Medical Assistant Education and Training Presentations

Jan Wolfram, RN, CDE

This product was developed by the St. Peter Family Medicine Residency Program in Olympia, WA. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.
Digestion and Diabetes

Jan Wolfram RN, CDE
Boldt Diabetes Center
Carbohydrate
DIGESTIVE ENZYMES

Glucose

Carbohydrates Reduced to Glucose

- Starches
- Fruits
- Milks
- Sweets
INSULIN’S JOB DESCRIPTION

- AFFECTS METABOLISM
- STIMULATES THE TRANSPORT OF GLUCOSE INTO CELLS
- ACTIVATES GLYCOGEN PRODUCTION
- CONTROLS GLUCONEOGENESIS
- INHIBITS LIPOLYSIS
- VASODILATES
Physiologic Serum Insulin Secretion Profile

Plasma Insulin (\(\mu U/mL\))

- Breakfast
- Lunch
- Dinner

Time

4:00  8:00  12:00  16:00  20:00  24:00  4:00  8:00
DIABETES

• The body does have enough insulin, or does not use insulin very well
EPIDEMIC PROPORTIONS

• Nearly 16 million Americans

• Almost 6% of the population

• 6 million unaware they have it
TWO TYPES OF DIABETES

• TYPE 1 DIABETES
  1 CAUSE
  1 TREATMENT

• TYPE 2 DIABETES
  2 CAUSES
  MANY TREATMENTS
Prevalence of Diabetes in the US

Diagnosis Guidelines

Normal Fasting Glucose < 110

Impaired Fasting Glucose* (IFG) 110 – 125

Fasting Glucose for Diabetes > 126

Random Glucose Level > 200

DIAGNOSIS OF DIABETES

- Fasting: $>126$
- Random: $>200$
Diabetes

Type 1: Insulin
AUTOIMMUNE ATTACK ON BETA CELLS

- MACROPHAGE DETECTION
- HELPER T CELLS ATTACK
- B CELLS COMPLETE THE ATTACK (ANTIBODIES)
- SUPPRESSOR T CELLS
RISK FACTORS FOR TYPE 2 DIABETES

- GENETICS AND FAMILY HISTORY
- AGE
- GESTATIONAL DIABETES
- OBESITY
- SEDENTARY LIFESTYLE
- MEDICATIONS
- COEXISTING ILLNESSES
Natural History of Type 2 Diabetes

Adapted from International Diabetes Center (Minneapolis, Minn).
INSULIN RELAY

- INSULIN
- RECEPTOR SITES
- GLUCOSE TRANSPORTER
- GLUCOSE
Insulin Resistance & Impaired $\beta$-Cell Function

- **Normal $\beta$-cell function**
  - Compensatory Hyperinsulinemia
  - Normoglycemia

- **Abnormal $\beta$-cell function**
  - Relative insulin deficiency
  - Hyperglycemia
  - Type 2 diabetes
MA TRAINING IN DIABETES

- Jan Wolfram RN, CDE
- Linda Gooding RD, CDE

Contributions:
- Devin Sawyer MD
- Shari Giomo, MA
- Michelle Edmonston, MA
Role of the Medical Assistant

- Do Planned Visits
- Do Group Visits
- Help patients set goals
- Phone follow up
We Want You

To participate in a Medical Assistant Training Program for Diabetes

- Made for You
- By your Peers
There’s Excitement

- Opportunity to help patients
- Learn about Diabetes
- Be proactive in the fight against diabetes
- Give preventative care
Your Expressed Needs

- Training on Diabetes Topics
- Information about Lab Work
- Diabetes Equipment
- Goal-setting skills
- Patient motivation skills
- Ongoing education
- Make it fun and low stress
Today’s MA Training Program:

- Goal Tending
- Diabetes Basics
- Meal Planning
- Complications
- Stages to Change
- Medications
- Physical Activity
- Common Questions
Goal Tending
Empowerment

“The discovery and development of one’s inborn capacity to be responsible for one’s life,” Anderson and Funnell
People are empowered when:

- They have enough knowledge to make decisions
- They have enough control
- They have enough resources
- They have enough experience to gauge the effectiveness of their actions
Short-term Goal

- I will walk with my friend on M, W, F mornings for 15"
- Then I'll increase the time by 5 minutes each day until I am up to 30 minutes 3 times a week.
- Then I'll add one day a week
Longterm Goals

