

LC

**DIABETES IN SPECIAL & VULNERABLE POPULATIONS:
Learning Collaborative**

**Diabetes Continuum of Care: Improving Emergency
Preparedness for Diabetes Management**

Session #2

Tuesday, March 14, 2023
11 am PT / 1pm CT / 2pm ET

Welcome!

We will begin in a few minutes



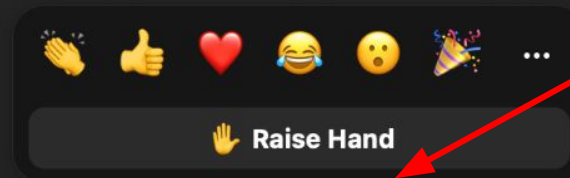
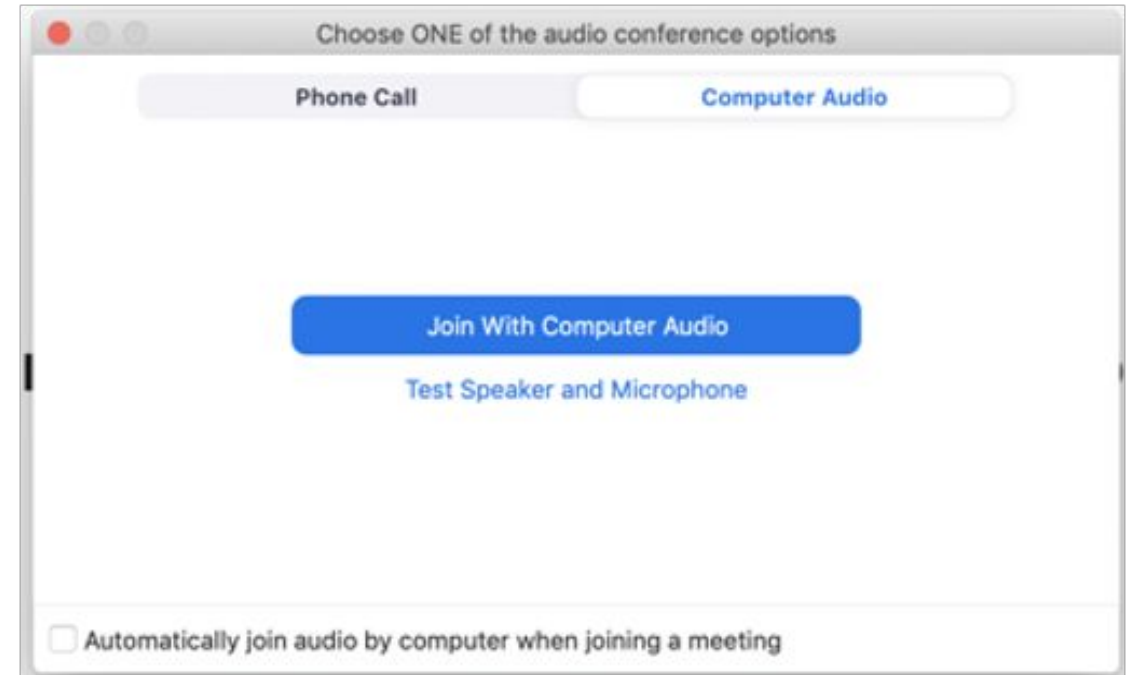
Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

ZOOM Controls

Please mute yourself. If you have a question, please raise your hand or send a question in the chat box.

Questions can come in at any time through the Chat box. The panelists will be monitoring the chat box throughout the session.

We encourage you to turn on your video, if you are willing and able to do so.



ABOUT THE LEARNING COLLABORATIVE

Diabetes affects more than 34 million people in the United States. Multi-tiered efforts to prevent, treat and manage diabetes are critical in reducing the burden of diabetes, particularly for special and vulnerable populations, which have unique characteristics that affect culturally and linguistically competent health care access and utilization. According to 2018 Uniform Data System (UDS), diabetes poses a unique challenge for the HRSA Health Center Program because 1 of 7 patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.

To elevate the national conversation around diabetes, **14 National Training and Technical Assistance Partner (NTTAP) organizations** formed the Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address diabetes among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

The Learning Collaboratives are **sponsored by HRSA** and will take a deeper dive into issues related to the roles of enabling services staff, developing patient-center resources, improving diabetes care and health equity, and management during a disaster in diabetes care and management.

For information about the Diabetes Task Force, visit chcdiabetes.org today.

Special and Vulnerable Populations Task Force Members:



For more information on our NTTAP Partners, visit chcdiabetes.org



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

NTTAP Faculty



Dr. Jose Leon
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Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

Understanding the Barriers to Effective Emergency Preparedness for Diabetic Patients

Learning Objectives:

- Discuss the challenges faced by patients with diabetes during emergencies
- List potential diabetes complications that can be exacerbated during emergencies
- Consider preparedness actions to help patients with diabetes during emergencies





Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

Opening Question:

Based on your health center assessment, what are the type of emergencies your patients need to prepare for?



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Prepare for the Unexpected





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Poll Question

Which of the choices below is considered an immediate challenge faced by patients with diabetes during emergencies?

