

DIABETES MELLITUS DISCLOSURE

INSTRUCTIONS: This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility.

_____ is committed in providing Quality of Care to all residents. For each
 (Facility Name)
 resident to receive and for _____ to provide the necessary care and services
 (Facility Name)

to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for the resident.

Diabetes Mellitus is a disease in which the body's ability to produce or respond to insulin (hormone) is impaired. This results in a buildup of extra sugar in the bloodstream. Diabetes is a disease of the endocrine system and has two primary forms:

- Type I: Insulin-producing cells in the pancreas are destroyed; the body can't make insulin. This type is referred to as insulin-dependent diabetes.
- Type II: The body fails to make enough or properly use insulin. This is the most common form of diabetes.

***Note:** The symptoms may vary in severity. Each resident may experience symptoms differently.

CLINICAL SYMPTOMS

Type I	<ul style="list-style-type: none"> • Polyuria (excessive secretion and discharge of urine), frequent urination • Polydipsia (excessive thirst) • Polyphagia (eating abnormally large amounts of food) • Weight loss • Fatigue • Dehydration • Nausea, vomiting, stomach pains • Urinary tract infections • Yeast infections
Type II	<ul style="list-style-type: none"> • Usually without symptoms in young persons – develops slowly over many years – symptoms develop in adult years • Frequent urinary tract infections; unexplained infections • Dry, itchy skin • Cold extremities – numbness, tingling or pain in the hands or feet • Poor skin turgor • Fatigue • Delayed wound healing • Polyuria (excessive secretion and discharge of urine) • Sexual problems, i.e., impotence • Feeling of nausea or fullness following a meal • Dry mucous membranes, i.e., dry mouth • Vision changes, i.e., blurred vision • Slow healing cuts or wounds • Unplanned weight loss • Decreased muscle strength

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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DIABETES MELLITUS DISCLOSURE

Persons with Type I and Type II Diabetes Mellitus may develop complications that put them at risk for:

- Ketoacidosis – blood acids develop combined with no enough insulin, leads to diabetic coma and death if not treated quickly
- Cardiovascular disease, i.e., hypertension, high cholesterol, stroke, chest pain, narrowing of arteries
- Peripheral vascular disease – any condition that causes partial or complete obstruction of blood flow to or from the arteries or veins outside the chest
- Retinopathy (damage to the retina) – may lead to blindness, cataracts, glaucoma. Failing eyesight may increase risk for falls.
- Nephropathy (disease of the kidneys) – may lead to renal failure or need for dialysis or transplant
- Diabetic dermopathy; stasis ulcers often develop with people who have diabetes
- Non-healing wounds
- Peripheral neuropathy – loss of sensation (or unpleasant sensations) in the feet or fingers. Sensory loss in the feet may result in undetected injuries that become infected or gangrenous.
- Amputations, lower extremities
- Impaired resistance to infection
- Skin infections
- Depression
- Hearing loss
- Dementia
- Dental problems
- Death

(*If not addressed in the plan of care: Specify resident condition, treatment options, expected outcomes, consequences of refusing treatment, resident's concerns, medications that may affect the disease process, and offer relevant alternatives if the resident has refused treatment.)

Additional Comments:

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

ACKNOWLEDGEMENT OF RECEIPT OF DIABETES MELLITUS DISCLOSURE

I, _____, acknowledge that I have received and reviewed a copy of
 (Resident/Resident Representative/Guardian)

_____ Diabetes Mellitus Disclosure which summarizes the clinical
 (Facility Name)

symptoms a resident diagnosed with Diabetes Mellitus may exhibit. Residents diagnosed with Diabetes Mellitus may suffer from complications/adverse events and clinical symptoms that are a result of the natural progression of the disease process.

The Resident/Resident Representative/Guardian acknowledges that complications/adverse events may occur as a result of the disease process.

This facility recognizes the relationship between the Resident and the Resident Representative/Guardian is a critical element in identifying all of the resident's disease symptoms. The facility staff and physician requests that the Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with _____ when there
 (Resident/Resident Representative/Guardian)
 is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for the resident.

By signing, the Resident/Resident Representative/Guardian acknowledges the clinical symptoms and complications/risks associated with Diabetes Mellitus, as well as the importance of participation in the overall plan of care for this resident.

ACKNOWLEDGEMENT SIGNATURES

 Resident/Resident Representative/Guardian Date Signed

If signed by Resident Representative/Guardian, complete the following:

Print Name _____ Relationship _____

Person completing this form: _____
 Signature and Title Date Signed

Witness signature: _____
 Date Signed

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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