

Urgent DM-2 Management Reminder Sheet

Assess clinical status, in consideration of urgent hospitalization:

- Vital signs, including fever, mental status
- Assess vascular volume status
- Consider acidosis: We do have on-site serum ketone measurement,
- Consider infection, eg UTI, pneumonia, abscess.

Determine patient's social situation, and availability of family or contacts who might help monitor health status and blood sugar.

Begin new or increasing insulin. For new diabetics, 10 units Lantus is reasonable and presents little risk for hypoglycemia.

Teach this sequence (until patient's abilities are challenged):

1. Symptoms of dangerous hyperglycemia or hypoglycemia
2. Insulin injection technique
3. Insulin syringe filling
4. Blood sugar testing

Prescribe and dispense:

- Metformin (usual starting dose: 500 BID)
- Insulin (usual starting dose, Lantus 10 units daily.
- Syringes (may need to pre-draw into daily doses if challenged)
- Glucometer, test strips, lancets

Obtain baseline labs, especially electrolytes, creatinine, hemoglobin_{A1C}. Consider CBC, urinalysis.

Arrange follow-up

- DM educator appointment
- If several days until next DM educator prg's available visit, patient can return for fingerstick sugar testing and dose discussions with nursing, administrative & medical director, any weekday. Google calendar will show if either or both are absent in coming days.
- Medical visit in less than a week.