- a. Access to healthy food
- b. Having enough medication
- c. Access to care
- d. All of the above





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Background



- **Disasters, such as hurricanes, floods, earthquakes, power outages, terrorism, wars, and tornadoes, frequently occur without warning and can seriously threaten lives, especially those with chronic illnesses such as diabetes.**
- **Survivors are often without: electricity, refrigeration, means of communication, or transportation, and there are shortages of food, clothing, and shelter.**
- **Access to medical facilities, providers, medical records, and medications may be limited.**



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

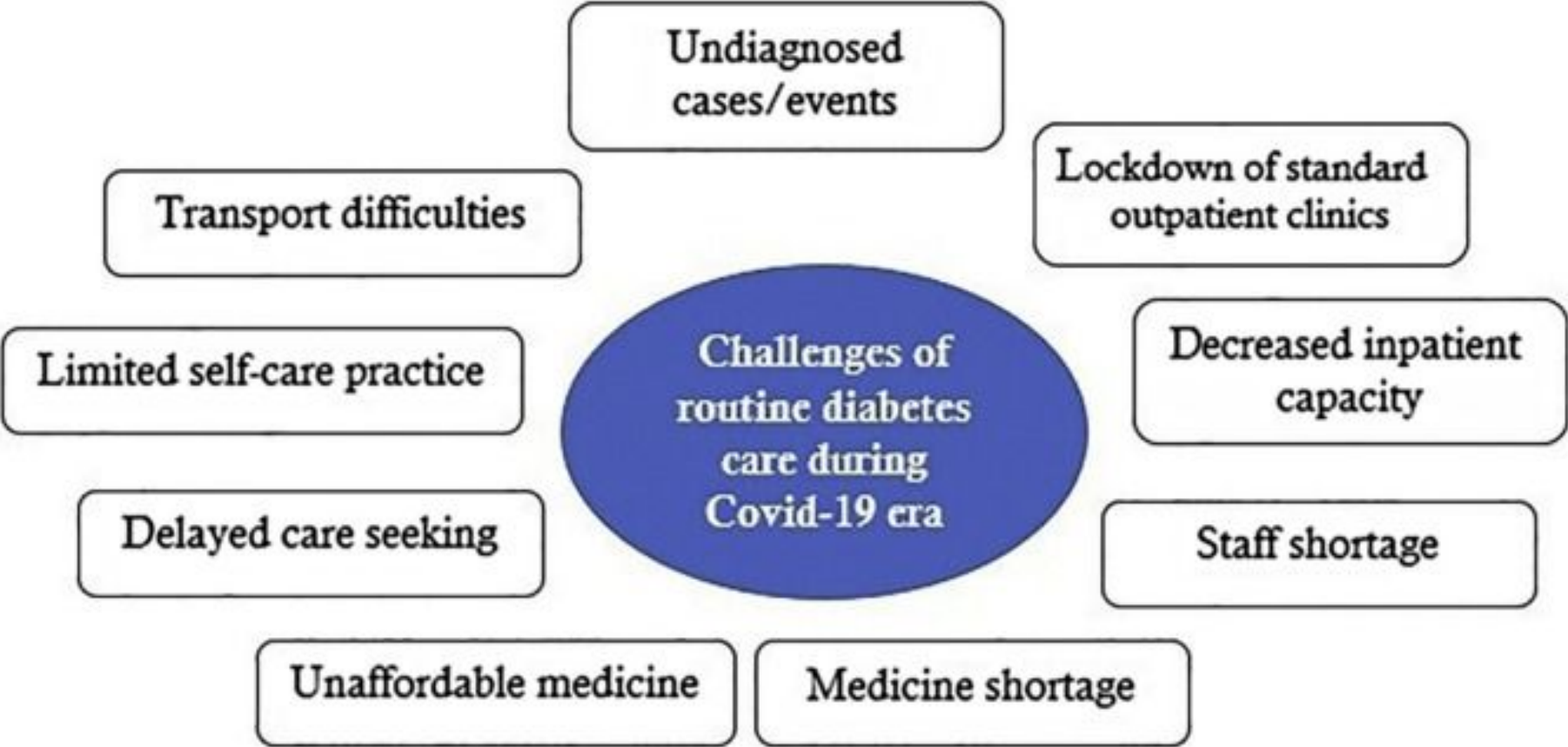
Background



- When the healthcare system is damaged, it may be harder for people with diabetes and other chronic conditions to get the ongoing care and treatment they need.
- Early planning may increase the resiliency of people with diabetes before, during, and after disasters.



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management



Mohseni M, Ahmadi S, Azami-Aghdash S, Mousavi Isfahani H, Moosavi A, Fardid M, Etemadi M, Ghazanfari F. Challenges of routine diabetes care during COVID-19 era: A systematic search and narrative review. *Prim Care Diabetes*. 2021 Dec;15(6):918-922. doi: 10.1016/j.pcd.2021.07.017. Epub 2021 Aug 2. PMID: 34393092; PMCID: PMC8326007.



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

| Theme | Sub-Theme | Text |
|-------------|---------------------|---|
| Food | Power | <p>"My power went out for about seven days, so we ended up cooking everything we had in the freezer, but some of the churches had hot meals.."</p> <p>"We couldn't cook a lot of things without power. They weren't in the shelters during Florence."</p> |
| | Diabetes Management | <p>"Accessing a balanced diet was hard. We didn't have access to food. Our stores were shut down."</p> <p>"And with diabetes, the kind of food you have to eat—it's hard to get it."</p> <p>"Everybody had to change [their diet]. You ate all your reserves, ate out of a can, and when you went to the store, everything was gone or very expensive."</p> |

Travia KR, Kahkoska AR, Igudesman D, Souris KJ, Beasley C, Mayer-Davis EJ. Impact of Hurricane Matthew on Diabetes Self-Management and Outcomes. N C Med J. 2021 Mar-Apr;82(2):100-107. doi: 10.18043/ncm.82.2.100. PMID: 33649123; PMCID: PMC8230667.



