

St George Hospital, Renal Department – INTERNAL ONLY

Diabetic haemodialysis patient – management

Blood glucose monitoring during haemodialysis

Monitor BGL for all patients with diabetes requiring insulin and others as necessary eg high dose prednisone. Remember to check BGL if the patient goes flat because it might not be hypotension. Determine the cause of a high or low BGL so that preventable measures can be put in place.

If BGL is constantly high during dialysis treatments refer to usual healthcare provider for further management.

HbA1c

Should be monitored every three months. No fasting is required. The recommended level is below 7% for haemodialysis patients. Results above 7% suggest poor diabetes control and low readings mean the patients are experiencing hypoglycaemic episodes and action should be taken. The PN should refer the patient to the doctor responsible for diabetes management.

Ongoing diabetic management issues

The role of the PN is to educate and refer patients with issues related to diabetes management to the appropriate health care provider.

Foot care

Patients should receive foot education and be encouraged to observe feet daily and go to a podiatrist regularly.

Eye care

Yearly ophthalmology review

Diet and exercise program

Healthy lifestyle and regular exercise is important. Referral to dietician six monthly and as required.

Resources

The Diabetes Education Centre (DEC) is available to provide advice on diabetic management issues.