# Operation Diabetes

Training you to assess diabetes risk and perform a blood glucose screening

## What is the purpose of Operation Diabetes?

- Increase the awareness of diabetes in our community
- Offer free risk assessment and blood glucose screenings
- Identify at-risk patients and provide proper education and follow-up
- Practice pharmaceutical care
- Expand our knowledge of diabetes
- Foster mentoring relationships across the DPH classes and within the pharmacy community

## Overview of Diabetes

- Prevalence: 20.8 million Americans, 6.2 million undiagnosed, 41 million with pre-diabetes
- This is why we do screenings!

## What is Diabetes?

- Diabetes is a disease in which the body does not produce or properly use insulin.
- Insulin is a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life.
- The actual cause is unknown, but genetics, obesity, and lack of exercise appear to play roles.

# What are the different types of diabetes?

- Type 1: Autoimmune disorder, pancreas doesn't produce insulin ("juvenile diabetes"). ~5-10% of Americans.
- Type 2: Cells don't respond to insulin or not enough insulin is produced, strongly linked to obesity ("adult onset"). Majority of Americans diagnosed with diabetes have type 2.
- Gestational Diabetes: occurs during pregnancy
- Pre-Diabetes: Blood glucose levels are higher than normal, but not high enough to be diagnosed with diabetes. Affects 41 million Americans.

# How do you know if you have diabetes?

- Fasting blood glucose test
  - 100-125 mg/dL signals pre-diabetes
  - 2 separate tests >125 mg/dL indicates diabetes
  - "Fasting" means at least 8 hours sine they last ate or drank anything besides water.
- Fasting glucose levels
  - Hypoglycemic: <70 mg/dL
  - Normoglycemic: 70-110 mg/dL
  - Hyperglycemic: >110 mg/dl
- Goals for diabetics
  - FPG of 80-130 mg/dL
  - Peak postprandial (1-2 hours after meal) glucose <180 mg/dL

## What are long term complications of diabetes?

- Heart disease
- Vision problems, potentially blindness
- Kidney disease leading to kidney failure
- Poor circulation
- Neuropathy

## What do I wear to a screening?

- Professional Dress
- Clean white lab coat
  - If you don't own one, talk to Julie or Carlee
- School nametag

## When should I get there?

- Please arrive 10-15 minutes early before your scheduled time so you can locate the screening site and become orientated.
- If you're in the first group of the day, please come before the screening starts to help set up.
- If you're in the last group of the day, plan on staying a little late to help clean up afterwards.

## What will I be doing at the screening?

- Greeting patients
- Distributing and collecting consent forms
- Interviewing patients
  - Discussing signs and symptoms of diabetes
  - Testing blood glucose levels
- Distributing educational material

## Before you start, set up your station:

- Forms:
  - Diabetes Screening form
  - Risk score sheet
  - Survey
  - MD contact form
- Supplies:
  - Gloves
  - Kleenex/Gauze
  - Alcohol swabs
  - Lancets
  - Sharps container
  - Strips
  - Calibrated meter
  - Band-aids

## How do I introduce myself?

- "Hi, my name is _____ and I'm a student pharmacist from the UW-School of Pharmacy. We're conducting a diabetes screening today. Do you have about 15 minutes to assess your risk for diabetes?"

## Do I need consent to get a little drop of blood?

- YES! We need to have consent before we take a blood sample, even if it is just a little drop of blood.
- Note: We cannot take a blood sample if the patient is pregnant or under the age of 18 (even if their parent gives consent).
- Make sure the consent form is signed and dated by the patient.

## How do I assess risk for diabetes?

- Follow the diabetes screening form to conduct the patient interview. This is in a SOAP note format.
- Start with the basics: Name, DOB, history of diabetes (previous diagnosis?), current medications.
  - Probe for any information about meds.
- Assess risk factors and mark (+) if they have them and (-) if they don't. Add comments if possible.
- Discuss signs and symptoms of diabetes, adding comments if they say yes.
- Find out what they've had to eat in the last 8 hours and document what is was the the amount of time that has lapsed since they ate.

## How do I assess for diabetes? (cont.)

- Obtain a blood sample
- Assess their risk score and their blood glucose reading. Remember, this is NOT a diagnosis.
- Fill out the MD contact form so the patient can present his/her physician with the results we obtained.
- Ask the patient to fill out our survey before they leave.
- Make sure all paperwork is complete before the patient leaves!

## How do I obtain a blood sample?

- Pull out your meters, strips and lancets.
- Document the meter and test strips you will use.
- Put on gloves.
- Place strip in meter. Once the strip is in place, there should be a drop of blood flashing on the screen. This means that the meter should be ready to use.
- Wipe the patient's finger with an alcohol swab and *allow to dry.*
- Rest patient's hand on knee or table below heart level (gravity works).
- Press lancet firmly on side of fingertip until area is white, then lance.
- Wipe away first drop of blood with gauze.

# How do I obtain a blood sample? (cont.)

- Gently apply pressure to base of finger (Do not milk).
- Fill the strop with a small drop of blood. The meter will automatically analyze the blood glucose level.
- Give the patient gauze to hold on their finger.
- Apply a band-aid if necessary.
- Obtain reading from the meter and record.
  - Recall hypo-, normo-, and hyerglycemic levels.
- If blood glucose level is >250 mg/dL, call a pharmacist over to discuss the reading.

# What do I tell the patient?

- Do Discuss:
  - The results with the patient and whether it is considered high or low.
  - The relationship between what you've eaten and medications that you're taking (these impact your blood glucose reading).
  - Lifestyle modifications such as diet and exercise.
- Do NOT discuss:
  - A diagnosis of diabetes.
  - **Remember,** this is just a risk assessment, not a diagnosis! If their numbers are high, we will refer them to their primary care physician for further assessment.

## What do I do with all the papers?

- Forms you keep:
  - Consent form
  - Diabetes screening form
  - Complete patient survey
- Forms you give to the patient:
  - Risk score form
  - MD contact form
  - Informational materials

## Now you try it!

- Work in groups of 2-3 people (patient, student pharmacist, & observer).
- Begin with the slide "How do I introduce myself?" and finish with "What do I tell the patient?" or follow the Student Script.
- If you have questions or need help, ask one of us to come over.
- BEFORE YOU LEAVE: be sure you complete all the documentation requirements.
  - OD coordinator must sign off and initial checklists.
  - Complete the short quiz
  - Turn in training log before you leave

# Submit to Julie or Carlee

- Documentation of HIPAA and Blood Borne Pathogens online training completion dates.
- Access this at the following website:
  - http://www.pharmacy.wisc.edu/clerkship/

Any questions? Contact Julie (jcripp@wisc.edu) or Carlee (cjmcafee@wisc.edu)