

# Resources for Diabetes Management

Rebecca Butler, LMSW

Amelia Martinez, RN

February 3, 2024

DIABETES AND ENDOCRINE



# 2023/2024 Monthly Virtual School Nursing Professional Development Series

Provided by Texas Children's Hospital

## **NURSING CONTINUING PROFESSIONAL DEVELOPMENT (NCPD)**

Texas Children's Hospital is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This nursing continuing professional development activity awards 1.0 contact hour each session.

## **REQUIREMENTS FOR SUCCESSFUL COMPLETION**

To receive contact hours for this nursing continuing professional development (NCPD) activity, the participant must:

- Sign in electronically
- Attend at least 1 session in its entirety
- Complete a participant evaluation online (certificates will be emailed immediately after submission of the post-activity evaluation.)

## **LEARNING OUTCOME**

As a result of attending this nursing continuing professional development activity, participants will have the available educational, community and care coordination resources to be able to effectively care for school age children as evidence by 85% of participants will self-reporting a plan to implement a change in their practice on the post activity planning tool as well as being able to name one concept learned after each session.

## **RELEVANT FINANCIAL RELATIONSHIPS**

Explanation: a relevant financial relationships occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a relationship with an ineligible company or a potentially biasing relationship of a financial nature. All planners and presenters/authors/content reviewers must disclose the presence or absence of a relevant financial relationship relative to this activity. All potential relationships are mitigated prior to the planning, implementation, or evaluation of the continuing education activity. All activity planning committee members and presenters/authors/content reviewers have had their relevant financial relationships assessed, identified and mitigated by Activity Director & the nurse planner.

The activity's Nurse Planner has determined that no one who has the ability to control the content of this nursing continuing professional development activity – planning committee members and presenters/authors/content reviewers – has a relevant financial relationship.



# DISCLOSURE

- I have no relevant financial relationships with any ineligible company to disclose.
- I do not intend to discuss unlabeled or unapproved use of drugs or products in this presentation.

# OBJECTIVES

- Identify resources for diabetes supplies/technology
- Identify social resources
- Identify medical resources



# YOU!!

DIABETES AND ENDOCRINE

# Caregiver Burnout

This includes YOU!

