

PDM - Prediabetes

PDM-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as it relates to prediabetes.

STANDARDS:

1. Explain the anatomy and physiology of prediabetes.
2. Discuss the changes to anatomy and physiology as a result of prediabetes. Explain that insulin resistance and beta cell damage are occurring.
3. Discuss the impact of these changes on the patient's health or well-being.

PDM-C COMPLICATIONS

OUTCOME: The patient/family/caregiver will understand common or serious complications of abnormal blood glucose level.

STANDARDS:

1. Explain that prediabetes will usually progress to Type 2 Diabetes unless preventive measures are taken.
2. Emphasize that optimal control of blood glucose can reverse or prevent progression of prediabetes (PDM) or complications.
3. State that PDM is a disease that needs to be monitored for progression and complications. Routine examinations are essential.
4. Discuss complications that can occur if PDM develops into Diabetes, e.g., heart disease, stroke, eye problems, kidney damage. **Refer to CVA, CAD, DM, and PVD.**

PDM-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in achieving physical and behavioral health.

STANDARDS:

1. Discuss the roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.

3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

PDM-DP DISEASE PROCESS

OUTCOME: The patient/family will have a basic understanding of the disease process of Prediabetes (PDM).

STANDARDS:

1. Discuss the role of insulin resistance and beta cell dysfunction in PDM and Type 2 diabetes.
2. Describe risk factors for development and progression of PDM, e.g., including: family history, obesity, sedentary lifestyle, previous history of gestational diabetes, history of hypertension, dyslipidemia.
3. Emphasize that PDM is a reversible, controllable condition, that requires permanent lifestyle alterations and continuous attention and medical care. **Refer to PDM-LA.**

PDM-EX EXERCISE

OUTCOME: The patient/family will understand physical activity in relation to prediabetes.

STANDARDS:

1. Explain that increased physical activity will reduce the body's resistance to insulin.
2. Explain that the goal is at least 150 minutes of physical activity a week, for example, walking:
 - a. 30 minutes 5 days per week
 - b. 15 minutes bouts 2 times a day 5 days per week
 - c. 10 minutes bouts 3 times a day 5 days per week
3. Encourage the patient to increase the intensity of the activity as the patient becomes more fit.
4. Assist the patient in developing a personal exercise plan.
5. Discuss obstacles to a personal exercise plan and solutions to those obstacles.
6. Discuss medical clearance issues for physical activity.

PDM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in prediabetes (PDM).

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PDM-L LITERATURE

OUTCOME: The patient/family will receive literature about prediabetes (PDM).

STANDARDS:

1. Provide the patient/family with literature on PDM.
2. Discuss the content of the literature.

PDM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family/caregiver will understand the lifestyle adaptations for prediabetes (PDM).

STANDARDS:

1. Explain that lifestyle adaptations are the key components to preventing or delaying the progression of PDM.
2. Emphasize that nutrition and physical activity aid in weight loss and are critical components in addressing insulin resistance.
3. Explain that use of tobacco products can exacerbate the disease process and lead to complications.

PDM-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Explain that medical nutrition therapy and increased physical activity are the key components of blood glucose control and that medication(s) may be prescribed as an adjunct to help prevent or delay the onset of diabetes and its complications.
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.

3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

PDM-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of prediabetes.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PDM-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritional management in the control of prediabetes (PDM).

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.

3. Identify techniques or strategies for eating out, social events, traditional eating practices, and family support in managing blood sugar.
4. Explain that emotional eating from boredom, anger, frustration, loneliness, and depression can interfere with blood sugar control, as appropriate. Alternative choices should be recommended.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

PDM-P PREVENTION

OUTCOME: The patient/family will understand major risk factors for development of prediabetes (PDM).

STANDARDS:

1. Discuss the risk factors for PDM, e.g., obesity, sedentary lifestyle.
2. Explain that following an appropriate meal plan and increasing activity levels will reduce the risk of progression of PDM.
3. Emphasize the importance of regular screening. Discuss current recommendations for screening.

PDM-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.
4. Explain the recommended frequency of various screenings.

PDM-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in prediabetes.

STANDARDS:

1. Explain that uncontrolled stress can:
 - a. contribute to insulin resistance
 - b. interfere with the treatment of prediabetes
2. Explain that effective stress management may reduce the adverse consequences of prediabetes, as well as help improve the health and well-being of the patient.

3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all which can increase the risk of morbidity and mortality and lead to diabetes.
4. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Talking with people you trust about your worries or problems
 - d. Setting realistic goals
 - e. Getting enough sleep
 - f. Maintaining a reasonable diet
 - g. Exercising regularly
 - h. Taking vacations
 - i. Practicing meditation, self-hypnosis, and positive imagery
 - j. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. Participating in spiritual or cultural activities
5. Discuss referrals as appropriate.

PDM-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan

d. recommendations based on the test results