THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

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GLOBAL HEALTH

Project
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NURSING CARE IN DIABETIC EMERGENCY

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OBJECTIVES

- Knowing what Diabetic Emergency Is?
- .Nursing management in Diabetic emergencies
- .Education and prevention

What is Diabetic Emergency?

- Diabetic emergency is when the symptom related to diabetes is over whelming in the body. It might be low glucose (hypoglycaemia) or high glucose (hyperglycaemia) at this point a patient need hospitalisation for quick attention and management.

Types of Diabetic emergencies and other related emergencies are;

1. Diabetic Ketoacidosis

2. Hyperglycaemia .osmolar nonketotic state

3. Hypoglycaemia

DIABETIC KETOACIDOSIS (DKA) HYPERGLYCEMIA HYPEROSMOLAR

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ASSESMENT	DIAGNOSIS	PLAN	IMPLEMENTATION	EVALUATION	RATIONALE
SUBJECTIVE 1. Recent food intake Insulin. 2. Medication Recent illness or any infection **OBJECTIVE** 1. Monitor vital signs like blood pressure , temperature ,Heart rate. 2. Check for blood glucose levels. 3. Listen to the lungs for crackles. 4. look for signs of DKA like fruity acetone breath odour Kussimal respirations. 5. The four polysAbdominal pain, nausea and vomiting. 6. Dry skin ,DeH2O Altered mental state. 7. High glucose above >15 mmlos. 8. Ketones in urine	○ Imbalanced nutrition Less food than the body requirement related to in-adquent insulin. ○ Deficient fluid volume. ○ Electrolyte imbalance. ○ Knowledge deficient. ○ Related to potassium chloride and sodium chloride. ○ Risk for hypoglycaemia related to insulin administration. ○ Risk for infection due to elevated glucose level that compromises immune function. ○ Kidney injury due to dehydration.	Goals : ▪ To maintain blood glucose within the target range ▪ To ensure adequate rehydration and electrolyte balance based on patients response. ▪ Stabilize patients hemodynamically . Close monitoring of vital signs. ▪ Insulin administration could be infusion. ▪ Prevent complication like seizures, cardiac dysrhythmias, cerebralidma. ▪ Patients education on dm management. ▪ Endocrinologist or intensivist are informed on the protocols of the management	1. Insert large bore cannula for rescustation. 2. Administer fluids as ordered. 3. Administer insulin or glucose as ordered. 4. Check and manage electrolyte imbalance(potassium chloride and sodium chloride). 5. Check renal function test. 6. Fluid balance chart. 7. Encourage health diet. 8. Urine and blood culture. 9. Administer O_2 therapy. 10. Monitor the patient closely for any change in symptoms and vitals. 11. Continuous monitoring of glucose (more frequently). 12. Reassess blood glucose level regularly to avoid hypos for medication adjustment. 13. Revaluate fluid and electrolyte balances for adjustments if needed. 14. Patient education; On how to manage diabetes, recognise and respond on emergencies. when to seek medical attention	I. Keep checking glucose level whether it stabilize within target range. II. Assess the resolution of symptoms like dehydration ,altered mental state, abnormal vital signs. III. Ensure that the patient and the family understands how to manage diabetes and respond to emergencies. IV. Modify the care based on patients response to treatment. V. Frequent monitoring. VI. Asses response to treatment. VII. Adjust insulin therapy. VIII. Fluid management. IX. Electrolyte management. X. Bicarbonate therapy. XI. Complication management such as hypoglycaemia HypokalaemiaCerebral oedema. XII. Evaluate treatment goals. XIII. Document changes. XIV. Collaborate with health care team all changes in the rationale	• Correct dehydration • Reduce hyperglycaemia • Reverse acidosis • Prevent complications • Improve insulin sensitivity • Restore electrolyte balance • Support organ function • Relieve symptoms • Educate the patient • Reduce morbidity and motility

HYPERGLYCEMIA, HYPEROSMOLAR STATE (HHS)

ASSESEMENT	DIAGNOSIS	PLAN	IMPLEMNTATION	EVALUATION	RATIONALE
As the same as DKA except there's severe hyperglycaemia above>30mmols No ketones in urine Age of the patient	Same as DKA	As DKA	Check for diabetic feet	Same as DKA	Same as DKA

HYPOGLYCEMIA

ASSESEMENT	DIAGNOSIS	PLAN	IMPLEMENTATION	EVALUATION	RATIONALE
Objective 1. Tremors 2. Blurred vision 3. Sweating 4. Irritability 5. Confusion 6. Coma **Subjective** 1.Missed meals 2.Low appetite	1. Imbalanced nutrition 2. Risk for injury related to impaired cognitive function. 3. Deficient knowledge related to diabetes management. 4. Risk to aspiration related altered level of consciousness and impaired swallowing etc.	1. Administer fast acting carbohydrates. 2. Monitor vitals. TPR, give oxygen. 3. Provide supportive care, safety of the patient, prevent fall, maintain air way patent and administer oxygen . 4. Educate patient and family on the signs ,symptoms ,management and prevention of hypoglycaemia. 5. Inform the emergency team on the protocol of hypoglycaemia	• Check blood glucose level • Evaluate symptoms e.g. sweating and confusion • Asses vital signs Health care team is informed on the protocols of severe hyperglycaemia • Administer fast acting carbohydrates like glucose and juice • Adjust insulin Continuous check of blood glucose level • Supportive care • Safety of patients Prevent falls • Maintain airway portent • Record hypoglycaemic episodes • Teach patient and family about hypoglycaemic prevention and treatment	**Resolution of symptoms** 1. Blood glucose level 2. Vital signs stability 3. Neurological status 4. Treatment effectiveness 5. Complications 6. Patient education	1. Restore normal blood glucose level 2. Prevent complication 3. Ensure patient safety 4. Optimize diabetic control 5. Improve quality of life 6. Educate the patient

By implementing these strategies over an individual with diabetes, may reduce the risk of diabetic emergencies and improve outcome

THANKS FOR LISTENING.

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