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| Theme | Sub-Theme | Text |
|--------------------|--------------------|--|
| Food | Emergency Shelters | "The Red Cross—they don't care about us. The food doesn't benefit us." |
| | Community | "There were [many] going through this and they worked together...to get food and we all went together." |
| Medications | Emergency Shelters | "CVS came down [to the shelter] to fill the prescriptions. One [time] in eight days." "As far as it goes for my doctor, I can just reach out. Like I can just use my phone to email my pharmacist to get it sent in, but if I'm at the shelter without my phone, somebody needs to be able to go and get it..." |



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| Theme | Sub-Theme | Text |
|-------------|-----------|---|
| Medications | Community | "I guess you could get your medicine before, like if you see it on the radio, TV or news, you can go and get everything you need." "If the pharmacy or drug store was closed, you couldn't get [your medications]. Many of them were robbed to get the medicines." |
| | Flooding | "Those shelters need to be able to have the medications for you. In case the storm hit [and] you didn't pack your insulin, they need to be able to have that insulin for you." "I was out of my medication and [the closest supplier] was 170 miles away." |



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| Theme | Sub-Theme | Text |
|--|---------------------|---|
| Diabetes Supplies and Community Resources | Power | "If you didn't have a cell phone, when the power went out, there was no way to get in contact with the doctor." |
| | Diabetes Management | "There were a lot of changes you have to go through [when evacuating]. And we couldn't carry it all with us because carrying all that I have to medically...the old oxygen thing with us was a big inconvenience." "I think it was harder for everyone. It was something new to us. When Florence came along, at least we had some idea of what to do. But when Matthew came, we were in the dark about everything." |



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| Theme | Sub-Theme | Text |
|--|---------------------|---|
| Diabetes Supplies and Community Resources | Diabetes Management | "[Diabetes education] would've helped during this time." "...it didn't take but three days, but I was out of my test strips [then]." |
| | Emergency Shelters | "Yeah just having someone to check your blood pressure and blood sugar [at the emergency shelters] is needed. Like if you get sick, who does that?" |
| | Community | "During Hurricane Matthew, they seemed more readily available for us to fill out the FEMA application. My situation is a little different... I'm still out of my home." "Gas prices went sky high. Prices everywhere." |



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| Theme | Sub-Theme | Text |
|--|-----------|---|
| Diabetes Supplies and Community Resources | Flooding | "No transportation to [the doctor's office]. Roads were closed and you couldn't get to it...they weren't open anyways..." |

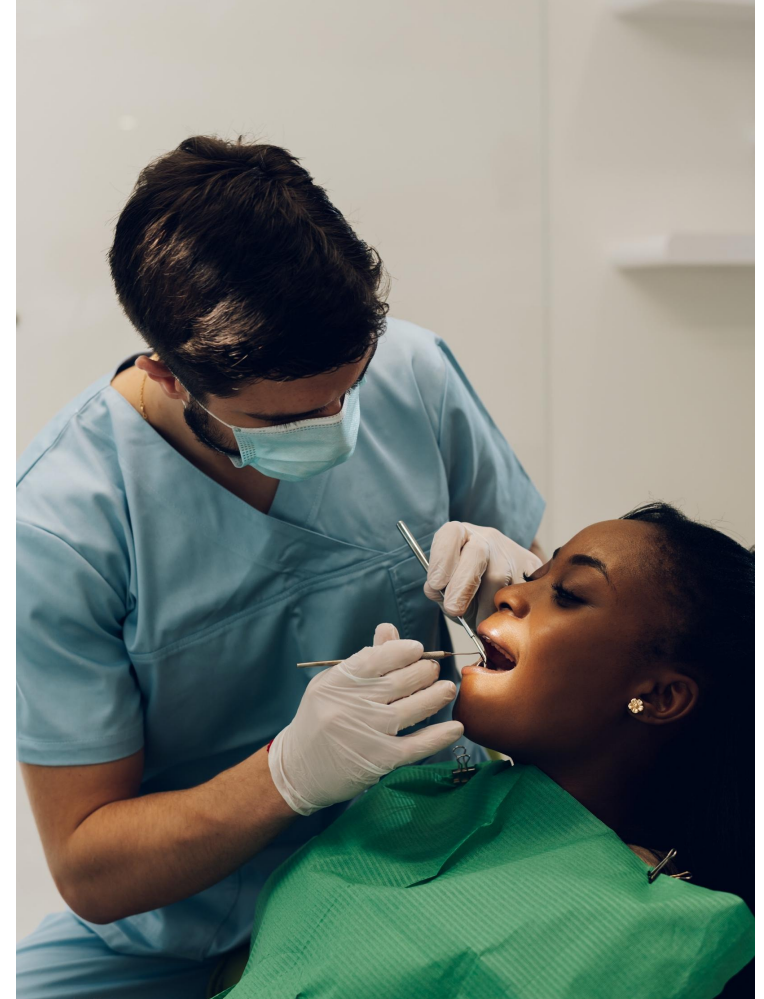


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Poll Question

Wound care is an important priority for patients with diabetes during an emergency.

