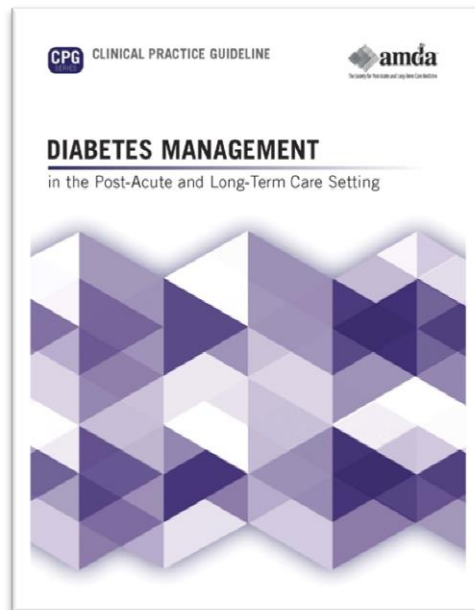


Diabetes Management in the Post-Acute & Long-Term Care Setting - Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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Clinical Practice Guideline - CPE Self Study Course**

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Acknowledgements

Continuing Professional Education Program Self-Study Course

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Professional Approvals

For details on professional approvals for this course, please check the product description on our website. You may also wish to visit this page: beckydorner.com/continuing-education/professional-approvals/.

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How to Complete this Course and Receive Your Certificate

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Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
June 11, 2020	2	II

Course Description

The *AMDA Diabetes Management in the Post-Acute and Long-Term Care Setting Clinical Practice Guidelines* outlines information for providers on the recognition, assessment, and treatment of patients with diabetes.

Diabetes is prevalent among patients in the post-acute/long term care setting. In this setting, goals for glycemic control and risk-factor management should be based on each patient's overall health goals, goals of care, patient preferences and values, and life expectancy. Nutrition assessment can help identify potential interventions for diabetes patients in the post-acute and/or long-term care setting.

Course Learning Objectives

After completion of this CPE program, participants will be able to:

1. Understand lifestyle modifications that can help manage/treat diabetes in the post-acute/long-term care setting.
2. State treatment goals for older adults with diabetes.
3. Understand the consequences of hypoglycemia in older adults.

Suggested CDR Learning Needs Codes

- 3040 Food consumption, fluid balance
- 5040 Long-term care, intermediate, assisted living
- 5100 Elderly
- 5190 Diabetes Mellitus

Additional CDR Learning Needs Codes that may apply: 2070, 3000, 5410, 6020

Suggested CDR Performance Indicators

- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management
- 8.1.5 Applies medical nutrition therapy in disease prevention and management.
- 8.2.3 Implements individualized services to reflect customer-centered approach as it pertains to the customer's physical, social, cultural, institutional and economic environment.
- 10.2.8 Establishes the plan of care, directly addressing the nutrition diagnosis in collaboration with the patient in defining the time, frequency and duration of the intervention.

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

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**Continuing Professional Education Self-Assessment Test
and Answer Key**

You are a registered dietitian nutritionist at a skilled nursing facility. At your suggestion, the facility has decided to individualize diets for all patients, including those with diabetes. You have been asked to develop staff, patient, and family education materials that describe the basics of diabetes management and the upcoming changes in the facility. What are some of the key points that are the basis for the facility's new policies?

1. The current standard of nutrition care for patients in long-term care facilities is:
 - a. A low concentrated sweets (LCS) diet will help control blood sugars.
 - b. A low concentrated sweets (LCS) diet is considered outdated (page 13/14).
 - c. A low concentrated sweets (LCS) diet with extra portions of protein will help control blood sugars.
 - d. Food preferences can't be honored if a patient enjoys dessert.
2. One key component of a healthy eating patterns for long-term care patients with diabetes is:
 - a. Avoiding fruit juice.
 - b. Reducing carbohydrates, including dietary fiber.
 - c. Controlling portion sizes (page 13/14).
 - d. Restricting fat.
3. In frail older adults, blood sugar should be controlled by:
 - a. Adjusting oral agents and/or insulin to balance food consumption (page 13)
 - b. Adjusting food consumption to balance dose of insulin.
 - c. Adjusting food consumption to balance dose of oral agents.
 - d. Adjusting meal times for patients with diabetes to correspond with medication passes.
4. Avoiding hypoglycemia (low blood sugar) in older adults is important because:
 - a. Hypoglycemia can result in weight loss.
 - b. Hypoglycemia can be caused by acute infections.
 - c. Hypoglycemia is associated with falls (page 2 and page 29).
 - d. Hypoglycemia is associated with heart disease.

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5. Healthy older adults have different treatment goals than older adults with very complex/poor health. Suggested A1c and fasting glucose levels older adults with very complex/poor health are:
 - a. A1c of < 8.5% and fasting glucose of 100-180 mg/dL (Table 13, page 14).
 - b. A1c of < 8.0% and fasting glucose of 100-180 mg/dL.
 - c. A1c of < 8.0% and fasting glucose of 90-130 mg/dL.
 - d. A1c of < 7.5% and fasting glucose of 9-130 mg/dL.
6. Which of the following is a patient-specific issue that can affect diabetes management in the post-acute and long-term care setting?
 - a. Family history of diabetes
 - b. Food preferences (table 1 page 3)
 - c. Exercise history
 - d. Insulin dosages
7. Although many people think sugar intake is a primary cause of hyperglycemia, it can also be caused by
 - a. Hypertension
 - b. Chronic kidney disease
 - c. Acute infection (table 10 page 10)
 - d. Cirrhosis of the liver
8. Studies have shown that use of sliding scale insulin is associated with _____.
 - a. Hypoglycemia
 - b. Peripheral neuropathy
 - c. Increased difficulty controlling blood sugars
 - d. Hyperglycemia (page 23)
9. In the LTC setting, goals of diabetes care should be based on a patient's overall health, goals of care, patient preferences and values, life expectancy, and _____.
 - a. Carbohydrate intake
 - b. Anticipated clinical benefits
 - c. Risks of treatment
 - d. Body mass index
10. Patients and families who have become accustomed to dietary restrictions at home may need to be educated about the role of meal planning in diabetes management
 - a. True (page 14/15)
 - b. False