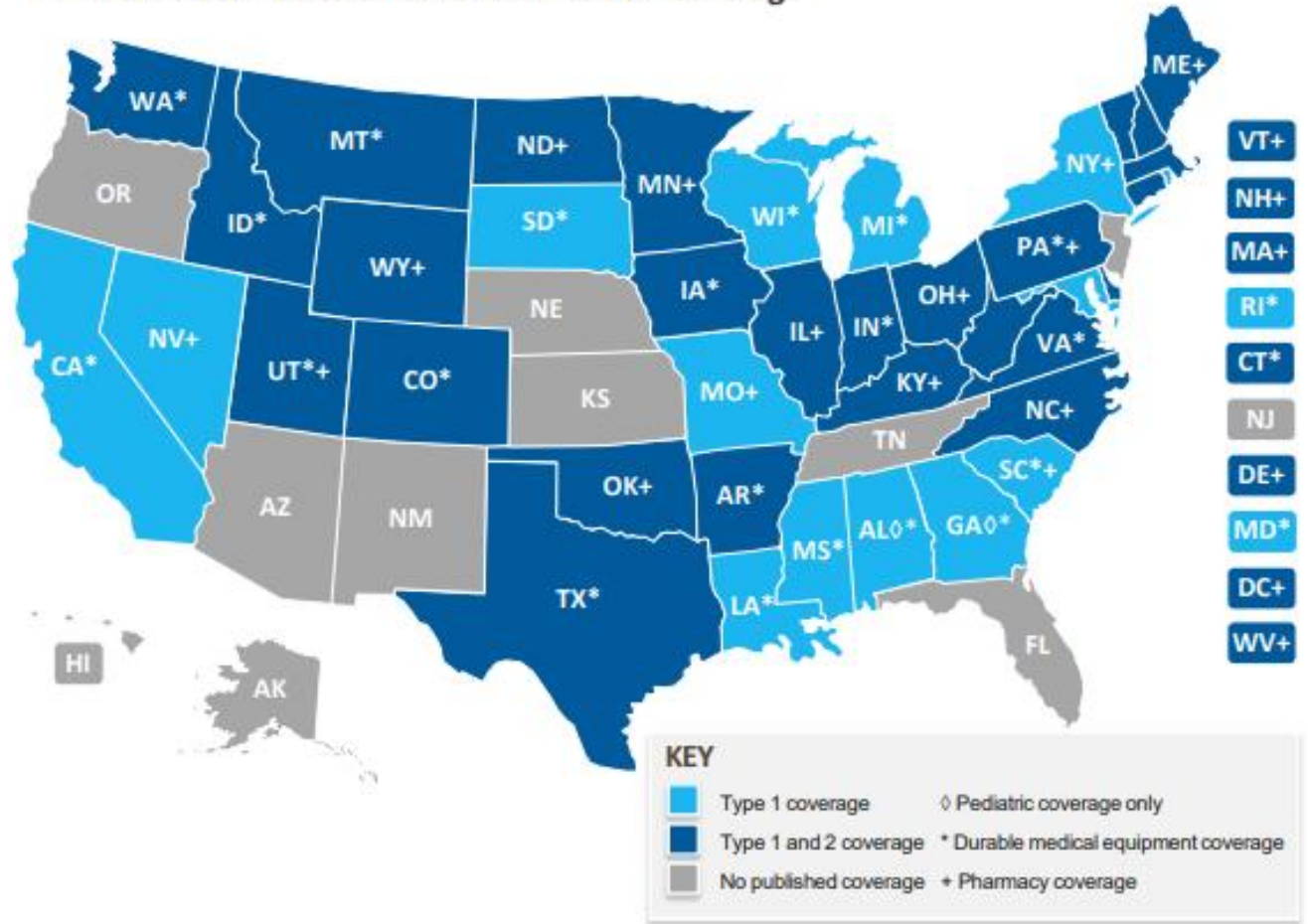
You worry, struggle, feel helpless, etc.

You try your best and child/parent still struggles

DIABETES AND ENDOCRINE

# DIABETES SUPPLIES AND TECHNOLOGY

Exhibit 1. State Medicaid Fee-for-Service CGM Coverage



# DIABETES AND TECHNOLOGY



- About \$100 for start up
- Similar to CGM
- Need prescription
- Follow on phone application

DIABETES AND ENDOCRINE



# INSULIN

- All insulin has discount prices for cash pay
  - Humalog \$35 a month/max 14 refills a year
  - Tresiba \$35 a month
- Lilly Cares
  - Free insulin for a year
  - Delivered quarterly



# SOCIAL RESOURCES

- Diabetes Camps
  - American Diabetes Association website
  - Many have scholarships
  - Help normalize having diabetes
  - Meet other kids with diabetes

# DIABETES GROUPS/SOCIAL MEDIA




- JDRF
  - Walks
  - Family outings
- Local pediatric hospital
- Type One Family Nation (TOFN)-Texas. Similar in other states
- Juicebox Podcast
- Beyond Type 1 and 2
- Diatribe
- Children with Diabetes
- American Diabetes Association

# MEDICAL RESOURCES

- TEAM==diabetes Educators, physicians, nurse practitioners, dietitian, nurses and social work
- Develop a “school packet” or “action plan” with all instructions on pump or shot
- Have an emergency number 24/7 for school and families

