

How to manage your diabetes in hospital



Being admitted to hospital can be a challenging time for a patient with diabetes. But there are things you can do to help manage your condition and stay in control. Specialist diabetes nurse **Adrienne Coats**, from Whangarei, explains some of the challenges people face and gives some advice on how to avoid the common pitfalls.

I am a diabetes clinical nurse specialist for inpatients at Whangarei Hospital. My main role is looking after people with Type 1 and 2 diabetes, who are admitted to hospital. I am passionate about helping clients receive good care, which results in shorter hospital stays and good outcomes.

People with diabetes must develop everyday strategies and routines that enable them to achieve and maintain good diabetes management. Changes to these routines can result in problems. One of the most challenging situations can be admission to hospital whether it be for planned interventions, such as surgery, or as the result of an acute illness.

Patients are usually coming in to be treated for something that is not diabetes related. But hospital can make their diabetes go out of kilter. When they are in hospital, patients often feel they are not in control of what is happening, especially in relation to their diet.

What are some of the challenges that people with diabetes may face during a hospital stay?

Unstable blood glucose levels are common.

Hyperglycaemia, when your blood sugar level is too high, may result from the effects of the hormones released during periods of physical and psychological stress, which can happen during and after surgery. These hormones also drive up glucose levels during an infection or inflammation. Forced inactivity because of the need for bedrest may also increase blood sugar levels.

Hypoglycaemia, when your blood sugar level is too low, may result from loss of appetite and a subsequent reduction in nutritional intake. Loss of control over food choices and the timing of meals, as well as a lack of access to snacks between meals, may also contribute to an increased hypoglycaemia risk.

Patients are sometimes required to relinquish their diabetes management to staff. This may be necessary when a person is acutely unwell or physically incapable of self management. However, unnecessary loss of self-management can lead to a sense of disempowerment and frustration and the risk of hypoglycaemia increases.

What can patients do to improve diabetes management while in hospital?

If the admission is planned, work with your GP and/or specialist team to gain good diabetes control beforehand.

Take your own diabetes equipment when admitted: glucose meter, blood glucose record book and medications including insulin. If you don't have it with you when admitted, get someone to bring it in later.

If you are feeling sufficiently well, ask permission to self manage your diabetes care. Staff should assess your capacity to do this safely and should also provide support.

If between meal snacks are required, request them on the hospital menu, bring them from home, or ask family/whanau to provide healthy extras which can be kept at the bedside.



Working with staff will improve your diabetes care during your hospital stay. It could also reduce the amount of time you have to spend in hospital.

Bring treatment for hypoglycaemia and keep it at the bedside. Always advise staff when experiencing hypoglycaemia symptoms. Staff need to know so that they can ensure that these episodes are corrected quickly. The reason for the hypoglycaemia should be identified and a review of diabetes management may be required.

During hospitalisation, good glucose control will speed up your recovery. If control is problematic or if there are other concerns, request the help of the hospital's specialist diabetes team.

Working with staff will improve your diabetes care during your hospital stay. It could also reduce the amount of time you have to spend in hospital. Remember that good diabetes management always matters and will make a difference in both the short and long term. •

Adrienne Coats

Adrienne Coats has been a nurse for over a decade, specialising in diabetes for the last three-and-a-half years. She has a Master of Nursing degree from the University of Auckland and is employed by Northland Health. She previously spent three years in surgical and medical nursing and four years in the Emergency Department.

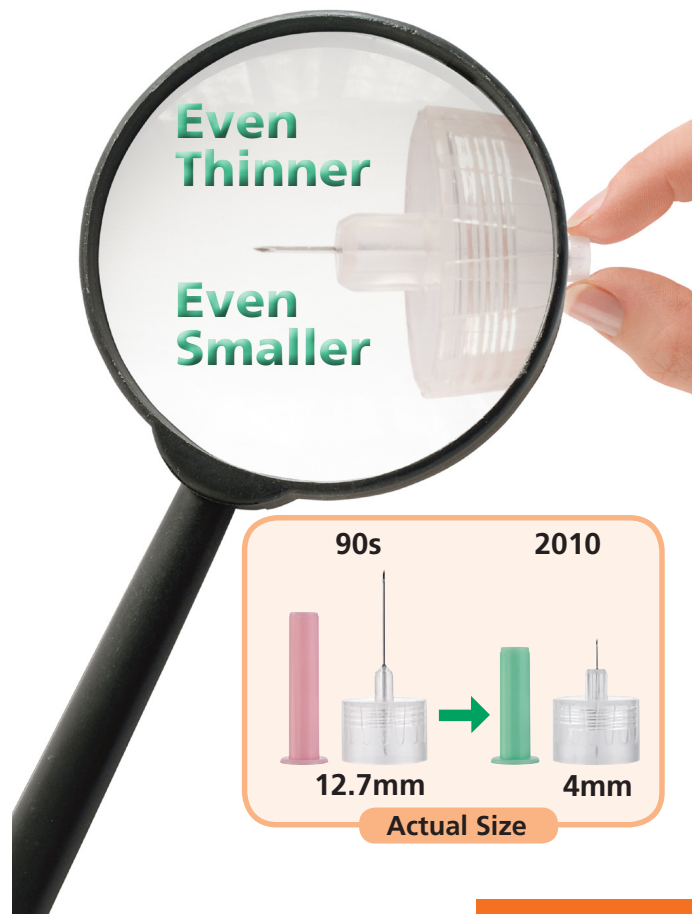
She is currently a Diabetes Clinical Nurse Specialist for Inpatients at Whangarei Hospital. Recently she has shared a role in caring for women with diabetes during pregnancy.

Adrienne decided to specialise in diabetes following a short period of practice nursing.

"That short experience made me realise diabetes was a fascinating condition. I think it's the variety in the job. There are times when I am able to help people make some changes that make a real difference to their lives. I often have to work with the whole whanau because they need support to change their diet and activity levels," she said.

"In my job, I enjoy the therapeutic relationship, helping people take care of themselves. People try to keep their diabetes well managed and in hospital things can go askew and get out of control. I help people receive good care in hospital through skilled evidence-based nursing care, which supports and promotes self-management when appropriate."

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1. Hirsch LJ, Gibney MA, Albanese J, et al. *Curr Med Res Opin.* 2010; 26(6): 1531-1541.

[†] As at November 2010 *On the Pharmaceutical Schedule

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