

BEVERLY ADHC – SAMPLE DM CARE PLAN (HYBRID)

Problem	Intervention	Frequency	Goals
<p>1.Alteration in Endocrine status r/t Type2 diabetes mellitus with hyperglycemia,Type 2 diabetes mellitus with diabetic neuropathy AEB fatigue, generalized and BLE weakness, neuropathy and dizziness with sudden position changes.</p> <p>*Frequencies for remote/in-center interventions are indicated as maximum based on approved TAR. Service fx will be combination of both remote/in-center at frequency no greater than approved frequency.</p>	<p>(Remote Interventions)</p> <p>1.Work with participant to monitor and record BS readings when at home.</p> <p>2. Educate PTP/caregiver on s/sx of hyperglycemia (frequent urination, excessive thirst, dry/flushed skin) and hypoglycemia (drowsiness, tremors, pale/moist skin, hunger) and contact PMD for FBS <60 or >250mg/dl).</p> <p>3. Assess via doorstep/wellness check for signs of hyper/hypoglycemia.</p> <p>4. Educate on DM management, progression, complication, skin care(esp. foot care).</p>	<p>1. 1x/wk and PRN</p> <p>2. 1x/month and PRN</p> <p>3. 3x/wk.</p> <p>4. 1x/month and PRN.</p>	<p>PTP will continuously monitor BS while at home and will be maintained within acceptable range 80-120mg/dl without s/sx of hypo/hyperglycemia.</p> <p>PTP/caregiver will have satisfactory understanding of s/sx and contact center and PMD when present.</p> <p>PTP will have assessment for s/sx by RN via doorstep on days when not attending center.</p> <p>PTP will have satisfactory understanding of DM management details.</p>
	<p>(In-Center Interventions)</p> <p>1. Monitor FBS (notify PMD if <60 or >250).</p> <p>2. Educate PTP/caregiver on s/sx of hyperglycemia (frequent urination, excessive thirst, dry/flushed skin) and hypoglycemia (drowsiness, tremors, pale/moist skin, hunger) and contact PMD for FBS <60 or >250mg/dl).</p> <p>3. Assess for signs of hyper/hypoglycemia.</p> <p>4. Educate on DM management, progression, complication, skin care(esp. foot care).</p>	<p>1. 3x/week.</p> <p>2. 1x/month and PRN.</p> <p>3. 3x/wk.</p> <p>4. 1x/month and PRN.</p>	<p>PTP will have continuous monitoring of BS and will be maintained within acceptable range 80-120mg/dl without s/sx of hypo/hyperglycemia.</p> <p>PTP/caregiver will have satisfactory understanding of s/sx and contact center and PMD when present.</p> <p>PTP will have satisfactory understanding of DM management details.</p>