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Understanding Hypoglycemia

Irene Sours, RN, WCC, Nurse Consultant

Hypoglycemia is defined as a blood glucose level less than 70 mg/dL according to American Diabetes Association. However, each person's reaction to hypoglycemia is different, so it's important that caregivers learn the signs and symptoms when a resident may be experiencing hypoglycemic a reaction.

Signs and Symptoms of Hypoglycemia (happen quickly)

- Shakiness
- Nervousness or anxiety
- Sweating, chills and clamminess
- Irritability or impatience
- Confusion, including delirium
- Rapid/fast heartbeat
- Lightheadedness or dizziness
- Hunger and nausea
- Sleepiness
- Blurred/impaired vision
- Tingling or numbness in the lips or tongue
- Headaches
- Weakness or fatigue
- Anger, stubbornness or sadness
- Lack of coordination
- Nightmares or crying out during sleep
- Seizures

Hypoglycemia often presents with atypical symptoms in the frail elderly. Neurological symptoms of hypoglycemia such as confusion or lethargy are more common than autonomic symptoms such as anxiety, nausea, palpitation, or sweating.

It is recommended that all LTC facilities develop and implement a policy and procedure for treating hypoglycemia.

Accepted optimal treatment is based on the "Rule of 15."

1. Give 15 g of glucose or carbohydrate, which is equivalent to any one of the following:
    - ½ cup juice
    - ½ cup apple sauce
    - 1 cup milk
    - 1 tube glucose gel
    - 3 glucose tablets
2. Wait 15 minutes
3. Recheck blood glucose levels. If level is still below the target, give another 15 g of glucose or carbohydrate. Assess for possible causes of hypoglycemia and document.

The goal of diabetes therapy is to normalize glucose levels without lowering them excessively. Virtually any diabetic treatment, however, is also capable of causing hypoglycemia. Hypoglycemia is a potentially life-threatening complication of diabetes therapy and is a significant cause of morbidity and mortality, especially in insulin-treated residents. Empowering residents, frontline staff, and families to recognize and report the signs and symptoms of hypoglycemia will minimize the risk of harm to the resident resulting from mild to severe hypoglycemia.

Risks of hypoglycemia should be weighed heavily during initiation or adjustment of diabetes treatment regimens. Patients should be taught the signs, symptoms, and proper treatment of hypoglycemia, as well has how to prevent it. Such precautions should allow medical practitioners to optimize glucose control while minimizing the risk of harm to their patients from mild or severe hypoglycemia.

NovoMedLink by Novo Nordisk offers education material to download and print for staff and resident teaching. Website: http://bit.ly/2inj4H2

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Psoriatic Arthritis (PsA)

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Psoriatic arthritis is an inflammatory arthritis seen in association with skin psoriasis. Skin psoriasis is a scaly red skin lesion that occurs on the skin (elbows, knees, and scalp). Psoriatic arthritis can affect any joint in the body, and it may affect just one joint or multiple joints. Psoriasis and psoriatic arthritis are both autoimmune conditions.

A person who has a history of psoriasis who begins to experiencing pain, stiffness, or swelling in and around their joints could possibly be experiencing psoriatic arthritis, or PsA.

How are PsA and psoriasis related?

- PsA effects up to 30% of psoriasis patients
- 80% of PsA patients develop the symptoms of psoriasis first
- On average, symptoms of PsA does not appear until 10 years after symptoms of psoriasis

PsA can cause pain and stiffness in joints on just one side (asymmetric arthritis) or both sides of the body (symmetric arthritis). While PsA can affect any joint in the body, swelling and pain in the fingers and toes is typical. The lower back, wrists, knees, or ankles may also be affected.

Symptoms may include the following:

- Swollen fingers and toes
- Back pain (lower back, upper back, and neck)
- Tender, painful, throbbing, or swollen joints
- Tender, painful, or swelling around tendons
- Reduced range of motion
- Morning stiffness
- General fatigue
- Changes to nails (pitting or separation from the nail bed)

Treatment options include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Disease modifying anti-rheumatic drugs
- Local steroid injections for certain joints

Patients with psoriasis and psoriatic arthritis are at an elevated risk of developing other chronic and serious health conditions.

- Increased risk for certain types of cancer, such as lymphoma and nonmelanoma skin cancer. Patients with psoriasis and psoriatic arthritis should incorporate regular cancer screening.
- Cardiovascular disease has been linked to patients with severe psoriasis, and they are more likely to have a major cardiac event and 43% more likely to have stroke.
- Crohn's and inflammatory bowel disease
- Depression
- Diabetes
- Metabolic syndrome
- Obesity
- Osteoporosis

Psoriatic arthritis is a very complex disease with serous comorbidities. As specialists in musculoskeletal disorders, rheumatologists are more likely to make a proper diagnosis and evaluate treatment options to prevent further joint damage. Disease progression will vary differently with every person.

