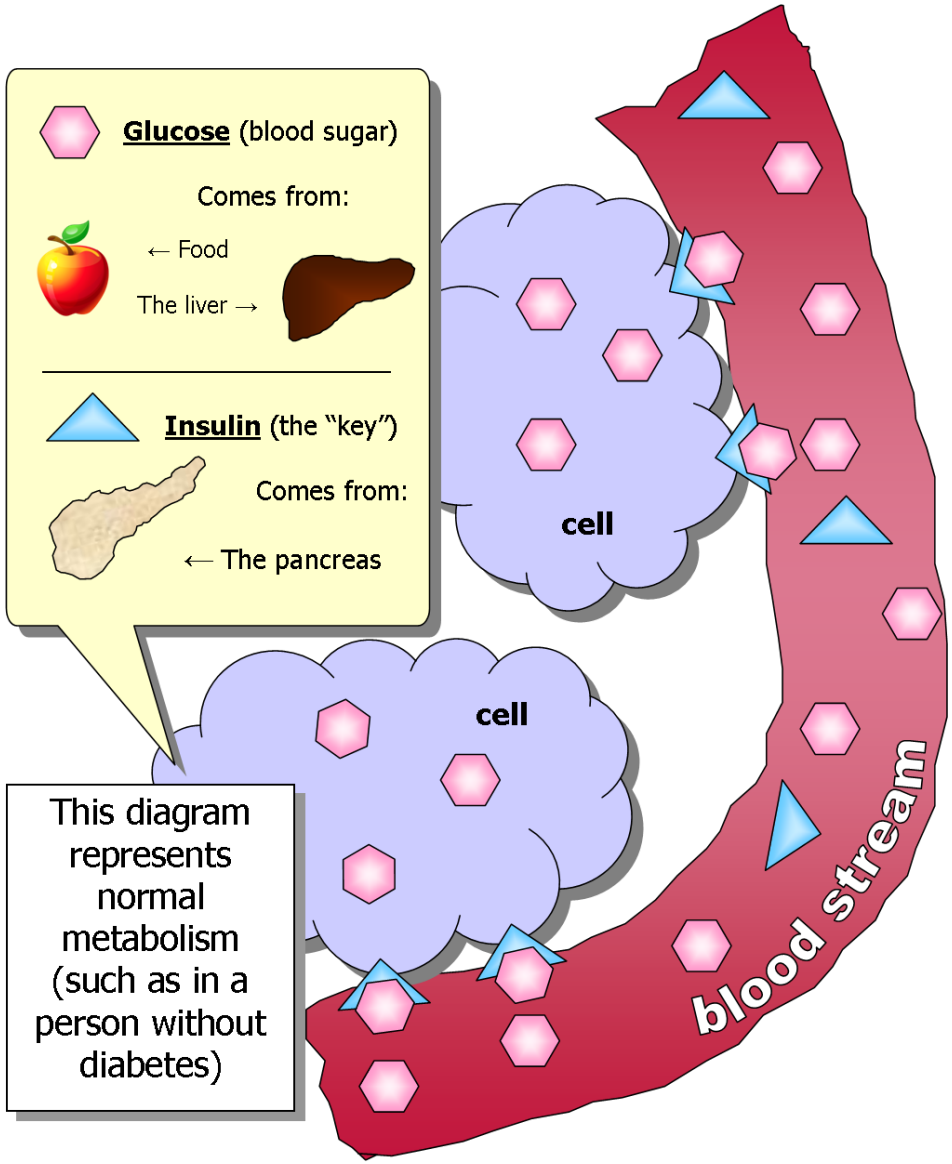
When using the flip chart to teach patients, remember....

- Tool should be tailored to fit needs of patient: he/she may not need or be ready for all information
- "Scripts" on back sides of pages in "What to Teach the Patient" may be summarized and are intended as an overview for the patient and diabetes care team
- The flip chart is not intended as comprehensive diabetes self-management education (DSME)

Understanding Diabetes

Do you know…

1. What diabetes is?
2. What type of diabetes you have – and the differences between the types of diabetes?
3. How diabetes can affect you now and later?
4. What actions can help you control your diabetes?