- I need to lose 40 pounds in one year.
GOAL CATEGORIES

- MEAL PLANNING
- EXERCISE
- MEDICATIONS
- MONITORING
- WEIGHT LOSS
- SMOKING CESSATION
- FOOT CARE
- EYE CARE
- SHOTS
- DENTAL CARE
- STRESS REDUCTION
- BLOOD PRESSURE
Setting a Goal

- Patient must want to do it
- Be reasonable and realistic
- Behavior is Specific
- Answer: What/When
  - How Much
  - How Often
- What is the Likelihood of Success
- (Adapted from Lorig and Sawyer Notes)
Considerations with Goal Setting

- Background
- Barriers
- Successes
- Willingness to Change
- Action Plan
- Reinforcement and Rewards
  (Adapted from Sawyer Plan)
Stages for Change and Riding a Horse

- **Precontemplation**

- The horse is not even in your realm of awareness
Stages for Change and Riding a Horse

- Contemplation
- You are thinking about riding a horse
Stages for Change and Riding a Horse

- Preparation
- You are introducing yourself to a horse
Stages for Change and Riding a Horse

- Action
- You are on the horse and beginning to ride
Stages for Change and Riding a Horse

- Action
- You are beginning to maneuver
Stages of Change and Riding a Horse

You’ve won the race and achieved your goal!
Stages of Change and Riding a Horse

- Relapse
- Falling off track
- Everyone does it
Other Considerations

- Age
- Environment
- Physical Limitations
- Money
- Social Support
- Ethnic Background
- Depression
Lifestyle Change Process

- Goal Setting
- Self-Monitoring
- Frequent Contact
- Problem Solving
- Managing High Risk Situations

(DPP NIH Study)
Setting a Goal

- Patient must want to do it
- Be reasonable and realistic
- Behavior is Specific
- Answer: What/When
  How Much
  How Often
- What is the Likelihood of Success
- (Adapted from Lorig and Sawyer Notes)
Scoring Self-Management Goals

- 1 Point  What are they going to do?
- 1 Point  How much are they going to do it?
- 1 Point  When are they going to do it?
- 1 Point  How often are they going to do it?
- 1 Point  How likely are they going to do it?

» 1-10
Self-Monitoring

- Food Diary
- Exercise Diary
- Blood Glucose Diary
- Pedometer
Frequent Contact

- Phone Calls Made to Patients
- Newsletters
- Group Visits
- Planned Visits
Problem-Solving

- Describe the Problem
- Brainstorm the Options
- Pick an Option to try
- Make a positive action plan
- Anticipate and put into action a plan
- Plan for success
- Visualize
Manage High Risk Situations

- Eating Out
- Stress
- Slips
- Negative Self-talk
- Problem food cues
ORIENTATION TO GOOD CARE

- MENTAL ADJUSTMENT
  - DENIAL
  - ANGER
  - BARGAINING
  - DEPRESSION/DESPAIR
  - ACCEPTANCE
EFFECTS OF STRESS

- HORMONAL RESPONSE
- BEHAVIORAL RESPONSE
The Devil Made Me Do It

- Old Habits will win over new behaviors
- Old (But not so nice) Friends
- Say Hello and move on
How to get back on track

- Monitor
- Keep diary
- Find Support
The Role of the MA

- Be positive and nonjudgmental
- Praise all efforts
- Uncover barriers
- Problem solve
- Schedule follow-up
Practice

Set a Goal for your Character
Be specific and realistic
Include long-term and short-term
PHYSICAL ACTIVITY

- The Muscles Use the Most Amount of Glucose
- Think of Activity Like a Medication and Take it Everyday
Considerations

- Make it Fun
- Safety
- Start Small
- Set Goals
- Schedule
- Alternatives
- Record
- Rewards
The Farmer Routine

- You Eat a Meal and Do a Chore
- Wait 30-60 minutes after a meal
- Do 10 minutes of activity at one time
Diabetes Prevention Program

- 150 minutes of activity per week
- Walking is best
Safe Activity

- Check BS before
- Bring Glucose
- Wear ID
- Develop a Routine
- Refrain if <100
- Refrain if >250
- Stop with trouble
- Warm Up and Cool Down
Setting Goals for Activity

- Make it fun
- Be realistic
- Break long term goal into short term goal
- Monitor
- Alternate Plan
- Reward
Practice with Activity Goal Setting
Carbohydrate Counting
Why Count Carbs?

- Carbohydrates are sugars and starches
- Starches break down into sugars
- Both sugars and starches raises blood sugar levels.
1. Food enters stomach

2. Starch, Fruit, Milk and Sweets (Carbohydrates) are changed to glucose

3. Glucose enters bloodstream

4. Pancreas releases insulin

5. Insulin unlocks receptors

6. Glucose enters cell

Carbs. Raises Blood Glucose Levels
Blood Sugar Control

For People with Diabetes

• Carbohydrate Controlled Diet – helps control blood glucose levels
Carbohydrate Foods

- Foods that contain sugar or/and starch.
Carbohydrate Free

• Meats

• Fats
Each Serving has **15 grams carbs.**

<table>
<thead>
<tr>
<th>STARCH</th>
<th>FRUITS</th>
<th>MILK</th>
<th>SWEETS</th>
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<tbody>
<tr>
<td>Bread – 1 slice</td>
<td>½ Apple</td>
<td>1 cup milk</td>
<td>½ cup ice-cream</td>
</tr>
<tr>
<td></td>
<td>½ Banana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes – ½ cup</td>
<td>1 cup melon</td>
<td>1/3 cup regular yogurt</td>
<td>1”sq.cake-frosted</td>
</tr>
<tr>
<td>Pasta – 1/3 cup</td>
<td>12 to 15 grapes</td>
<td>1 cup “lite” yogurt</td>
<td>1 medium cookie</td>
</tr>
<tr>
<td>Rice – 1/3 cup</td>
<td>1 cup berries</td>
<td></td>
<td>1 Fun-Size Candy Bar</td>
</tr>
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</table>
Hand Me 15 grams
It’s the Amount that Matters
Not the Food
How Many Carbs. Can I Have????
Varies Per Person
What most people need per day?
200 to 300 grams carbs

However, if you had been consuming more than 400 grams, then start with a higher amount.

We want the meal plan to work for you
How Many *Carbs* Do You Need?

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<th>Calorie Level</th>
<th>Carb Choices</th>
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<td>2200</td>
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<td>275</td>
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<tr>
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<td>20</td>
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</table>
Each meal should have about the same number of carbohydrate choices.

Otherwise the blood glucose levels may be highest after dinner.
What's On The Menu?

Breakfast:
- 1 cup Frosted Mini-Wheats
- ½ cup Milk
- 1 Whole Banana

Lunch
- 1 Sandwich
- 1 Apple
- 1 3” Cookie

Dinner
- 1 Cup Spaghetti with Sauce

Snack
- 1 Cup Vanilla Ice Cream
Size Does Make a Difference

EXTRA-
LARGE
SUPERSIZE
"JUMBO"
• One Cinnabon – 100 g
• Super Size French Fries – 75 g
• Double Gulp Coke – 165 g
• Mucha Grande Nachos – 115 g

• One Bag of Microwave Popcorn – 60g
• One Bagel – 60 g
Carbohydrate Rich Diet

Regular Soda Pop

Comfort Foods

Eating on the Go

Snack Foods
Finding Carbs. on the Label
Looking at Labels

Check the serving size

Check total grams carbohydrates
Subtracting Fiber Carbs.

- Can subtract fiber grams from the total grams of carbohydrates.

- This food item has 10 grams carbs. for ½ cup serving size.
Sugar Alcohols - Sorbitol, Maltitol, Glycerol

- Can be found in sugar free foods
- Little effect on blood glucose levels
- Can subtract $\frac{1}{2}$ of the sugar alcohols from the total grams carbohydrates
- Can cause gastric problems
Nutrition Bar Claims

- Nutrition Bars have become very popular.
- Many of these bars claim that you can deduct the full amount of sugar alcohols from total grams carbs.
Subtracting sugar alcohols from Carbs

• Total Grams Carbohydrates = 24
  Fiber = 0g
  Sugar = 5g
  Sorbitol = 10g
• Total Carbs. affecting blood glucose level = 19 g
Do We Just Count Carbs?

• Fats

Saturated Fats vs Monounsaturated Fats
Glycemic Foods

• The Glycemic Index (GI) is a ranking of foods based on their potential to raise blood sugar levels.

• The higher the GI of a food, the faster the rise in blood sugar after eating it.
Choosing Higher Fiber Foods
What is the Diabetes Meal Plan?