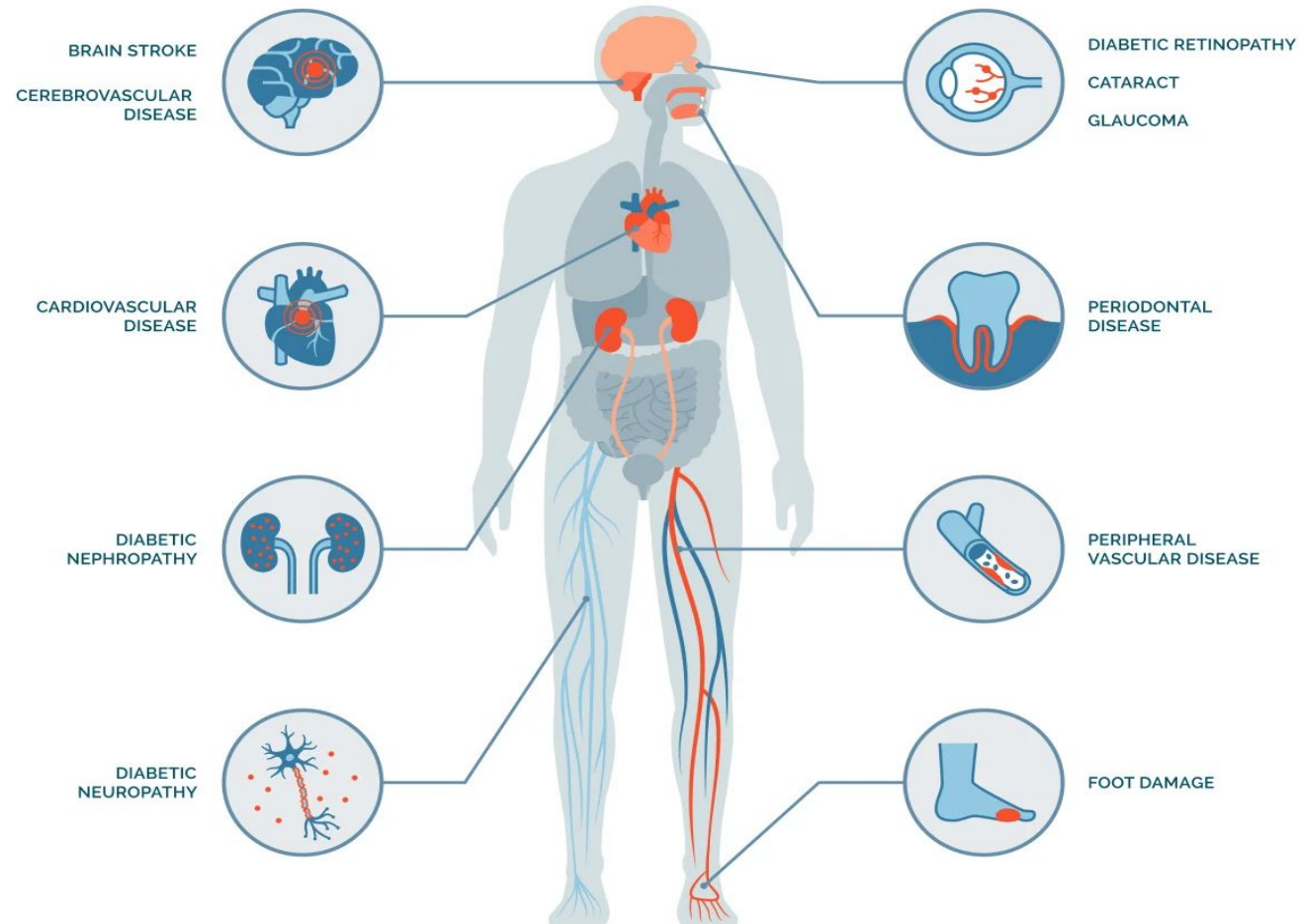
- a. True
- b. False





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Potential Diabetes Complications





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Hyperglycemia and Hypoglycemia

Table 5. Number and rate of emergency department visits per 1,000 adults aged 18 years or older with diabetes for selected causes, United States, 2018

| Risk factor | Number | Crude rate per 1,000 (95% CI) |
|-------------------------------------|------------|-------------------------------|
| Diabetes as any listed diagnosis | 17,180,000 | 68.3 (63.3–73.3) |
| Hyperglycemic crisis | 248,000 | 9.9 (9.1–10.6) |
| Diabetic ketoacidosis | 223,000 | 8.9 (8.2–9.5) |
| Hyperosmolar hyperglycemic syndrome | 25,000 | 1.0 (0.9–1.1) |
| Hypoglycemia | 242,000 | 9.6 (8.9–10.3) |

Source: CDC.gov



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Hypoglycemia

Table 1

IHSG Definitions of Clinically Relevant Levels of Hypoglycemia

- Level 1:** A glucose-alert level ≤ 70 mg/dL (3.9 mmol/L)
- Level 2:** A glucose level < 54 mg/dL (3 mmol), indicating serious, clinically important hypoglycemia
- Level 3:** Severe hypoglycemia associated with severe cognitive impairment requiring assistance for recovery

*IHSG: International Hypoglycaemia Study Group.
Source: Reference 1.*

Table 2

Classification System for Hypoglycemia

| Classification | Documented BG | Neuroglycopenic Symptoms | Neurogenic Symptoms |
|-------------------------------------|--|---|---------------------|
| Severe hypoglycemia ^a | < 70 mg/dL, often much lower (e.g., ≤ 40 mg/dL) | Yes | Most likely |
| Documented symptomatic hypoglycemia | < 70 mg/dL | If symptoms present, hypoglycemia most likely severe ^a | Yes |
| Asymptomatic hypoglycemia | < 70 mg/dL | No | No |
| Probable symptomatic hypoglycemia | Likely low, but not confirmed by testing | Maybe | Most likely |
| Relative or pseudohypoglycemia | Normal, but likely lower than usual for patient | Maybe | Most likely |

^a Severe hypoglycemia is any hypoglycemic event requiring resuscitative action, including administration of a carbohydrate, glucagon, or other therapy.
BG: blood glucose.
Source: Reference 1.

