

THE SAI GROUP: CARE PATHWAY - DIABETES

Referral with diagnosis of Diabetes and/or associated manifestations

Initial evaluation within 48 hours of referral or home return whichever is earlier

Begin Telehealth with all new admissions and when first signs/ symptoms appear (+ Medication Monitoring if applicable) within 48 hours post evaluation with following checks

- Temperature– at least daily
- Heart rate– at least daily
- BP– at least daily
- Weight– at least daily
- Blood glucose level (as ordered)

Continue telehealth if risks present or for at least 1 month if asymptomatic/ stable (unless discharged from home health before 1 month).

OT/ PT Care (to include but not limited to):

- Mobility/ Exercise/ Wound Care/ Foot Care
- ADL & AE trg. as needed
- Pt. education/ FMP design & trg. as needed

- Nursing re-visit no later than 48 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT (if no admission orders), if needed

Nursing care (includes but not limited to):

- Review of drugs
- Watch for drug interactions/ side-effects
- Patient education (self mgmt./ nutrition)
- Medication administration/ management as needed
- Administration of annual influenza vaccination
- Administration of PPSV (if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) *
- Telehealth monitoring, if applicable
- Check for s/s and complications re. diabetes and temp., BP/ postural BP, HR, respiratory rate, weight, blood glucose level with each visit
- Supervision of aide as needed

All staff to check for s/s and complications with each visit- Increased thirst , frequent urination, weight loss, increased hunger, blurry vision, tingling or numbness in the hands or feet, frequent skin, bladder or gum infections, wounds that don't heal, extreme unexplained fatigue, etc.

Physician Consult & treat as needed

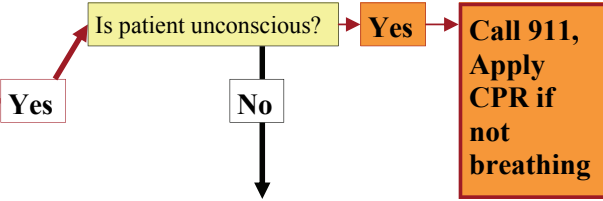
Does patient demonstrate any of the following diabetic emergency signs?

Hypoglycemic/ insulin shock: Weakness, drowsiness, rapid pulse, fast breathing, skin- pale & sweaty, headache, trembling, odorless breath, numbness in hands or feet, hunger

Or, **Hyperglycemia/ diabetic coma:** Weak and rapid pulse, nausea, deep, sighing breaths, unsteady gait, confusion, skin- flushed, warm, dry, fruity odor breath, drowsiness, gradual loss of consciousness

With or without any of the following signs?
(TELEHEALTH OR IN-PERSON)

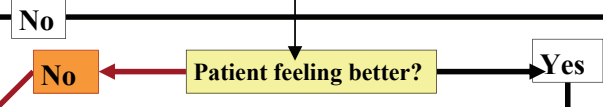
- Apical HR > 100?
- Respiratory rate > 30/min?
- Finger stick glucose < 70 or >400?
- Blood pressure: > 130/ 80 mm Hg



A. If unable to determine hypoglycemic or hyperglycemic, give patient sugar/ orange juice, and assess-

- Ask when last meal/ medications taken?
- Give medications (insulin if hypoglycemic)/ food if missed and indicated

B. Reassess condition



Consider discharge to hospital/ notify physician immediately

- Nurse to reconcile medications, consult physician-
- Possible orders for lab testing (ketones, cholesterol, albumin, creatinine)
 - Any modifications to treatment plan including use of aspirin/ statin?

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician