

**NURSING CARE PLAN No 13**  
**DIABETES MELLITUS**  
*(Please use in conjunction with Careplan 1)*

Full Name: .....

Address: **Addressograph** .....

HCR:.....

Care Plan No 13 Problem	DIABETES MELLITUS Goals	Issue Date:	Review Date:
..... is admitted for stabilisation of his/her diabetes mellitus	..... is admitted for stabilisation of his/her diabetes mellitus	August 2018	August 2021
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Blood Glucose Monitoring		
	<ul style="list-style-type: none"> <li>Monitor and record blood sugars pre main meals and as otherwise directed.</li> <li>Aim for blood glucose between 4 and 9 mmols.</li> <li>Ensure glucometer is correctly calibrated and quality control test performed daily.</li> <li>Administer subcutaneous insulin as per insulin prescription sheet.</li> <li>Rotate injection sites.</li> </ul> <p><b>Suitable injection sites include:</b></p> <p>.....</p> <p>.....</p>		
2	Observations		
	<ul style="list-style-type: none"> <li>Monitor and observe for signs of hypoglycaemia</li> </ul> <p><i>Example:</i> Hunger, clammy, lethargy, pallor.</p> <ul style="list-style-type: none"> <li>If blood sugar is &lt; 4mmols Give patient 10g of rapid acting carbohydrate</li> </ul> <p><i>Example:</i> 100mls fruit juice or 50mls lucozade</p> <ul style="list-style-type: none"> <li>After 10-15 minutes re-check blood sugar if still below 4mmols repeat lucozade and recheck after 10-15minutes. Repeat his step until blood sugar over 4mmols. Once blood sugar over 4mmols give 10-20g of starchy carbohydrate to help maintain blood glucose, <i>if next meal or snack is not due.</i></li> </ul> <p><i>Example:</i> A slice of bread, a piece of fruit, plain biscuit. (I.SPAD,2000)</p> <p>Give next meal or snack at the usual time.</p> <ul style="list-style-type: none"> <li>Monitor and observe for signs of hyperglycaemia.</li> </ul> <p>If blood sugar is &gt; 16 mmols, check for the presence of blood ketones. <i>If ketones are &gt; 1.0 inform medical team.</i></p> <ul style="list-style-type: none"> <li>Record and report all abnormalities to medical team</li> <li>Liaise with Clinical Nurse Specialist Diabetes for advice education and support as required.</li> <li>Liaise with dietitian with regard to meal planning. See patient specific meal plan.</li> <li>Liaise with Medical Social worker as required</li> </ul> <p>Liaise with Psychologist as required</p> <p>.....</p> <p>.....</p>		
3	Diabetic Ketoacidosis (DKA) <i>(refer to guidelines for management of DKA)</i>		
	<ul style="list-style-type: none"> <li>Administer Intravenous fluids as prescribed (see care plan 9).</li> <li>Administer intravenous insulin as prescribed (see care plan 9)</li> <li>Record and report any changes in neurological status to medical team.</li> <li>Perform and document 1 hourly neurological observations.</li> <li>Maintain a strict intake and output chart.</li> <li>Oral fluid intake at discretion of medical team.</li> <li>Monitor and record 1 hourly blood sugars.</li> <li>Target is to maintain blood glucose between 8-12mmols.</li> <li>If blood sugar <b>decrease exceeds 5mmols in one hour</b> medical team to be informed immediately</li> <li>If blood sugar <b>rises above 15mmols</b> medical team to be informed immediately <i>(as per guidelines for management of DKA)</i></li> <li>Monitor and record 1 hourly blood ketones and advise medical team if ketones continue to rise.</li> </ul>		

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Diabetic Ketoacidosis (DKA) <i>Contd</i>		Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> <li>Assist medical team with obtaining blood samples as required.</li> <li>Perform regular oral care if oral intake restricted or patient is vomiting.</li> <li>Record and report all abnormalities to medical team.</li> </ul>			
<b>4</b>	<b>Other needs - Nursing management of Different insulin regimes</b>		
<p><b><u>BD and TDS insulin regimes:</u></b></p> <ul style="list-style-type: none"> <li>Give insulin at the same time every day.</li> <li>Aim for 3 meals and 3 snacks a day preferably at the same time every day.</li> <li>Aim to keep Carbohydrate content at meal and snack times steady.</li> <li>You need at least 2 hours of a gap between food and doing a blood sugar to get an accurate blood sugar. (This does not mean the patient needs to eat every 2 hours).</li> <li>Document and reports all blood sugars taken.</li> <li>If the patient in on BD insulin regime, insulin should be given 10-15 minutes pre breakfast and 10-15 minutes pre Dinner.</li> <li>If the patient is on TDS insulin regime, insulin should be given 10-15 minutes pre breakfast, pre-dinner and pre supper.</li> </ul> <p><b><u>MDI / Basal Bolus Regime:</u></b></p> <ul style="list-style-type: none"> <li>The benefit of Basal Bolus regime is flexibility with meal times.</li> <li>Aim for three main meals a day, snacking is not permitted on this regime, however if the patient wishes to have supper an extra injection of novorapid / humalog is needed.</li> <li>Novorapid / Humalog injection must be given 10-15 minutes before food to cover Carbohydrate content in the meal. Insulin :Carbohydrate ratios are used to calculate insulin dose at meal times</li> <li>A good understanding of Carbohydrate counting is needed when nursing patients on MDI.</li> <li>If Blood sugar is &gt;15mmols a correction bolus is needed. Inform the Medical team as they will need to calculate and prescribe correction dose needed.</li> <li>Correction bolus should be included with meal time bolus to prevent overlapping of insulin and severe hypoglycaemia.</li> <li>Give at least 3 hours of a gap between Novorapid/Humalog injections unless advised otherwise by Medical team.</li> <li>Lantus / Levemir (basal insulin) should be given at the same time every day. <u>Before administering insulin it is very important to rotate injection sites and check for lumpy areas. Avoid areas that appear bruised or lumpy.</u></li> </ul> <p style="text-align: center;"><b>All insulin must be prescribed by a Doctor and double check by two Registered Nurses.</b></p>			

Created by Laura Andrews & Catriona Cox – Diabetes Department  
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