HYPOGLYCEMIA TREATMENT GUIDELINES 2/2016

Practitioner order **REQUIRED** for any treatment requiring medication administration (i.e. D50%, Glucagon)

| | Responsive, Able to Eat | | Responsive, NPO, with IV Access | | Responsive, NPO, without IV Access | Unresponsive, With IV Access | Unresponsive, without IV Access |
|---------------------------|--|---------------------------------|---|------------------------------------|--|---|--|
| | FS 50-70 | FS <50 | FS 50-70 | FS <50 | FS < 70 | FS < 70 | FS < 70 |
| Fingerstick (FS) | FS 50-70 | FS <50 | FS 50-70 | FS <50 | FS < 70 | FS < 70 | FS < 70 |
| Medications / Treatment | 15 grams simple carbs (4 oz) * | 30 grams simple carbs (8 oz) ** | ½ amp (12.5 Grams) D50% IVP X 1 dose | 1 amp (25 Grams) D50% IVP x 1 dose | Glucagon 1mg IM x 1 | 1 amp (25 Grams) D50% IVP x 1 dose | Glucagon 1mg IM x 1 |
| Practitioner Notification | Required | | Required | | Required | Required & call RRT | Required & call RRT |
| Other Interventions | | | | | <ul style="list-style-type: none"> Turn patient on left side in case of vomiting Obtain IV Access | | <ul style="list-style-type: none"> Turn patient on left side in case of vomiting Obtain IV Access |
| Repeat FS | Repeat FS in 15 minutes | | Repeat FS in 15 minutes | | Repeat FS in 15 minutes | Repeat FS in 15 minutes | Repeat FS in 15 minutes |
| Repeat Treatment, prn | If repeat FS remains <100, give 15 grams of simple carbs and obtain FS 15 minutes later. Continue this treatment until FS ≥ 100 | | If repeat FS remains <100, administer ½ amp D50% IVP and obtain FS 15 minutes later. Continue this treatment until FS ≥ 100 | | If repeat FS remains <100, <u>If IV access obtained</u> , follow steps for “Responsive, NPO, with IV Access” <u>If IV access unsuccessful</u> , administer Glucagon 1mg IM X 1 and notify practitioner ***Do not administer more than 2 doses of glucagon in total. | If repeat FS remains <100, administer 1 amp D50% IVP and obtain FS 15 minutes later. Continue this treatment until FS ≥ 100 | <u>If repeat FS remains <100</u> , <u>If IV access obtained</u> , follow steps for “Unresponsive, with IV Access” <u>If IV access unsuccessful</u> , administer Glucagon 1mg IM X 1 and notify practitioner ***Do not administer more than 2 doses of glucagon in total. |
| After FS ≥ 100 | Once FS is corrected to ≥ 100: <u>If patient is not NPO</u> : if patient is not expected to eat a meal within 1 – 1 ½ hours, a snack (15 grams of carbs AND a protein or fat choice) should be provided to help stabilize blood sugars. Nursing should call the diet office to request a half sandwich or the standard diabetic snack for the day, or if dietary office is closed, provide the Nabisco Ritz cheese cracker sandwiches from the hypoglycemia dietary kit. <u>If patient is NPO</u> , collaborate with practitioner for additional orders. | | | | | | |

*15 grams of simple carbs = 4 oz apple or cranberry juice

**30 grams of simple carbs = 8 oz apple or cranberry juice

AVOID orange juice & AVOID adding sugar packets to juice

***Notes about Glucagon IM

- Blood glucose should rise within 10 minutes of injection and peak effect is reached in 30 minutes
- Repeating the Glucagon dose may make nausea/vomiting more likely without raising the blood glucose level any further
- It can cause more insulin to be released and potential for secondary rebound hypoglycemia



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Hypoglycemia

ASSESSMENT:

Signs and symptoms of hypoglycemia could include the following:

Signs and Symptoms

- | | |
|--|---|
| <ul style="list-style-type: none">• Swelling• Facial Pallor• Shakiness/Tremors• Increased Appetite• Nausea• Dizziness or light-headedness• Sleepiness• Weakness | <ul style="list-style-type: none">• Rapid heart rate• Headache• Tingling around mouth and tongue• Change in Level of Consciousness (ranging from confusion to coma)• Seizures |
|--|---|



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Hyperglycemia and Ketoacidosis

What are the symptoms of hyperglycemia?

The signs and symptoms include the following:

- **High blood glucose**
- **High levels of glucose in the urine**
- **Frequent urination**
- **Increased thirst**

Ketoacidosis is life-threatening and needs immediate treatment. Symptoms include:

- **Shortness of breath**
- **Breath that smells fruity**
- **Nausea and vomiting**
- **Very dry mouth**





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Emergency Treatment for Severe Hyperglycemia

If you have signs and symptoms of diabetic ketoacidosis or hyperosmolar hyperglycemic state, you may be treated in the emergency room or admitted to the hospital. (4p4)

Emergency treatment can lower your blood sugar to a normal range. Treatment usually includes:

- **Fluid replacement.** You'll receive fluids—usually through a vein (intravenously)—until your body has the fluids it needs. This replaces fluids you've lost through urination. It also helps dilute the extra sugar in your blood.
- **Electrolyte replacement.** Electrolytes are minerals in your blood that are necessary for your tissues to work properly. A lack of insulin can lower the level of electrolytes in your blood. You'll receive electrolytes through your veins to help keep your heart, muscles and nerve cells working the way they should.
- **Insulin therapy.** Insulin reverses the processes that cause ketones to build up in your blood. Along with fluids and electrolytes, you'll receive insulin therapy—usually through a vein.



