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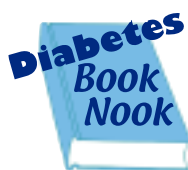


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10 Steps to Better Living with Diabetes

by: Ginger Kanzer-Lewis, RN, BC,
EdM, CDE



Living with diabetes can sometimes be overwhelming and scary. Learn from the author as she shares her secrets and tips on how to live easier and

happier through her decades of clinical experience.

Available online at:
<http://store.diabetes.org>

ADA Guide to Insulin & Type 2 Diabetes

by: Marie McCarren

This book discusses the amazing tool of insulin for managing type 2 diabetes. An excellent reference to dispel myths, provide support and receive tips on how to incorporate insulin in your life. Get complete information as well as hear from experts and people with type 2 diabetes who use insulin.



Available online at:
<http://store.diabetes.org>

DANGER! DANGER! HYPOGLYCEMIA UNAWARENESS

By Cynthia Mik, RN, CDE
Oakland, California

An Educator's Story:

It is 7 AM on a cool August morning and I await my first patient of the day, Jane, a 42 year old teaching assistant. For over twenty-five years, she has been diagnosed with type 1 diabetes and also has a history of hypoglycemia unawareness. This is her monthly clinic visit. Jane arrives about fifteen minutes late. Her eyes are glassy; she is not sweating or shaking, but she is slow to rise when her name is called. When I greet her, there is no reply. What is happening? What should I do? Based on my clinical findings of confusion and unresponsiveness to commands, I make an assessment that Jane is having an episode of hypoglycemia unawareness. She is no longer feeling the signs and symptoms of low blood sugar. Prompt medical attention is necessary.



Hypoglycemia unawareness occurs over time in some individuals with diabetes. Glucagon and epinephrine are counter regulatory hormones that are produced in the body when blood sugar becomes low. Gradually glucagon secretion may become impaired in people with type 1 diabetes so epinephrine secretion becomes the helper which raises blood sugar. The longer a person has type 1 diabetes, the more likely the epinephrine response is diminished or delayed. Without epinephrine to help, blood glucose levels may drop very quickly and the person loses the ability to feel warning symptoms of hypoglycemia.

Since severe low blood sugar may lead to unconsciousness if untreated, Jane is escorted into an exam room. She is still glassy eyed and does not answer simple questions. I make sure to maintain the ABC's of Basic Life Support: open Airway, maintain Breathing, and Circulation. Since Jane is not responding to questions that I am asking and is unable to swallow a tube of glucose gel, I perform a quick blood glucose check to discover her blood sugar is only 38. I reach for my glucagon kit and follow injection directions according to my hospital policy and procedures. While waiting for the glucagon injection to take effect, I monitor her breathing, blood pressure and pulse and turn her to one side. Glucagon often causes a patient to vomit so I keep an emesis basin within reach. Turning her to the side may prevent aspiration if she does experience any vomiting. Aspiration can lead to lung complications and I also want to prevent aspiration pneumonia.

After about four minutes, Jane starts to respond and asks where she is and what has happened. I inform Jane that she had an episode of hypoglycemia unawareness and ask her the following questions:

- ♦ Did her morning routine change?
- ♦ Was something different?



Mark Your Calendar!

American Diabetes Association

68th Annual Scientific Sessions

◆ June 6-10, 2008

San Francisco, California

www.diabetes.org

American Association of Diabetes Educators

35th Annual Meeting & Exhibition

◆ August 6-9, 2008

Washington, DC

www.diabeteseducator.org



A New Breed of Watch Dogs

The saying "Dogs are man's best friend" takes on a new meaning for those with diabetes. *Dogs 4 Diabetics Inc.* (D4D) is a group, among other organizations, which trains dogs to help people with type 1 diabetes control their blood sugar.

Trained dogs can offer a consistent and crucial early warning system for detecting hypoglycemia. Often times they can alert someone when there is a sudden drop in blood sugar levels 10 to 15 minutes before it is verified by a glucometer. D4D instructs dogs to specifically identify and act upon the subtle scent changes that hypoglycemia creates in body chemistry which are undetectable to humans.

To find out more about alert dogs for diabetics, visit the following groups:

Dogs4Diabetics

www.dogs4diabetics.com

All Purpose Canines

www.allpurposecanines.com



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- ◆ Was she late eating a meal?
- ◆ Did she skip a meal?
- ◆ Did she not eat enough?
- ◆ Did she take her usual insulin dose or more?

In this case, Jane took her morning dose of insulin earlier than usual and consumed a smaller breakfast than she normally does. She had an episode of hypoglycemia unawareness and did not feel any symptoms. As Jane recovers from this episode of hypoglycemia and is able to eat, I offer her a serving of yogurt.

Hypoglycemia is defined as having a blood sugar of 70 mg/dL or lower. Symptoms of mild hypoglycemia may include dizziness, sweating, and shaking. The treatment of mild hypoglycemia is 15 grams of a rapid acting carbohydrate source such as: a tube of Glutose™ 15 oral glucose gel, three to four glucose tablets, or a half cup of juice. Severe symptoms of hypoglycemia may include mental confusion and lethargy, leading to an unconscious state. A person who has a severe hypoglycemic episode cannot treat low blood sugar themselves and must rely on medical providers, trained family members or friends to assist them.

It is imperative that individuals with a known history of hypoglycemia unawareness wear a medical alert necklace or bracelet that identifies them as having diabetes. They should always carry a rapid acting carbohydrate source to treat low blood sugar and carry snacks to eat if a meal is delayed. Family or friends should be trained on how to use a glucagon kit ahead of time. One or two glucagon kits should always be on hand and replaced when outdated. Individuals with hypoglycemia unawareness should discuss glycemic control with their health care provider and may need to strive for a HgbA1C around or slightly above 7% to prevent further episodes of hypoglycemia unawareness. Most importantly, instruct these individuals to never take insulin and skip a meal or not eat enough as a serious episode of hypoglycemia unawareness may occur.

Jane was able to recover from this episode of hypoglycemia unawareness. I notified her medical doctor of the incident.

In Summary:

- ◆ Review prevention and treatment of hypoglycemia with your patients.
- ◆ Advise patients to wear a medical ID alerting that they have diabetes.
- ◆ Recommend they always carry a rapid acting carbohydrate source to treat low blood sugar and food items to eat if there is a meal delay.
- ◆ Encourage family members, friends, or co-workers to be instructed on how to use the glucagon kit by a trained health professional so they are familiar with the procedure ahead of time.
- ◆ Check to make sure the glucagon kit is stored properly and not outdated.

The goal is to prevent other episodes of hypoglycemic unawareness.

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