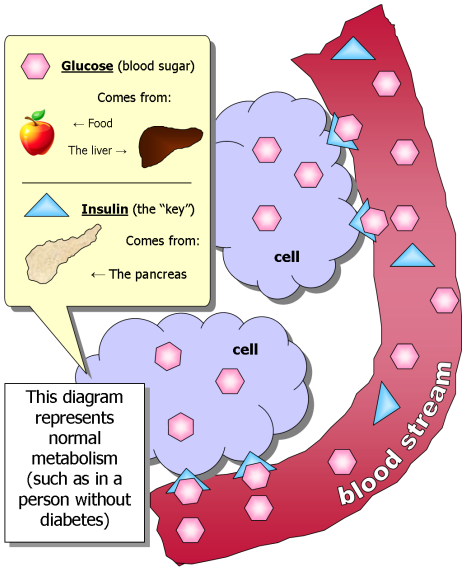
This diagram represents normal metabolism (such as in a person without diabetes)

Here is what your patient sees:

Understanding Diabetes

Do you know…

1. **What diabetes is?**
2. **What type of diabetes you have – and the differences between the types of diabetes?**
3. **How diabetes can affect you now and later?**
4. **What actions can help you control your diabetes?**



Checking for understanding:

- Can accurately state type of diabetes he/she has.
- Associates common diabetes-associated complications with poor control.
- Verbalizes understanding of importance of knowing about aspects of diabetes.
- Expresses actions and habits that will promote good diabetes control.

Red Flags

- Does not know type of diabetes he/she has.
- Expresses lack of control over own health status (fatalism).
- Expresses misconceptions about diabetes treatment for his/her specific type.

What to teach the patient:

1. Your body needs to have some sugar in the blood. Diabetes is a condition in which there is *too much* sugar, or glucose, in the blood. We can tell there is too much sugar in the blood from blood tests.

   When sugar is in the blood, it travels to the cells where it is burned as energy once inside the cells. Your body needs this fuel in the cells to survive. In order to get inside the cells, your body needs a "key". This key is called insulin. Insulin is made by beta cells in the pancreas.

   In diabetes, the blood sugar level is too high either because the pancreas is not making enough insulin to allow all the sugar to get into the cells, or the insulin that is being made is not working correctly. Sometimes it is a combination of both.

2. There are several types of diabetes, but most have one of two main types. In type 1 diabetes, the pancreas stops making insulin altogether. A person with type 1 diabetes must take insulin for life. Yet the insulin taken usually works very well to control blood sugar levels.

   In type 2 diabetes, the body may or may not make insulin, but in either case, the body does not use the insulin effectively. This is called *insulin resistance*. With type 2 diabetes, a person may be able to take pills to help the body's own insulin work better. He or she may also need to take insulin if the body is not making enough insulin. Some people with type 2 diabetes may be able to keep their blood sugar levels within target range with only appropriate diet and exercise. About 90% of those with diabetes have type 2 diabetes.

3. If the blood sugar is not well controlled, it can cause health problems throughout the body, including damage to the nerves, kidneys, heart, feet, eyes, and teeth — to name a few. The good news is that complications can often be delayed, minimized, or prevented altogether with good control.

4. The key to good control is having a good understanding of what affects blood sugar levels. Important strategies and tools to managing your diabetes are diabetes education, personal commitment, and good support from family and your health care team. Learning what *you* can do is the first step.

Checking Blood Sugar

Do you know…

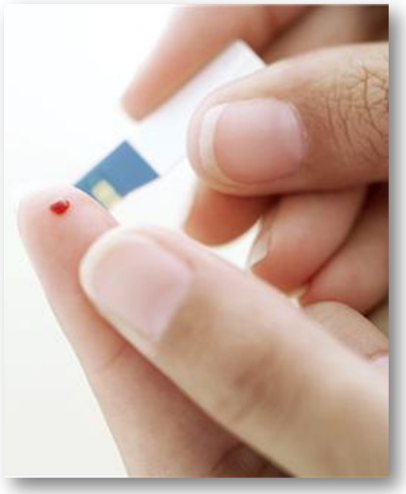
1. Why you need to test?
2. How to check your blood sugar?
3. Your blood glucose target range?
4. When and how often to test?
5. Where to get testing supplies?

Here is what your patient sees:

Checking Blood Sugar

Do you know…

1. **Why you need to test?**
2. **How to check your blood sugar?**
3. **Your blood glucose target range?**
4. **When and how often to test?**
5. **Where to get testing supplies?**



Checking for understanding:

- Demonstrates BG testing procedure with proper technique.
- Verbalizes importance of regular testing.
- Can identify BG values that are in and out of appropriate range.
- Has a meter and can state how to obtain testing supplies.

Red Flags

- Does not check blood sugar.
- Only checks at times blood sugar will be good.
- Cannot demonstrate proper procedure for checking blood sugar.
- Reports blood glucose values not consistent with A1c.

What to teach the patient:

1. It is important to check your blood sugar regularly. Your blood sugar levels, which can be checked using a blood glucose meter, will tell you if your blood sugar is in good control or not.
2. All meters require a small sample of blood. Usually the easiest place to get some blood is from the side of a finger tip, however it is also possible to use alternative sites, such as your arm or palm.
   - Before you test, make sure the site is clean. Use soap and warm **water** to wash your hands; rub hands vigorously as you wash them. This will improve circulation, which makes it easier to get a drop of blood. Dry your hands (or alternative site) completely.
   - Some meters need to be coded/calibrated with each new supply of test strips. Follow the manufacturer's instructions to code your meter if needed.
   - Do not share your meter with anyone else.
   - Change the lancet in your lancet device each time you test your blood sugar. Use a new test strip for each test.
   - Record your numbers. Take your meter and log book with you each time you visit your health care provider.
   - PATIENT TO DEMONSTRATE TESTING WITH OWN METER.
3. **Your health care provider will suggest the target range for you.** For patients with uncomplicated diabetes, the range is usually between 80 and 120 mg/dL.
4. Your provider will tell you how often you should check your blood sugar. If you take insulin, you should check your blood sugar just before you take your insulin so that you can adjust your dose if needed. It is a good idea to check your blood sugar before you go to bed each night and first thing in the morning. Other times to test may include just before a meal and/or two hours after.
5. Checking before you drive can help ensure your blood sugar is safe (at least 100 mg/dL) to operate a car. When you are sick you may need to check more often. Another good rule of thumb is to test your blood sugar if you feel strange, as high and low blood sugar often have similar symptoms.

High Blood Sugar
(Hyperglycemia)

Do you know…

1. How high is too high?
2. How to recognize high blood sugar?
3. What causes high blood sugar?
4. What to do about high blood sugar (how to fix it)?

Here is what your patient sees:

High Blood Sugar
(Hyperglycemia)

Do you know…

1. **How high is too high?**
2. **How to recognize high blood sugar?**
3. **What causes high blood sugar?**
4. **What to do about high blood sugar (how to fix it)?**

Checking for understanding:

- Can identify signs (or his or her own symptoms) of hyperglycemia.
- Can state reasons that his or her blood sugar may be high (not taking meds, eating too much, no activity, illness, etc.).
- Can state when he/she should contact the provider for hyperglycemia.
- Can describe how to check ketones.

Red Flags

- Cannot identify BG values that are above target range.
- States a high number is "pretty good for me" or prefers blood sugars at higher than target levels.
- States that high BG numbers are better than low BG numbers.

What to teach the patient:

1. High blood sugar is also called hyperglycemia, which means "too much sugar in the blood". **Your provider will set your target ranges**.
2. Some signs of high blood sugar include thirst, having to go to the bathroom frequently, hunger, dry skin or mouth, and slow healing of wounds. Some people also feel tired, nauseous, or have a headache.
3. If your blood sugar is higher than your target range, you may need adjustments in your medication, diet, activity level, or a combination of these factors. If you notice a trend of high blood sugars, you should contact your provider.
   - Illness and infection can also cause blood sugars to become too high. This is because the stress of illness and infection make the liver put extra sugar into your blood. Other kinds of stress can also cause your blood sugar to go higher. If you think a high blood sugar may be due to infection or illness, you need to contact your provider right away.
4. To prevent and treat high blood sugar, take your diabetes medication correctly every day. Your provider will tell you if your diabetes medication is the kind you can adjust at home on your own.
   - Exercising may help your blood sugar come down. Your provider can give you more information on whether and when you should exercise to lower your blood sugar. In cases of very high blood sugar, exercise may not be safe.
   - Carbohydrates in foods will raise blood sugar. If your pre-meal blood sugar is already high, eating fewer carbohydrates than you normally eat may help lower it.
   - If you have had repeated high blood sugars that are not coming down, you need to check urine ketone levels. This is done by dipping a strip into a urine sample and comparing the color of the strip to the bottle. You can also measure ketone levels in the blood with certain meters, similar to how you check your blood sugar.

Low Blood Sugar
(Hypoglycemia)

Do you know…

1. How low is too low?
2. How to recognize low blood sugar?
3. What causes low blood sugar?
4. What to do about low blood sugar (how to fix it)?
5. How to use a glucagon kit?

Rule of 15

For low blood sugar (< 70 mg/dl)…

- Eat or drink 15 grams of quick carbohydrates
- Recheck blood sugar in 15 minutes
- If still low, repeat steps

Here is what your patient sees:

Low Blood Sugar
(Hypoglycemia)

Do you know…

1. **How low is too low?**
2. **How to recognize low blood sugar?**
3. **What causes low blood sugar?**
4. **What to do about low blood sugar (how to fix it)?**
5. **How to use a glucagon kit?**

Rule of 15

For low blood sugar (< 70 mg/dl)…

- Eat or drink 15 grams of quick carbohydrates
- Recheck blood sugar in 15 minutes
- If still low, repeat steps

Checking for understanding:

- Can clearly identify own signs or symptoms of low blood sugar.
- Can state reasons that his or her blood sugar may drop (not eating, exercise, etc.).
- Has a plan to treat low blood sugar at all times & places.
- Confirms friends/family are aware of risk and know how to help in hypoglycemic situation.

Red Flags

- Does not carry any glucose source despite being at risk for hypoglycemia.
- Takes insulin but does not have a glucagon kit and/or does not have someone who knows how to use it.
- Purposely keeps blood sugar high to avoid hypoglycemia.

What to teach the patient:

1. Like blood sugar that is too high, blood sugar that is too low is also not good for the body. Low blood sugar is also called hypoglycemia, which means "too little sugar in the blood". **Your provider will set your target ranges.** Hypoglycemia is defined as blood sugar less than 70 mg/dL.
2. Common signs and symptoms of low blood sugar include sweating, shakiness, confusion, hunger, tiredness or weakness and even headache. It is important to identify your own personal signs and symptoms of hypoglycemia, since you may experience signs or symptoms besides those that have been named. If you feel strange in any way, check your blood sugar.
3. Low blood sugar is caused when there is more insulin in the blood than needed to balance out the sugar. This can be the result of too much of certain diabetes medications, not enough food (such as in skipping or delaying a meal) or greater-than-normal activity. Other issues like illness or kidney problems may also cause low blood sugar.
4. Treatment for hypoglycemia is based on the "Rule of 15". This rule reminds a person with low blood sugar to eat or drink 15 grams of quick carbs and then recheck the blood sugar in 15 minutes. The steps should be repeated if the blood sugar is still less than 70 mg/dL.
   - Some items that contain about 15 grams of quick carbs include ½ cup (4 oz.) of fruit juice or regular soda, 4 glucose tablets, 1 tube of glucose gel, about 5 pieces of hard candy or 10 jelly beans.
5. In extreme case of hypoglycemia, it is possible to become unconscious. In such cases, family or friends should *not* attempt to give you anything by mouth. A better option is to use a glucagon kit. Glucagon is a hormone that is given by injection. It tells the liver to release stored glucose into the blood stream. To get this kit you need a prescription. Instructions are shown in picture form on the inside of the kit, but it is a good idea to have your "support person" (family member or friend) look over the kit before an emergency arises. If you do have to receive glucagon, you'll need a snack right afterward as the glucose from your liver may not last long. Also, be sure to refill your prescription for glucagon if you do use it, so that you will always have an emergency kit available.

Healthy Eating

Do you know…

1. Which foods affect your blood sugar?
2. How to recognize carbohydrates?
3. How many carb servings to have at each meal?
4. How to create a "balanced plate"?
5. How to read a food label?

Chili with Beans

Nutrition Facts

Serving Size: 1 cup (253 g)
Servings per container: 2

Amount per Serving:

Calories 260	Calories from Fat 72
	% Daily Value
Total Fat 8g	13%
Saturated Fat 3g	17%
Cholesterol 130mg	44%
Sodium 1010mg	42%
Total Carbohydrate 22g	7%
Dietary Fiber 9g	36%
Sugars 4g	
Protein 25g	

Here is what your patient sees:

Healthy Eating

Do you know…

1. **Which foods affect your blood sugar?**
2. **How to recognize carbohydrates?**
3. **How many carb servings to have at each meal?**
4. **How to create a "balanced plate"?**
5. **How to read a food label?**

Checking for understanding:

- Can identify foods that are made up of carbohydrates.
- Can give an example of a balanced meal.
- Correctly identifies carbohydrate content on a food label.
- States the importance of eating appropriately-sized meals throughout the day and states will not skip meals.

Red Flags

- States he or she can never have anything good or favorite foods again.
- Advocates for use of fad diets.
- Only counts sugars on label and not total carbohydrates.
- Eats out excessively.
- Drinks sugary drink regularly.

What to teach the patient:

1. Foods are made up of three types of nutrients: carbohydrates, protein, and fat. Of these three, carbohydrates have the greatest impact on your blood sugar. Therefore, it is important to know which foods have carbohydrates and how to find their carbohydrate content on a food label.
2. What foods have carbohydrates? Mainly, starches, fruits, milk, and sweets. Starches include things like bread, pasta, starchy vegetables (corn, potatoes, peas, some beans), cereal and grains.

   Because sweets have such high carbohydrate content, they should be eaten less often or avoided.
3. Your provider or a dietitian can help determine the right amount of carbohydrate servings you should have at each meal. It is important to keep this number consistent as your medication dosages may be based on you having a certain amount of carbohydrates.
4. There is no such thing as a diabetic diet. People with diabetes should eat a balanced diet of healthy foods from all the food groups.

   Meals should be spread throughout the day. It is important not to skip meals and not to "save" food servings for one big meal. You may also need a bedtime or midday snack, depending on what your provider advises and the medications you are taking.
5. Develop the habit of reading food labels. When reading a label, focus on the "total carbohydrate" amount (not just "sugars"). A "carb serving" is any amount of food that contains 15 grams of carbs. This may differ from the serving size listed on the food package.

- Dietary fiber is a good thing for your blood sugar and overall health (the more, the better!). Whole grains and vegetables contain fiber.
- Drink plenty of water. Beverages should be limited to sugar-free options. Avoid fruit juice, unless treating hypoglycemia. It is better to eat whole fruit instead.
- For healthy weight: decrease fat intake and control portion sizes!
- Limit the use of alcohol; don't drink alcohol without eating food.

Physical Activity

Do you know . . .

1. Why it is important to be physically active?
2. How physical activity will affect your blood sugar?
3. How much physical activity you need?
4. What type of exercise is best?
5. What precautions to take before beginning a program?
6. How to overcomes barriers to being physically active?

Here is what your patient sees:

Physical Activity

Do you know . . .

1. Why it is important to be physically active?
2. How physical activity will affect your blood sugar?
3. How much physical activity you need?
4. What type of exercise is best?
5. What precautions to take before beginning a program?
6. How to overcomes barriers to being physically active?

Checking for understanding:

- Correctly lists benefits of being physically active.
- States lowering effect of exercise on blood glucose.
- Expresses appropriate plan for physical activity that includes at least 30 minutes on most days of the week.
- Identifies potential barriers to physical activity and plan for addressing these barriers.

Red Flags

- Does not believe physical activity has any benefits.
- States he/she expereinces hypoglycemia when physically active.
- Believes excessive amounts of exercise is needed.
- Exercises in leiu of taking medication.

What to teach the patient:

1. Being physically active can benefit you in many ways. Some of these benefits include weight loss, lower blood pressure, lower cholesterol and increased strength, better rest and an increase in your sense of well being.
2. Because physical activity helps insulin work better, it naturally lowers blood sugar. Therefore, you need to be prepared to treat low blood sugar if you take insulin or any medication that increases insulin production (such as a sulfonylurea). Carry a fast-acting carb such as hard candy or glucose tablets if you are at risk for hypoglycemia. The best way to prevent this is to check your blood sugar before and even a few hours after exercise.
3. It is recommended that you try to be physically active every day. At a minimum, you should aim for 150 minutes of moderate exercise per week, with no more than two days off between activities.
4. Find ways to be physically active that you enjoy! Biking, gardening, walking, dancing, golfing and many other activities can give you the exercise you need. Moderate exercise is any activity that will noticeably increase your heart and breathing rate, but that will still allow you to carry on a conversation. Don't be afraid to break a sweat!
5. In some cases you may need to check with your medical provider before beginning an exercise program. Some of these circumstances include: if you have not been physically active, recently had surgery, are severely overweight, have any serious health condition such as heart disease, COPD, or any sort of musculoskeletal problems.
6. It is not hard to find excuses to avoid being physically active. The key to a successful activity plan is commitment and good planning. Find a way to plan more activity into your schedule. If you exercise outside, have a back up plan for rainy days (such as walking a the mall). Stretch before and after exercise to prevent muscle soreness. Exercise with a partner to make the activity more enjoyable. If you lack time due to a busy work schedule, find time at work to be physically active: take a five minute stair break every hour, walk on your lunch break, or plan an after-dinner walk into your schedule, for example.

Diabetes Medications

Do you know…

1. What diabetes medications you take?
2. What your doses are?
3. When to take it?
4. What to do if you miss a dose?
5. Possible side effects?
6. How to get your medication?

Here is what your patient sees:

Diabetes Medications

Do you know…

1. **What diabetes medications you take?**
2. **What your doses are?**
3. **When to take it?**
4. **What to do if you miss a dose?**
5. **Possible side effects?**
6. **How to get your medication?**

Checking for understanding:

- Associates name brand with generic name.
- Can explain how the medication lowers blood sugar.
- Recognizes common side effects of the medication.
- Knows the correct time to take medication and what to do if a dose is missed.
- Has a plan for timely refills.

