

DiabetesSource™

News For The Diabetes Specialist

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Diabetes Book Nook

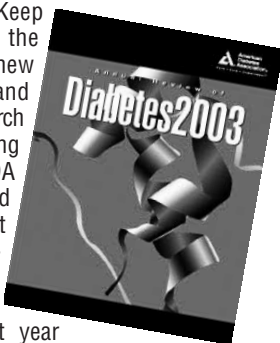
Diabetes Complications Pack *International Diabetes Center*

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Annual Review of Diabetes 2003 *The American Diabetes Association*

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Staying in the loop...

The American Diabetes Association recommends that all people with diabetes who are at least 6 months old have a flu shot each fall. It's a good idea for family members of people with diabetes to also get flu shots, so that they are less likely to catch the flu and infect the person with diabetes. For more information go to: www.diabetes.org

Ten Rules to Take Control for Healthier Living with Diabetes

Cynthia Mik, RN,CDE
El Cerrito, California

With today's health care environment rapidly changing, patients experience more multiple co-morbidities and are discharged at a faster rate from emergency rooms and hospitals. With budget constraints, today's health care providers have less time to spend educating their patients. Quality diabetic education is essential in helping to lower the risk of diabetic complications.



Below are ten simple rules that Diabetes Educators may use to increase patient's knowledge about diabetes and to empower individuals to take an active part in their diabetic care with their health care provider.

Rule 1 Know the type of diabetes you have: type 1 or type 2. Instruct patients with type 1 diabetes that they must take insulin injections to survive because their pancreas produces little or no insulin. With type 2 diabetes, patients may be diet controlled, on oral agents, on insulin, or take a combination of oral agents and insulin to maintain blood glucose levels. The pancreas may make too much or not enough endogenous insulin so that hyperglycemia and peripheral insulin resistance occur. Stress the message that type 1 and type 2 diabetes are serious diseases and result in damage to body organs if poor glycemic control continues.

Rule 2 Know what your target numbers should be. Aim for a HemoglobinA1C (HbA1C) test under 7% and know that this test measures blood sugar control for the last three months. Strive for a Fructosamine reading of under 280. This test measures blood glucose control for the last fourteen to twenty-one days. While target ranges for self monitoring of blood glucose (SMBGs) are highly individualized, Fasting Blood Sugar (FBS) should be in the 80 - 120 range, while pre-lunch and pre-dinner readings can be in the 80 - 140 range and bed-time readings may be in the 120-140 range.

Rule 3 Always have enough medication and refills on hand. Educate your patients to call for refills when they are down to a one week supply of medications. A natural disaster (earthquake, flooding, blizzard, etc.) could occur or the pharmacy may simply have trouble filling the prescription. A window of at least one week is ample time for patients to replenish their medications.

Rule 4 Carry a list of all medications that are currently being taken and update the list every time the health care provider makes a medication change. Teach patients to be familiar with each medication dose and to know why they are taking



Mark Your Calendar!
Upcoming Meetings

American Diabetes Association
51st Annual Advanced Postgraduate Course
◆ February 6-8, 2004
San Francisco, CA

Did you know
Joslin Diabetes Center
offers cruise options for
people with diabetes?

Joslin Diabetes Center in Boston is working with travel agents and cruise lines to sponsor cruises especially for people with diabetes. These cruises include opportunities to learn more about



diabetes, meet others with diabetes, and enjoy the fun of a vacation cruise to exciting ports of call. Upcoming cruises are in December 2003, March 2004 and June 2004.

For more information, go to www.joslin.harvard.edu/news/cruise.shtml

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the medication. (i.e., Micronase helps stimulate beta cells in the pancreas to release insulin. The released insulin helps to lower blood glucose.) If your patient goes to another health care facility and his/her patient records are not available, it makes sense to have a medication list for the examining provider to view.

Rule 5 **Have on hand a rapid acting carbohydrate source to treat low blood sugar reactions.** Glucose gels, such as Glutose 15TM, and tablets are easy to carry. Put them in a plastic bag and change the source every 3-6 months if not used. It is much more inconvenient and dangerous to search for food items to treat low blood glucose when a hypoglycemic episode occurs.

Rule 6 **Always carry a snack:** Such as a Glucerna[®] Bar, Power Bar[®], NuGo[®] Bar, prepackaged cheese and crackers, etc. Teach a patient that if they have a major meal delayed, these are acceptable items to have on hand for a quick snack until the meal can be eaten. Also, if some type of disaster occurs, carrying food is a good idea instead of searching for a snack in a frenzied state.

Rule 7 **Maintain some type of routine exercise program.** It may be swimming, walking, or Sit and Be Fit! Exercise is beneficial in improving glycemic control so patients need to discuss starting an exercise program with their health care provider.

Rule 8 **Plan ahead for sick days!** Keep your medicine chest stocked with Tylenol[®] or aspirin for fever, over the counter (OTC) medications for diarrhea, and diabetic cough medications. Also include a thermometer, blood testing supplies (strips, lancets) and Ketostix[®] to test urine for ketones. The Precision X-tra[®] meter may be used to monitor blood glucose and blood ketones. Have an insulin plan for sick days. Include food items such as sugar free Jell-O[®], sugar free 7-UP[®], sugar free cola, and low salt broth. Also, have on hand items such as Gatorade[®], regular 7-UP[®], sodas, and sweetened Jell-O[®]. It is best to have these items on hand and not have to run out to purchase them when one is ill.

Rule 9 **See your health care provider at least twice a year.** It is good practice to educate patients to keep regular follow up appointments with their care providers. While lab tests vary with each health plan or facility, a urine microalbumin test, HbA1C or Fructosamine, fasting lipid panel, SGPT, CBC,K, creatinine, TSH are drawn a least yearly. Educate patients to stay up-to-date on a yearly flu vaccine if not allergic to eggs, and to receive Pneumovax[®] and Diphtheria/Tetanus vaccines every ten years (note: Pneumovax[®] guidelines are changing, check with your health care facility). It is also essential to have a patient receive a yearly foot exam with a monofilament, and a dilated eye screening every one-two years or more often if indicated.

Rule 10 **Know that you will not always maintain perfect control.** Blood glucose will go up and down at times due to emotions, illness and stress. Teach patients to strive for improved glycemic control to decrease complications that may occur to body organs.

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