

# THE Guardian™

## LTC Professionals Newsletter

### The Hype about Hypoglycemia

Successfully managing diabetes in long term care residents can be an intensive process for both the caregivers and people with diabetes. Elderly residents with diabetes sometimes require special care. Co-morbidities as well as the general health of a resident with diabetes can complicate both the recognition and treatment of certain conditions. One situation to be particularly aware of is hypoglycemia. When a resident's blood glucose drops below 70mg/dL they are considered to be hypoglycemic.

Elderly residents are not only more susceptible to having hypoglycemic events, but they may fail to recognize common symptoms of low blood glucose. According to a *Diabetes Care* article, "These symptoms can include things such as dizziness, tingling, blurred vision, difficulty to concentrate, faintness, anxiety, palpitation, hunger, sweating, irritability, and tremor." (Bremer, 2009).

Since many of these symptoms can also be part of the daily experience for an elderly person with or without diabetes, it makes differentiating and awareness of these symptoms critical.

Residents and caregivers can be made more aware of situations that might contribute to a low blood glucose event. For example, a resident that has a reduced appetite or skips meals can be a red flag that a patient's blood glucose levels should be watched carefully to avoid an adverse event.

Once you recognize symptoms or a blood glucose reading indicates that a resident is in a hypoglycemic

state, following a set of actions referred to as the Rule of 15 can be used to get blood glucose levels back in a normal range. The Rule of 15 is as follows:

- Treat with 15 grams of fast acting carbohydrate
- Check blood glucose levels in 15 minutes

Fast acting carbohydrate could be one of the following:

- 1 tube of glucose gel
- 4 oz orange juice
- 3-4 glucose tablets
- 4 oz regular soda
- 1 Tbsp honey
- 1 Tbsp corn syrup
- 4 tsp sugar

Retreating and rechecking glucose levels continues until the blood glucose levels are considered back in a normal range.

Being aware of the beginning stages of low blood glucose and early treatment can avoid a more severe hypoglycemic event from occurring. Early treatment and prevention can avert permanent neurological damage and other injury associated with hypoglycemia.

Resources for more information about the Rule of 15:

<http://ijcci.info/pdf/nov10/editorial.pdf>

<http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html>

Bremer, J. P., K. Jauch-Chara, M. Hallschmid, S. Schmid, and B. Schultes. (2009). Hypoglycemia Unawareness in Older Compared With Middle-Aged Patients With Type 2 Diabetes. *Diabetes Care*, 32.8, 1513-517.

## Assure®

For more information about the Assure® Brilliance program or Assure® products call 800.818.8877 or visit us online at [www.assureusa.com](http://www.assureusa.com)

For questions, comments and suggestions on *The Guardian™* please contact Stacie Suedkamp at 800.818.8877 ext. 3227 or [info@arkrayusa.com](mailto:info@arkrayusa.com)



# The ABCs of A1C & eAG

Between A1Cs, HbA1Cs, eAGs, and new information coming from the ADA, sometimes managing all of the ins and outs of diabetes can feel like alphabet soup.

For people who have been involved with diabetes management for some time either as a patient or a care provider, they have most likely become familiar with the A1C or HbA1C test.



The A1C or HbA1C is a test that gives a two to three month snapshot of what blood sugar levels have been for a patient. The results are given as a percentage with ranges and lows from 4.5 percent to as high as 9 percent.

Typically diabetes management goals consist of maintaining an A1C level of 7 percent or lower.

However, circumstances vary with each individual's diabetes treatment program. In fact, some elderly patients might have a higher A1C target in order to help keep

hypoglycemic incidents from occurring.

Recently, the American Diabetes Association (ADA) started using the term eAG in their practice. The term eAG stands for estimated average glucose. The eAG is a simple way for patients with diabetes to see their A1C results in the same format that they see their daily blood glucose test results.

Patients and their caregivers can identify with their results in familiar terms since eAG uses the same units of measurement, mg/dL, instead of the A1C's percentage point. Proper explanations from health care providers means that patients can get a clearer understanding of how their blood glucose levels have been responding to any new regimens or changes in diet and exercise.

Often times the eAG is now reported alongside any A1C results so that health care professionals can interpret both results for patients simultaneously. If you only received results in the A1C format, there are a number of conversion calculators that can be found online. Follow the link to use the one provided by the ADA <http://professional.diabetes.org/glucosecalculator.aspx>

Once you know the correlation between A1C tests and eAG conversions, managing your residents diabetes will be as easy as 1, 2, 3.

Article Sources & Resources:

<http://professional.diabetes.org/glucosecalculator.aspx>

<http://glucocardyouchoose.com/blog/2010/06/21/eag-the-new-a1c/>



# Feature Focus: HYPO Warning

Our Assure® line of professional blood glucose meters is packed with features that help you with your daily tasks. One of our most important features is the HYPO warning.

Both our Assure® Pro and Platinum blood glucose meters offer a little extra assistance with a HYPO warning to alert staff of low blood glucose readings. This is a customizable alert that can be turned on and set as a reminder for you and your nursing staff to take action if a low blood glucose result is obtained.

The HYPO warning can be set at any value between 20 mg/dL and 80 mg/dL. Once the threshold number on the HYPO warning is established, any result below that number will cause the meter to beep and mark the result with the word HYPO.

This alert can help train staff to be aware of when a resident's blood glucose level is low and when they need to respond.

## AHPT—We Want You!

### Make Your Voice Heard!

ARKRAY is committed to leading the market through exceptional service and innovative products and programs. Your suggestions can help us make day-to-day diabetes management easier for you, other health care professionals and your residents.

We're proud to announce the creation of our Assure Healthcare Professional Team (AHPT). ARKRAY values feedback and input from healthcare workers and educators to heighten awareness on diabetes management.

When you sign up for AHPT, you will be a key member of the ARKRAY team and your input may help develop the next Assure product or program. We may also ask you to participate in focus groups or in an advisory board meeting.

It is our commitment to listen and respond to the long term care industry's needs. As a professional member we'll be looking for your expertise.

### New Product Development

Provide input so you will have more effective products to treat your residents.

### Program Development

Assure Brilliance is recognized for its support, diabetes program management, and education. Let us know what else you need!

For more information and to sign up visit <http://www.assureusa.com/AHPT.html>



# Assure<sup>®</sup>

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## \$50 Question

### What is the Rule of 15?

Submit your answer to [info@arkrayusa.com](mailto:info@arkrayusa.com) or fax to 952.646.3230

In every issue of *The Guardian*<sup>™</sup>, ARKRAY will ask a question about topics featured in the issue. A **\$50 AMEX gift certificate** will be awarded to one person who submits the correct answer. Those submitting the correct answer will be pooled in a drawing. You will only be notified if you are the winner.

**Submission Details:** Please mail, fax, or email your answer along with your full name, facility name, facility address and phone number to the attention of **Stacie Suedkamp**  
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### Last Issue:

Periodontal disease can increase risks for what other diseases?

Answer: Heart Disease & Pneumonia  
The answer to the question was found on page 2 of the last issue in the article entitled "Optimizing Oral Health".

Congratulations!  
Marlita Basada, R.N. Director of Nursing  
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