Red Flags

- Does not consider possible side effects (hypoglycemia).
- Does not remember doses or states inappropriate times.
- States will skip medications at inappropriate times.
- Is not sure where or how to get medication.

What to teach the patient:

* GIVE THE PATIENT AN APPROPRIATE MEDICATION HANDOUT; FILL IN ANY APPLICABLE INFORMATION IF NEEDED.

* FOCUS ON ACTION, SIDE EFFECTS AND CONSIDERATIONS OF *ONLY* THE MEDICATIONS THE PATIENT IS PRESCRIBED (REFER TO MEDICATION HANDOUT).

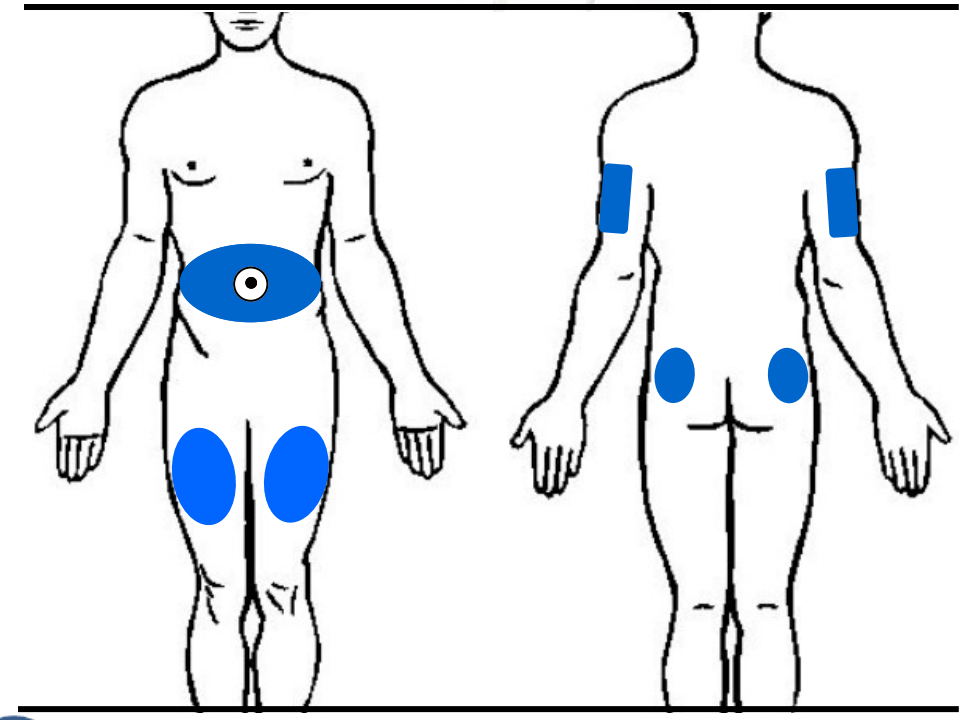
* ANSWERS TO QUESTIONS 1-6 WILL BE SPECIFIC TO THE PATIENT'S MEDICATION AND SITUATION.

- There are many different medications for diabetes. They work in different ways. Medications are grouped in "classes" according to how they lower blood sugar in the body.
- Be aware of possible side effects. If hypoglycemia is a possible side effect, be sure that you time your meals and medication appropriately. If you notice that you experience hypoglycemia more than one time, notify your provider as you may need a different medication or dose.
- If you do experience negative side effects, talk to your provider. There may be a better medication option for you.
- Certain medications may not be appropriate for all patients. Let your provider know about any medical conditions you have, such as kidney, liver, or heart problems. Also, talk to your provider about other medications you are taking so that he or she can select a diabetes medication that will not interfere with your other medications.
- Do not change your dose or skip medication without asking your provider.
- Use a "reminder" system to help you to remember to take your medication at the correct times (pill organizer, calendar, checklist, etc).
- To prevent running out of your medication, have a plan to get refills. Many pharmacies will deliver your medication or call you to remind you when it is time for a refill.

Taking Your Insulin

Do you know…

1. What kind(s) of insulin you take?
2. When to take insulin (and when not to take it)?
3. How much to take?
4. How to take?
5. How to store insulin and how long you can use it?