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Insulin Storage and Switching:

In disasters, insulin storage can become challenging.

- Insulin that is not currently in use is recommended to be stored in a refrigerator at approximately 36° F – 46° F. If unopened and stored in this manner, insulin may be used until the expiration date.
- Insulin products in vials or cartridges (opened or unopened) may be left unrefrigerated at a temperature between 59°F – 86° F for up to 28 days. However, if the insulin has been altered (diluted or removed from original vial) it should be discarded within 2 weeks.
- Insulin pens that are not in use and are refrigerated can be used until their expiration date.
- Insulin pens that are in use should not be refrigerated. General guidelines for use are as follows:
 - Short-acting insulin pens are good for 28 days
 - NPH pens are good for 14 days
 - NPH combination premixed pens are good for 10 days.
 - Detemir pens are good for 42 days.
 - Glargine pens are good for 28 days.
 - There may be variations based on the formulation so it is important to check to confirm how many days the pens can be used once in use.^[15]
- Switching insulin should always be done in consultation with a physician but if this is not possible in an emergency situation, the following website may be referenced: <http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085213.htm>



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Poll Question

Please answer this question in the chat.

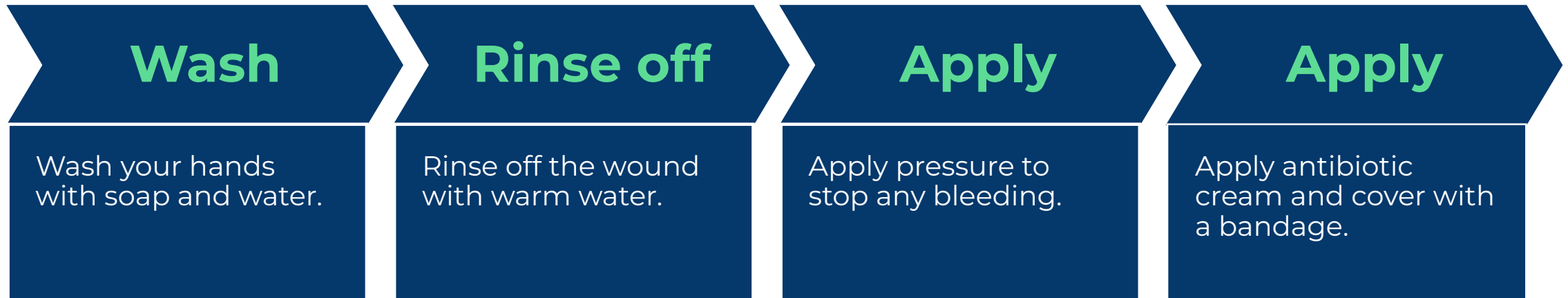
What services does your health center provide to help patients with diabetes during emergencies?





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Wound Care



Signs to watch for include:

- **A reddish line around the wound, which becomes black**
- **Loss of sensation around the wound**
- **Skin that has turned an unusual color, such as red, blue, bronze or greenish-black**
- **Wounds that repeatedly reappear in the same place**



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Prevention is the Key



Information Source: American Diabetes Association

- **People with Diabetes:** 1-800-DIABETES is available from 9:00 a.m. to 5:30 p.m. ET, Monday through Friday for individuals with diabetes who have questions about diabetes medicine and supplies: diabetesdisasterresponse.org/diabetes-resource-s-update
- **Health Care Providers:** 1-314-INSULIN is a hotline for physicians and health care providers to report diabetes supply shortages and request support.
- **First Responders and Health Care Providers:** DDRC Insulin Switching Guide: In the event that a person must switch insulin, this resource provides guidance for professionals: diabetesdisasterresponse.org/healthcare-providers-resources
- **Tips for First Responders** are also available on the DDRC website with critical diabetes information to support people in need of help: diabetesdisasterresponse.org/healthcare-providers-resources
- **Diabetes Disaster Response Coalition**



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How to Prepare:

- Obtain good diabetes education
- Be up-to-date with immunizations
- Keep a waterproof and insulated disaster kit
- Identify yourself as having diabetes
- Get enough fluids
- Watch out for hypoglycemia
- Dealing with a lack of food
- Medications
- Watch out for infections





Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

Pre and Post Disaster Fundamentals- Diabetes

Pre-disaster

1. Patient education and preparedness

Basic safety information; awareness of health care options; location of shelters; improved health literacy regarding medications; communication regarding stocking special dietary needs and medications

2. Evacuation

Communication regarding contents of evacuation "Kit," including medications; transportation options for the indigent; plan for special populations (eg, dialysis, nursing home); culturally and linguistically appropriate public announcements

3. Special needs shelters

Widely distribute location and requirements; pre-register patients; train staff and hold drills

4. Health care provider and organization preparedness

Back up medical records; stockpile necessary supplies, both basic (food, water, batteries) and medical (eg, trauma and emergency kits, medication kits including generic chronic disease medications); insure communication capabilities within and between organizations post-disaster; address health care staff needs, as they are also personally under the duress of the disaster situation; develop strong local networks across institutions responsible for disaster response and recovery, health care support institutions (ie, pharmacies)...