- It is not a diet
- Carbohydrate Controlled
- Low Fat

- Choosing Monounsaturated Fats over Saturated Fats
- Choosing Higher Fiber Foods
PREVENTION OF COMPLICATIONS

Jan Wolfram RN, CDE
Boldt Diabetes Center
Providence St. Peter Hospital
**Proof is in the Pudding**

- Diabetes Control and Complication Trial
- United Kingdom Prospectus Diabetes Study
- Glycohemoglobin, A1C
GLYCOHEMOGLOBIN

<table>
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<tr>
<th>AVERAGE BLOOD SUGARS</th>
<th>GLYCOHEMOGLOBIN IN Hb AIC % 3 Month Test</th>
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<td>330</td>
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MANAGING YOUR DIABETES

- LARGE BLOOD VESSELS
- SMALL BLOOD VESSELS
- NERVES
- IMMUNE SYSTEM
LARGE BLOOD VESSELS

- HEART (Heart Attack)
- BRAIN (Stroke)
- LEGS (Claudicating)
Symptom of Heart Attack

- Chest Pain
- Shortness of Breath
- Weakness
- Sweating
- Nausea
- Vomiting
- Pain in Jaw
- Pain in Arms
- Pain in Shoulders
- DENIAL
**Symptoms of Stroke**

- Sudden weakness or numbness
- Slurred speech
- Headache
- Dizziness
- Loss of vision especially in one eye
- Facial paralysis
- Headache
- Confusion or Coma
LIPIDS

- TOTAL CHOLESTEROL <200
- HIGH DENSITY LIPIDS >45
- LOW DENSITY LIPIDS <100
- TRIGLYCERIDES <150
RISK REDUCTION

- STOP SMOKING
- ASPIRIN 81 mg/day
- BLOOD PRESSURE CONTROL 120/80
- WEIGHT LOSS
RETINOPATHY

EYES DISEASE
NEPHROPATHTY

- KIDNEY DISEASE
NERVES

- FEET
- HEART
SEXUAL FUNCTION

- MEN IMPOTENCE

- WOMEN IMPOTENCE AND INFECTION
IMMUNE SYSTEM

- GREATER NUMBER OF INFECTIONS
- GREATER NUMBER OF SURGICAL COMPLICATIONS
- GREATER NUMBER OF AMPUTATIONS
FOOT CARE

- NEVER GO BAREFOOT
- LOOK AT YOUR FEET EVERY DAY
- CALL FOR URGENT APPOINTMENT
Sick Day Management

- Physical Stressors Increase Blood Glucose
- Increased Blood Glucose Makes Infections Worse
- Monitoring Blood Glucose Helps to Prevent Diabetes from Getting Out of Control
Sick Day Basic Rules

- Check BS more often
- Take medication or insulin as usual
- Check temperature
- Drink more fluids
- Eat easy to digest foods
1 Carb Serving = 15 Grams

- 6 Saltines
- 1/4 cup Sherbert
- 4 oz Regular Pop
- 1/2 cup Jello

- 1/2 cup Ice Cream
- 1/4 cup Regular Pudding
- 1/2 cup Sugar-free Pudding
When to Call the Doctor

- Fever > 100
- Nausea for more than 24 hours
- Vomiting x 2/day
- Diarrhea for more than 24 hours
- Symptoms of Dehydration
- Worsening blood glucose levels > 200
- Unable to keep oral agents down
- Ketones
**Ketones**

- Seen with people who use insulin
- Detects using fat for fuel because little insulin is present
- Urine testing can check this
Information for Doctor

- Blood glucose results
- Temperature
- Amounts of food and fluids consumed
- Ketone results
Sick Day Supply Kit

- Thermometer
- Extra Test Strips
- Regular Soda
- Broth
- Tylenol
- Pamphlet on Sick Day Management
- Ketone Test Strips
- MD phone number
ACUTE COMPLICATIONS

- HHNKS
- DKA
Insulin Preparations

Rapid-acting
• Insulin Lispro (Analogue)
• Insulin Aspart (Analogue)*

Short-acting
• Regular (Soluble)

Intermediate-acting
• NPH (Isophane)
• Lente (Insulin Zinc Suspension)

Long-acting
• Ultralente (Extended Insulin Zinc Suspension)
• Insulin Glargine (Analogue)*

* Anticipated Availability in 2000
RAPID ACTING INSULINS

• HUMALOG
  – HURRY UP INSULIN

• NOVOLOG
  – NOW INSULIN
Basal/Bolus Insulin

Plasma Insulin (µU/mL)

Breakfast  Lunch  Dinner

Time

4:00  8:00  12:00  16:00  20:00  24:00  4:00  8:00
INTENSIVE INSULIN THERAPY

- MATCH INSULIN TO AMOUNT OF CARBOHYDRATE

- COUNT CARBOHYDRATES

- COVER WITH RAPID-ACTING INSULIN

**Lispro vs Regular**

- **Glucose Infusion Rate (mg/min)**
  - Lispro 10 U
  - Regular Insulin 10 U

- **Time (hours)**
  - 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Advantages of Rapid-Acting Insulin Analogs

- Reduce postprandial hyperglycemia
- Minimize postprandial hypoglycemia
- Reduce need for between-meal snacks
Lantus

Hourly mean values

Glucose infusion rate (mg/kg/min)

Time (h) after s.c. injection

End of observation period

Lantus

NPH human insulin
Insulin Pen Delivery
Continuous Subcutaneous Insulin Infusion
CAUSES OF LOW BS

- Meals or Snacks that are late
- More exercise than usual
- Too much insulin
- Giving shot in the muscle
- Administration error
Symptoms of low blood sugar

- HUNGER
- SHAKINESS
- SWEATINESS
- COLOR CHANGE
- WEAK AND ANXIOUS
- HEADACHE
- CONFUSION
- DROWSINESS
- BEHAVIOR CHANGES
- LOC AND SEIZURE
PREVENTING LOW BLOOD SUGAR

- WRITE DOWN insulin was given
- CHECK blood sugar often
- DON’T SKIP a meal
- GET A ROUTINE
- NOTIFY OTHERS and WEAR ID
GLUCAGON

- RELEASES GLUCOSE FROM THE LIVER
- ADULT DOSE 1.0cc
RISK FACTORS FOR TYPE 2 DIABETES

- Genetics and Family History
- Age
- Gestational Diabetes
- Obesity
- Sedentary Lifestyle
- Medications
- Coexisting Illnesses
Natural History of Type 2 Diabetes

- Postmeal glucose
- Fasting glucose
- Insulin resistance
- Insulin level
- Obesity
- IFG*
- Diabetes
- Uncontrolled hyperglycemia

Adapted from International Diabetes Center (Minneapolis, Minn).
INSULIN RELAY

- INSULIN
- RECEPTOR SITES
- GLUCOSE TRANSPORTER
- GLUCOSE
Insulin Resistance & Impaired $\beta$-Cell Function

- Normal $\beta$-cell function
  - Compensatory Hyperinsulinemia
  - Normoglycemia

- Abnormal $\beta$-cell function
  - Relative insulin deficiency
    - Hyperglycemia
    - Type 2 diabetes

Insulin resistance
INITIAL TX FOR TYPE 2 DIABETES

- MEAL PLANNING
- EXERCISE
- WEIGHT LOSS
Oral Therapy for Type 2 Diabetes: Sites of Action

PANCREAS

BLOOD GLUCOSE

LIVER

MUSCLE

INTESTINE

FAT
SULFONYLUREAS

- 1ST GENERATION
- 2ND GENERATION
  - Glyburide
  - Amaryl
  - Glucotrol
MEGLITINIDES

- PRANDIN
- STARLIX
BIQUANIDE

- Glucophage or Metformin
- Glucovance
THIAZOLIDINEDIONES

Avandia

Actos
SELF-BLOOD GLUCOSE MONITORING

- DIRECT FEEDBACK TOOL
- PATTERN MANAGEMENT
- TREATMENT ADJUSTMENT
SELF-BLOOD GLUCOSE MONITORING

GOALS

• BEFORE MEALS 80-120
• AFTER MEALS 2HRS <140
• A1C < 6.5
SELF-BLOOD GLUCOSE MONITORING FREQUENCY

- ANY TIME YOU WANT
- FOUR TIMES A DAY
- TWICE A DAY
- BEFORE AND AFTER ONE MEAL/DAY
SBGM INCREASED FREQUENCY

- LOW BLOOD SUGAR
- ILLNESS/SICKNESS
- CHANGE IN TREATMENT
- CHANGE IN SCHEDULES
- INCREASED STRESS
- HOLIDAYS AND VACATIONS
- INCREASED OR DECREASED ACTIVITY
SAFETY WITH SBGM

- UNIVERSAL PRECAUTIONS
- DON’T SHARE
- LANCET DISPOSAL
Welcome!!
Dorothy

- 64 Y.O Female with Type 2 DM x 10 years
- Will retire next year from a convenience store
- “I will die if she goes on insulin
Dorothy

- A1c = 10.6
- Weight = 205  Height 5’4”
- Meal Plan: No breakfast, a small lunch, dinner starting at 6 PM snacks until 10 PM
- Meds: Glucotrol, Glucophage, Actos
- Meter: One Touch Basic
- Exercise: None
- Fear: Going Blind
Hazel

- 75 Y.O Female with Type 2 Diabetes for 1 year.
- Retired Administrative Assistant
- “I knit and I don’t want to get blood all over my sweaters.”
Hazel

- A1c = 6.4
- Weight = 173 Height = 5’5”
- Meal Plan: Irractic
- Meds: Glucotrol
- Meter: Elite
- Exercise: Housework with Walker
- Fear: Losing a Foot
Phil

- 62 Y.O. Male with Type 2 Diabetes for 20 years.
- Retired Truck Driver
- “Going on insulin took away my job, but at least I can get around”
• A1c = 7.2
• Weight = 164  Height = 5’7”
• Meal Plan: Wife is a really good cook and she takes care of the meals.
• Meds: Lantus and Lispro
• Meter: Compact
• Exercise: Gardening and Walking
• Fear: Low Blood Sugar
Randy

- 37 Y.O. Male with Newly diagnosed Type 2 Diabetes
- Computer Programmer
- “I just don’t have time to take care of myself.”
Randy

- A1c = 8.1
- Weight = 276  Height = 6’0’’
- Meal Plan: Take Out and Delivered
- Meds: Glucophage
- Meter: Ultra One Touch
- Exercise: None
- Fear: My doctor will tell me to quit smoking
Kathy

- 29 Y.O Female with Type 1 Diabetes for 15 years
- Lobbyist
- “Diabetes takes so much time, I can’t keep up with everything.”
Kathy

• A1c = 9.4
• Weight = 134  Height = 5’4’’
• Meal Plan: On the run
• Meds: 70/30 twice a day
• Meter: Precision with Ketone Strips
• Exercise: Aerobics 3 times a week
• Fear: Kidney Failure
## Diabetes Jeopardy

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<th>Meters</th>
<th>Meals</th>
<th>Meds</th>
<th>Exercise</th>
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**Final**
How do I know I have diabetes?
Will I always have diabetes?
Adjust 300

Will I give it to my kids?
Does stress raise my blood sugar?
If I lose weight will I get rid of diabetes?
Do we have the new meter so I don’t have to poke myself?
What do I do if I can’t get enough blood?
I’m flying, what do I do with my medications and equipment?
Meters 400

It’s okay to check my entire family, isn’t it?
How often do I change the lancets?
Meals 100

What can I eat?
What can’t I eat?
Can I drink alcohol?
Meals 300

How much can I eat?
Are there carbs in tictacs, cough drops and gum?
What do carbohydrates do?
Are there carbohydrates in beer?
Can I lose weight and get off medication?
My meds give me diarrhea, what can I do?
I’m shaky and sweaty, is it my diabetes?
I’m flying soon, what do I do with my medications and airport security?
I forgot my medication, do I double up next time?
When is the best time to exercise?
Exercise

I always get low when I exercise, what can I do?
Exercise 300

How long should I exercise?
I’m hiking, how do I store my insulin?
I have arthritis, knee pain, and bad hips, what can I do?
Type 2 Diabetes is not as serious as Type 1 Diabetes, is it?
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<th>Activity</th>
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<th>Planning</th>
<th>Speaker</th>
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Worksheet #1

What is *Self-Management*?
Worksheet #2

PCP time spent with a typical patient during a 15-minute *traditional* visit:

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**How do you spend your time?**

Example:
- Chart review, labs, referrals, meds, last note(s) etc…
- Discussion with patient (history)
- Physical exam
- Make an assessment
- Plan (med changes and additions, referrals, labs, immuniz., etc…)
- Self-management
Worksheet #3

PCP time spent with a typical patient during a 15-minute visit following a planned visit:

How do you spend your time?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Example:
- Chart review, labs, referrals, meds, last note(s) etc…
- Discussion with patient (history)
- Physical exam
- Make an assessment
- Plan (med changes and additions, referrals, labs, immuniz., etc…)
- Self-management
Your self-management goal:

What is it you are willing to do? __________________________
_____________________________________________________

How much are you willing to do? __________________________
_____________________________________________________

When are you willing to do it? ____________________________
_____________________________________________________

How often are you willing to do it? _______________________
_____________________________________________________

What is your likelihood-of-success score (1-10)? ___________
_____________________________________________________

Office use only: Quality Score____