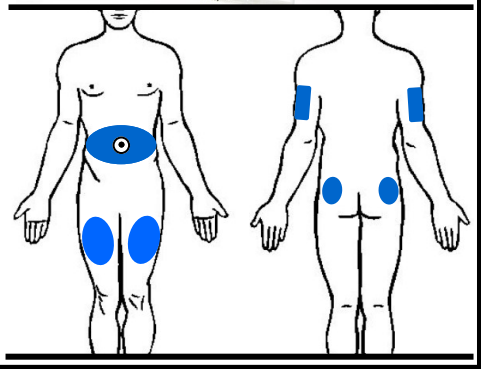


Here is what your patient sees:

Taking Your Insulin

Do you know…

1. **What kind(s) of insulin you take?**
2. **When to take insulin (and when not to take it)?**
3. **How much to take?**
4. **How to take?**
5. **How to store insulin and how long you can use it?**



Checking for understanding:

- Correctly states prescribed insulin dose.
- Explains duration of action in general terms.
- Verbalizes understanding that basal insulin should not be skipped if not eating.
- Demonstrates insulin injection with pen or syringe using proper technique.

Red Flags

- Mixes up names of insulin.
- Does not remember doses.
- States will skip insulin at inappropriate times.
- Misses steps in demonstating insulin injection technique.
- States using insulin beyond expiration date or usage time.

What to teach the patient:

* GIVE THE PATIENT APPROPRIATE INSULIN HANDOUTS: INJECTION TECHNIQUES, INSULIN OVERVIEW, ETC.

- There are different kinds of insulin. Some act over a full day and others give a quick burst to match what you are eating.
- Long-acting, or "basal" insulin (i.e. *Lantus*®), works all day long but is generally not enough to control blood sugar when you eat. Therefore, you usually do not skip this insulin if you have to skip a meal. Basal insulin should be taken at the same time every day.
- Quick-acting insulin, or "bolus" insulin (i.e. *NovoLog*® or Regular), gets into your blood stream quickly and last for a few hours, just like your food. It is therefore a good match for mealtimes. Take *NovoLog*® 5-15 min. before your meal and take Regular 30 min. before. If you skip or delay a meal, you should skip or delay your bolus insulin as well.
- Quick-acting insulin can also be used to quickly bring down a high blood sugar. This is called "correction insulin". Your provider will tell you if, when and how much correction insulin you should take.
- Insulin should be stored in the refrigerator before it is opened. It should never be frozen. After you have begun using a pen or vial, it should be kept at room temperature.
- Always check the packaging for an expiration date and to see how long you can use it once it has been opened. Most insulin should be thrown away 28 days after first use; some are even less.
- Before injecting your insulin, make sure the site is clean. Rotate sites to prevent scarring or bulges in the skin and allow the insulin to work well. The diagram shows some appropriate injection sites.
- Do not reuse or recap syringes or pen needles. Dispose of used needles in accordance with the laws for your state.
- Anyone taking insulin should be prepared to treat hypoglycemia.
- Demonstrate how you would give an insulin injection. (HAVE PT DEMONSTRATE INSULIN INJECTION)

Sick Days

Do you know…

1. How often to check your blood sugar when sick?
2. How to take your diabetes medicine if you are sick or not eating?
3. What food you can eat if you are sick?
4. When to call your provider?
5. When and how to check for ketones?

Here is what your patient sees:

Sick Days

Do you know…

1. **How often to check your blood sugar when sick?**
2. **How to take your diabetes medicine if you are sick or not eating?**
3. **What food you can eat if you are sick?**
4. **When to call your provider?**
5. **When and how to check for ketones?**

Checking for understanding:

- Can explain when and how to check urine or blood ketones.
- Lists signs of dehydration.
- States the importance of taking diabetes medication.
- States alternative foods for sick days.
- Verbalizes understanding of when to call the provider or seek emergency medical care.

Red Flags

- States he/she will not take any diabetes medication if sick.
- States he/she checks blood sugar less often when sick.
- Cannot state association between illness and high blood sugar.
- Cannot list actions to prevent dehydration.

What to teach the patient:

1. Check blood sugar more often when ill, and especially when you are not eating. A good rule of thumb is about every four hours.
2. Do not stop taking all your diabetes medication when you are sick. Illness usually causes high blood sugar. Therefore, you will likely need all or part of your diabetes medication, even if you are not eating.

   People with Type 1 diabetes should never skip basal insulin even if not eating. It is possible your provider may recommend a different dose, but skipping it all together can quickly lead to severe illness.
3. If you are nauseous and do not feel like eating, you can substitute "sick day" food and drinks such as regular ginger ale, regular Jello®, Gatorade®, applesauce, crackers, yogurt, or popsicles.
4. Contact your provider if you have a high fever, are vomiting or have diarrhea for more than a day, have changes in your vision, or experience any major change in how you feel.