Reference
https://www.psoriasis.org/psoriatic-arthritis
http://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Psoriatic-Arthritis

Resident Rights

Mary Burkart, RN, ICP, Inc.

Nursing Facilities must promote the rights for each resident, including any who face barriers (such as communication problems, hearing problems, and cognition limits). A resident, even if he or she is determined to be incompetent, should be able to assert these rights based on his or her degree of capability.

All residents have the following rights:

A. Access to visitors and private communication.

B. Belongings. Every resident has the right to keep and use his or her own personal belongings and property as long as doing so doesn't interfere with the rights, health, or safety of others.

C. Choice. Every resident has the right to make choices about his or her own life subject to the facility's rules, as long as those rules do not violate a regulatory requirement.

D. Dignity, privacy, and respect.

E. Express grievances without interference, coercion, discrimination, or punishment.

F. Freedom from abuse and restraints.

G. Guard confidentiality of personal and medical records.

H. Help with accommodating individual needs and preferences as long as it doesn't endanger anyone else.

I. Information. Every resident has the right to be informed of these rights and of everything that pertains to his or her life, health, or care.

J. Join activities and groups. Every resident has the right to organize and participate in group activities, including social, religious, and community activities of his or her choosing, inside or outside the facility.

The Ohio Department of Health surveys each long-term care facility in the state for compliance with resident rights and can cite a facility for non-compliance at the various levels leading to facility fines until they are shown to be back in compliance.

Severity Level 4: Immediate Jeopardy to Resident Health or Safety is a situation in which the facility's noncompliance with one or more requirements of participation: has allowed, caused, or resulted in (or is likely to allow, cause, or result in) serious injury, harm, impairment, or death to a resident; and requires immediate correction as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.

Severity Level 3: Actual Harm that is Not Immediate Jeopardy indicates noncompliance that resulted in actual harm that is not immediate jeopardy. The negative outcome can include but may not be limited to clinical compromise, decline, or the resident's inability to maintain and/or reach his/her highest practicable well-being.

Severity Level 2: No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy indicates noncompliance that resulted in a resident outcome of no more than minimal discomfort and/or had the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well-being.

Severity Level 1: No Actual Harm with Potential for Minimal Harm does not apply to Resident Rights, but may be cited for other facility issues.

Remember, someone in a long-term care facility has the same rights & responsibilities they always have, they are just in different living accommodations.

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Oxycodone IR VS Oxycodone ER: Know the Difference

Josephine Notter, RN WCC, ICP, Inc.

Medication errors due to look-alike sound-alike drugs are common and a concern for the nurse. When receiving orders, transcribing orders and administering ordered medications, important steps must be taken to provide a safe environment for patients. Oxycodone hydrochloride is an opioid painkiller. It is found in some prescription medications such as Percocet, Oxycontin, and Roxicodone. Oxycodone can be in different doses, strengths, and dosage forms. These products are look-alike/sound-alike drugs that can cause confusion when ordered and administered. Here are some important differences that will help you distinguish between the two medications – Oxycodone ER and Oxycodone IR.

Oxycodone ER is an extended- released medication indicated for severe pain. It delivers pain relief over a 12 hours period, and it is recommended for no more than twice a day dosing. This medication cannot be crushed. The dose for Oxycodone ER may be large but it is released slowly into the blood stream. Crushing this medication increases the danger of overdose and death to the patient. The brand name is OxyContin.

Oxycodone IR is an immediate-release medication that starts to works within a few minutes of administration. It delivers pain relief up to 6 hours. This medication maybe used for acute pain after surgery or as a PRN pain medication.

When taking orders from the physician, be sure to clarify ambiguous orders. Oxycodone ER/OxyContin is indicated for 12 hours usage. Oxycodone IR is indicated for every 4 to 6 hours usage. When administering the medication, complete your three checks before giving the medication to your patient. A patient that mistakenly is given the wrong product is a risk for overdoes, and death. Which med would you give if the order read: Oxycodone 10mg po every 12 hours for pain? Oxycodone 10 mg po every 6 hours for pain?

Consider clarifying and writing the order as follows:

- Oxycodone ER 10 mg po every 12 hours for pain
- Oxycodone IR 10mg po every 6 hours for pain.

Remember, if something does not look correct, or you are unsure – never guess or assume. Call for clarification before your make a deadly mistake.