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Pre and Post Disaster Fundamentals- Diabetes

Post-disaster

1. Provider-patient communication

Collect multiple means of emergency patient contact information, including one contact outside the local area; record patient disaster plans (eg, where they might seek shelter); use multiple media outlets (eg, TV, radio, internet) to disseminate information both pre- and post-disaster; establish a 1-800 number outside the local area for patient use; train staff on the use of emergency communication devices and on their expected role in disaster through frequent drills; disseminate medical/medication information at basic needs distribution points

2. Volunteer coordination

Maintain registry of volunteers and match them with local entities (conducted at designated local entity charged with medical relief); ensure timely credentialing of healthcare volunteers and waive or reduce fees

3. Management of donations

Funnel medications and medical supplies through designated local entity charged with medical relief; improve communications between donators and local groups (when possible, pre-disaster); discourage sending of expired medications; utilize local networks to share surpluses



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PATIENT PREPAREDNESS PLAN

DO YOU OR A LOVED ONE HAVE DIABETES AND USE INSULIN?

Make a plan to stay healthy during natural disaster or emergency

Managing diabetes can be even harder when you are dealing with a major storm, loss of electricity, and possible evacuation from your home. Building a "diabetes kit" now can save a lot of worry and time when a disaster strikes. A checklist template is included for your use.



Your diabetes kit can be stored in an easy-to-carry waterproof bag or container to hold the documents, information, and supplies that you will want to have with you.

Important Information to Keep In Your Kit - Write down or copy the following:

- Type of diabetes you have
- Other medical conditions, allergies, and previous surgeries
- Current medications, doses, and time you take them. Include your pharmacy name, address and phone number.
- Previous diabetes medications you have taken
- A letter from your diabetes care team with a list of your most recent diabetes medications, if possible.
- A copy of your most recent laboratory result, like A1C results
- Make, model and serial number of your insulin pump or CGM. Include pump manufacturer's phone number in case you need to replace your device.
- Doctor's name, phone number, and address
- Phone numbers and email addresses for your family, friends, and work. Include out-of-town contacts.
- A copy of your health insurance card
- A copy of your photo ID
- Cash



PLAN DE PREPARACIÓN DEL PACIENTE

¿USTED O UN SER QUERIDO VIVE CON DIABETES Y UTILIZA INSULINA?

Haga un plan para mantenerse saludable durante un desastre natural o emergencia

Manejar la diabetes puede ser mucho más difícil cuando se acerca un evento atmosférico, hay pérdida de electricidad y se ve ante una posible evacuación de su hogar. Crear un "kit de diabetes" ahora puede ahorrarle muchas preocupaciones y tiempo cuando ocurre un desastre. Incluimos una plantilla de verificación de los artículos necesarios para su preparación.



Su kit para la diabetes puede guardarse en una bolsa o recipiente impermeable fácil de transportar, guarde ahí los documentos, la información y los suministros que desea llevar consigo.

Información importante para guardar en su kit: escriba o copie lo siguiente:

- Tipo de diabetes con que vive
- Otras afecciones médicas, alergias y cirugías previas
- Medicamentos actuales, dosis y horarios en que los toma. Incluya el nombre de su farmacia, dirección y número de teléfono
- Medicamentos previos para la diabetes que haya tomado.
- Una carta de su equipo de cuidado de la diabetes con la lista de los medicamentos de diabetes más recientes, si es posible.
- Una copia de los resultados de laboratorio más recientes, como los resultados de A1C
- Marca, modelo y número de serie de su bomba de insulina o CGM. Incluya los números de teléfono de los fabricantes en caso de que necesite reemplazar su dispositivo.
- Nombre del doctor, número de teléfono y dirección.
- Números de teléfono y direcciones de correo electrónico de su familia, amigos y trabajo. Incluya contactos fuera de la ciudad.
- Copia de su tarjeta de seguro de salud
- Copia de su identificación con foto
- Dinero en efectivo





Source: Adapted from American Association of Clinical Endocrinologists (AACE) - My Diabetes Emergency Plan. For additional emergency preparation resources for people with diabetes, visit: <http://mydiabetesemergencyplan.com/>

Fuente: Adaptado de la Asociación Estadounidense de Endocrinólogos Clínicos (AACE) - My Diabetes Emergency Plan. Para recursos de preparación de emergencia adicionales para personas con diabetes, visite: <http://mydiabetesemergencyplan.com/>