   If you are unable to keep any fluids down, have signs of dehydration (discussed below), or if you have any trouble breathing or any change in your mental status, you should seek medical help immediately.
5. For repeated high blood sugars above 250 mg/dl, you may need to check urine or blood ketones. Ketones are an acid that is left over when the body burns fat instead of glucose. If there are ketones in the blood or urine, it means that the insulin is not working to convert glucose to energy in the cells. High ketone levels can make you very sick. You should call your provider if you have blood or urine ketones, *especially* if you have type 1 diabetes. If you are unable to reach your provider and you have high blood sugar and high ketones, you should go to the emergency room.

- One of the most important goals when sick is to prevent dehydration. Signs that you may be dehydrated include dry mouth, thirst, decreased urination, very dark urine, dry flushed skin that does not snap back when pinched (called "tenting").
- To prevent dehydration, take small sips of fluid every 10 to 15 minutes. You should consume a total of about 1 cup (8 oz.) of fluid per hour when you are sick.

Follow Up!

Do you know...

1. When you should see your provider?
2. What things to discuss with your provider?
3. When to call for help?
4. Who to call if you have problems?
5. How to follow-up for more diabetes education?

Here is what your patient sees:

Follow Up!

Do you know...

1. **When you should see your provider?**
2. **What things to discuss with your provider?**
3. **When to call for help?**
4. **Who to call if you have problems?**
5. **How to follow-up for more diabetes education?**

Checking for understanding:

- Can name situations in which medical attention should be sought.
- Can show you the name and number of whom to call for help.
- Verbalizes importance of following up with provider
- Can repeat when and where to get further diabetes education.

Red Flags

- States he/she has "heard it all before" or "already knows it all".
- Has no interest in managing his/her diabetes.
- Has no regular provider with which to follow up.
- Seems unclear on when and who to call for help.

What to teach the patient:

1. If you have been hospitalized, you should follow up with the provider who helps you manage your diabetes soon after discharge.
2. Talk to your healthcare provider about your diabetes control, that is, your blood sugars, especially high and low blood sugars. Discuss your A1c and any other lab values. Talk to him or her about medications and any problems you may be having, including infections or wounds that won't heal. Your provider should also check your feet.
3. PROVIDE PATIENT WITH NUMBER TO CALL IN CASE OF EMERGENCY HEALTH SITUATIONS (EXCESSIVE HYPERGLYCEMIA, REPEAT HYPOGLYCEMIA, SIGNS OF INFECTION, RECURRENCE OF HOSPITAL DIAGNOSIS, ETC).
4. A family member that lives with you should be informed about your diabetes and know how to help you if you need it. If you live alone, make sure you have a loved one, neighbor or friend you can call who lives close by, in case you need help.
5. As a person with diabetes, YOU have to be your own best advocate! Being an advocate for yourself means having a good knowledge of the disease, your treatment plan and how diabetes affects you.

   Typically, only "survival skills education" is provided in the hospital or when you are first diagnosed. But there is a lot more you need to know about diabetes. You should seek diabetes education soon after diagnosis, and every so often as a need arises. Even if you have had diabetes education in the past, the science of diabetes management is always changing, and education refreshers can have great benefits!

   Diabetes educators (CDEs) specialize in giving patients the support and tools they need to manage their diabetes. They are eager to help with patients' individual diabetes management needs.

* NOTE: *Patients may need a referral from their provider for outpatient education. Also, insurance coverage for diabetes education can vary. The center where diabetes education is offered can assist patients with the process of obtaining outpatient education.*

Additional Information

About this Flip Chart Tool

- PowerPoint Presentation for staff training of "The Self-Care Skills Flip Chart" tool is available.
- Tool should be tailored to fit needs of patient; he/she may not need nor be ready for all information.
- Nurse "scripts" on back sides of pages in "What to Teach the Patient" may be summarized and are intended as an overview for the patient and nurse.
- The flip chart is *not* intended as comprehensive diabetes self-management education (DSME).
- Developed by T. Swigert, MSN, RN, CDE and staff at The Diabetes Center of Excellence, Wilford Hall Medical Center, Lackland AFB, TX; February, 2011.

Diabetes Websites

VA/DoD Diabetes CPG and Toolkit
http://www.healthquality.va.gov
https://www.qmo.amedd.army.mil

National Diabetes Education Program
www.ndep.gov

Centers for Disease Control: Diabetes
www.cdc.gov/diabetes

National Institute of Diabetes and Digestive and Kidney Diseases
www.nih.gov

American Diabetes Association
www.diabetes.org

References

- Survival Skills for the Person with Diabetes. (2004). VA/DoD Toolkit
- Funnell, M. (2009). *Life with Diabetes, Fourth Edition*. American Diabetes Association.
- American Diabetes Association (2011). Standards of Medical Care in Diabetes. *Diabetes Care*.