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<p><b>Know your back up insulin regimen for injections in case of pump failure:</b>  <b>Lantus/Basaglar/Tresiba/Semglee</b> (long acting/basal insulin): ____ units.</p> <ul style="list-style-type: none"> <li>• If pump is discontinued, give first dose within 2 hours and every 24 hours until pump restarted. Wait 24 hours after last dose of basal insulin (long acting insulin) before you restart pump.</li> </ul> <p><b>Humalog/Novolog/Fiasp/Lyumjev/Apidra</b> (rapid acting):</p> <ul style="list-style-type: none"> <li>• Carb ratio: 1 unit for every ____ grams of carbohydrate</li> <li>• Correction factor: 1 unit for every ____ mg/dL over target blood glucose of ____ mg/dL</li> <li>• <i>Round to the nearest half unit if using half unit doses</i></li> </ul> <p>Note: If doses have changed since this Action Plan was created and you are unsure of updated doses, please call clinic.</p>	
	<p><b>If blood glucose (BG) is less than 250 mg/dL</b></p>	
	<ul style="list-style-type: none"> <li>• Continue giving insulin via pump</li> <li>• Continue checking BG via CGM device OR meter per usual management</li> <li>• If most BG greater than 200 for more than 3 days, call clinic for blood glucose review as insulin doses may need adjustment</li> </ul>	
	<p><b>If BG greater than 250 mg/dL with NEGATIVE, TRACE or SMALL urine ketones (blood ketones 0-1 mmol)</b></p>	
	<ul style="list-style-type: none"> <li>• Drink plenty of sugar free fluid or water</li> <li>• Give correction bolus via pump</li> <li>• Re-check blood glucose and ketones in <b>3 hours</b>. If BG is still greater than 250 mg/dL, recommend giving correction bolus via SYRINGE/PEN and CHANGE POD or INFUSION SET, recheck BG in 2-3 hours.</li> <li>• If most BG greater than 200 for more than 3 days, call clinic to review as insulin doses may need adjustment</li> </ul>	
	<p><b>If BG greater than 250 mg/dl with MODERATE or LARGE urine ketones (blood ketones 1.1 or higher)</b></p>	
	<ul style="list-style-type: none"> <li>• <b>GIVE CORRECTION BOLUS (Novolog/Humalog/Fiasp/Lyumjev/Apidra) WITH SYRINGE/PEN.</b> If moderate ketones, add 10% to usual correction dose. If large ketones, add 20% to usual correction dose.</li> <li>• <b>DO NOT GIVE BOLUS VIA PUMP</b></li> <li>• <b>MUST CHANGE POD or INFUSION SET</b></li> <li>• Continue to check ketones and correct every <b>3 hours via syringe/pen</b> until ketones are trace or negative</li> <li>• Drink sugar free fluids or water. If BG at recheck time less than 250 mg/dL, may need carbs to continue giving corrections until ketones clear so ok to include fluids like Gatorade/ Powerade/ Juice</li> <li>• <b>If Ketones are not trending down (from moderate/large) or not able to tolerate fluids and need further guidance needed, call Diabetes Emergency Line (832-822-3670, Option 0)</b></li> </ul>	
When to check for ketones?	What causes ketones?	What are symptoms of Diabetic Ketoacidosis (DKA)?
<p>Sickness                  Glucose greater than 250 mg/dl for 2 glucose checks (3 hours apart)                  Vomiting</p>	<p>Child is not getting enough insulin causing ketones to form. This could be due to any of the following:</p> <ul style="list-style-type: none"> <li>• Pump occlusion at infusion site or disconnected from pump for 2+ hours</li> <li>• Infusion site leaking or dislodged</li> <li>• Reservoir / pod is bad</li> <li>• Expired insulin or compromised/bad insulin (exposed to &gt;98.6F or freezing temperatures)</li> <li>• Infusing into scar tissue</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea, vomiting</li> <li>• Abdominal pain</li> <li>• Difficulty breathing</li> <li>• Confused / not acting like self</li> <li>• Ketones not decreasing at next check</li> <li>• Lethargy/altered mental status</li> </ul>

# HIGH RISK FOR DKA CHILDREN

- RN and SW
- Continuity care
- Monthly case management
- Resources
- School nurse

# THANK YOU!



DIABETES AND ENDOCRINE



**Texas Children's<sup>®</sup>**

**COMMENTS/QUESTIONS?**