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| Checklist  | |
|--|--------------------|
| Important Information to Keep in Your Kit - Write down or copy the following: | Check if Completed |
| Type of diabetes you have | |
| Other medical conditions, allergies, and previous surgeries | |
| Current medications, doses, and time you take them. Include your pharmacy name, address and phone number. | |
| Previous diabetes medications you have taken | |
| A letter from your diabetes care team with a list of your most recent diabetes medications, if possible. | |
| A copy of your most recent laboratory result, like A1C results | |
| Make, model and serial number of your insulin pump or CGM. Include pump manufacturer's phone number in case you need to replace your device. | |
| Doctor's name, phone number, and address | |
| Phone numbers and email addresses for your family, friends, and work. Include out-of-town contacts. | |
| A copy of your health insurance card | |
| A copy of your photo ID | |
| Cash | |
| Diabetes Supplies | |
| Additional week supply (or more) of all medications, including insulin and Glucagon, if prescribed. | |
| Supplies to check your blood sugar, like testing strips and lancets. Don't forget extra batteries! | |
| Extra supplies for insulin pump or CGM | |
| Cooler and reusable cold packs: Note: Do NOT use dry ice and do not freeze the medication | |
| Empty plastic bottle or sharps container to safely carry syringes, needles and lancets | |
| Items to treat high blood sugar such as pump supplies (infusion sets) and/or syringes | |
| Items to treat low blood sugar (hypoglycemia), like: Juice, regular soda, honey, hard candy Glucose tablets, Glucagon | |
| Document for others that identifies specific signs of high and low blood sugar. Helpful if a person is unable to communicate, signs can be mistaken for drug or alcohol intoxication. | |
| Other Supplies to Pack | |
| 2-day supply of non-perishable ready-to-go food, like: Pre-packaged tuna, beans, cheese and cracker | |
| snacks; nuts or nut butters; high fiber cereals; high-fiber/protein granola bars; dried fruits; anything according to dietary restrictions | |
| A 3-day supply of bottled water (or more) | |
| Pen/pencil and notepad to record blood sugar, other test results and any new signs/symptoms | |
| First aid supplies like bandages, cotton swabs, and antibiotic ointments or creams | |
| Extra clothing, including socks and undergarments | |
| Cell phone and charging supplies for phone and pump including battery pack | |
| Flashlight and batteries | |

| LISTA DE VERIFICACIÓN  | |
|---|-----------------------|
| Información importante para guardar en su kit: escriba o copie lo siguiente: | Marque si se completó |
| Tipo de diabetes con que vive | |
| Otras afecciones médicas, alergias y cirugías previas | |
| Medicamentos actuales, dosis y horarios en que los toma. Incluya el nombre de su farmacia, dirección y número de teléfono. | |
| Medicamentos previos para la diabetes que haya tomado | |
| Una carta de su equipo de cuidado de la diabetes con una lista de sus medicamentos para la diabetes más recientes, si es posible. | |
| Una copia de los resultados de laboratorio más recientes, como los resultados de A1C | |
| Marca, modelo y número de serie de su bomba de insulina o CGM. Incluya el número de teléfono del fabricante de la bomba en caso de que necesite reemplazar su dispositivo. | |
| Nombre del doctor, número de teléfono y dirección | |
| Números de teléfono y direcciones de correo electrónico para su familia, amigos y trabajo. Incluye contactos fuera de la ciudad. | |
| Una copia de su tarjeta de seguro de salud | |
| Una copia de su identificación con foto | |
| Dinero en efectivo | |
| Suministros para la diabetes | |
| Suministros necesarios para un periodo de una semana o más de todos los medicamentos, incluso insulina y glucagón, si se prescriben | |
| Suministros para medir su nivel de azúcar en la sangre, como tiras reactivas y lancetas. ¡No olvide baterías adicionales! | |
| Suministros adicionales para bomba de insulina o MCG | |
| Enfriador y compresas frías reutilizables Nota: NO use hielo seco y no congele los medicamentos | |
| Botella de plástico vacía o contenedor de objetos punzantes para transportar con seguridad jeringas, agujas y lancetas | |
| Artículos para tratar el nivel bajo de azúcar en la sangre (hipoglucemia), como: jugo, refresco regular, miel, caramelos duros (sin azúcar), tabletas de glucosa, glucagón | |
| Documento para que otros identifiquen signos específicos de niveles altos y bajos de azúcar en la sangre. Útil si una persona no puede comunicarse, los signos pueden confundirse con intoxicación por drogas o alcohol.alcohol intoxication. | |



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

10 Preparedness Actions to Help Your Organization Remain Open:

- Identify the people you served
- Understand risks
- Mitigate risks
- Determine essential activities
- Consider the supply chain
- Safeguard critical information
- Establish a communications plan
- Cross-train key individuals
- Formalize plan
- Regularly test and update plans

https://community.fema.gov/PreparednessCommunity/s/open-training?language=en_US



Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

Upcoming Sessions

- **Session 3: The Value of Effective Patient Engagement**
 - **Tuesday, March 21st @ 11am-12pm PST | 2-3 pm EST**
- **Session 4: Planning Ahead to Stay Healthy**
 - **Tuesday, March 28th @ 11am-12pm PST | 2-3 pm EST**

Contact Information

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Diabetes Continuum of Care: Improving Emergency Preparedness for Diabetes Management

Session Evaluation

Before signing-off, please complete our quick session poll to help us evaluate how today's session went for you.

Evaluation Questions for each session

1. Overall, how satisfied are you with this session? (Single Choice) *

- 5 - Extremely satisfied
- 4 - Very satisfied
- 3 - Moderately satisfied
- 2 - Somewhat satisfied
- 1 - Not at all satisfied

2. How confident are you that you will be able to apply information from this session at your health center/organization? (Single Choice) *

- 5 - Extremely confident
- 4 - Very confident
- 3 - Moderately confident
- 2 - Somewhat confident
- 1 - Not at all confident

3. Based on your level of knowledge prior to the session, how would you rate changes to your knowledge as a result of the session? (Single Choice) *

- 5 - Extremely high level of knowledge gained
- 4 - High level of knowledge gained
- 3 - Moderate level of knowledge gained
- 2 - Low level of knowledge gained
- 1 - No knowledge gained

THANK YOU!

For information about the Special and Vulnerable Populations Diabetes Taskforce, visit chcdiabetes.org today.

Feel free to contact our NTTAP collaborating partners and speakers from today's learning collaborative:

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