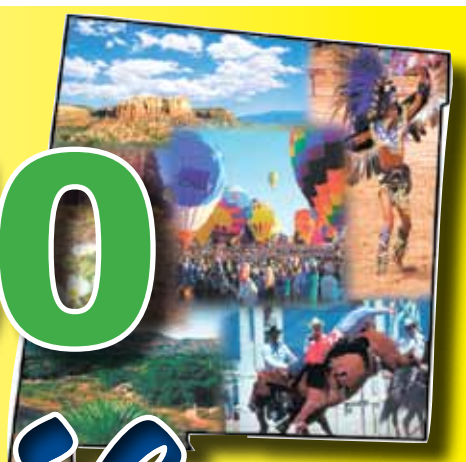


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Adapting Clinical Practice When Caring for Homeless Diabetics

Bernadette Lee, MSN, RN

Homeless patients have more difficulty managing their diabetes than the regular population. According to the Health Care for the Homeless Clinicians' Network (2007), diet is an obstacle because, "Homeless persons are usually dependent on soup kitchens or shelters for meals, and it may be difficult to plan meals to coincide with insulin administration" (p. 3). Exercise is problematic because walking is usually the only form available. Medication management is a barrier because theft is common. Glucose monitoring is near impossible because glucometers and supplies are difficult to obtain. Many homeless individuals suffer with mental illness/addiction. Transience "prevents regular follow-up, interrupts patient education, and undermines long-term care" (Health Care for the Homeless Clinicians' Network, 1999). Finally, the lack of health insurance limits access to specialty referrals and to pharmacy supplies.

For those homeless diabetics fortunate enough to receive medical care, the care received is often inadequate. According to Strehlow, Kline, and Zerger (2005), "Evidence-based clinical practice guidelines rarely address implementation of primary healthcare services for the homeless population" (p. 433-434). In 2002, Health Care for the Homeless Clinician's Network recognized the need for clinicians to specifically address this population. The organization "provides specific recommendations for the clinical practice of working with homeless persons with diabetes" (Health Care for the Homeless Clinicians' Network, 2007, p. iii).

The network compiled recommendations specific to diabetic homeless persons to assist providers who care for homeless adults with diabetes. The recommendations are compiled in a guide titled "Adapting Your Practice: Treatment and Recommendations for Homeless Patients with Diabetes Mellitus." The American Diabetes Association's Standards of Medical Care for Patients with Diabetes Mellitus was the source document for these recommendations. Here are a few of their suggestions.

- Recognize that walking may be the only form of exercise available. Consider that most homeless carry their belongings which increases exercise effort. Document approximate daily walking distance.
- Assess for foot sores or ulcers and inspect the patient's shoes. Identify community resources that provide the patient with new or gently-used shoes and socks. Encourage patients to examine their feet daily and to keep their feet dry. Advise patients to take off shoes and socks to allow the patient's skin and foot wear to dry. Instruct patients to wash socks to kill bacteria.
- Prescribe insulin pens which are easily concealed and reduce the risk of theft.

- Ask about food sources and eating habits. Encourage the patient to make the best choices from what is available. Ask the patient to save part of the meal for later in the day especially when only one or two meals are available per day. Acknowledge the patient's limitations given food choices and work to adjust medications to address glucose control.
- Remember that patients receiving food stamps or other public entitlements may exhaust their resources by the end of the month. Recognize that patients may choose to eat at local fast food restaurants. Provide a list of healthier food choices available within these locations. Provide suitable documentation for the patient with diabetes to use at food pantries, soup kitchens, and shelters to obtain healthy snacks and foods.
- Perform dipstick urinalysis and portable HBA1C. Examine the albumin-to-creatinine ratio.
- Record labs and exam results on a diabetic monitoring card. Patients can use this card to share information with their next health care provider, and it is also useful as a self-management tool.
- Document lab and exam results on-line. Although this patient demographic can be transient, the electronic medical record allows clinicians immediate access to a patient's medical history regardless of the patient's location. Clinicians can refer to this information to assess how well a patient is meeting his or her self-management goals.



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Free Prescription Assistance Program for All New Mexico Residents

The New Mexico Drug Card is free statewide prescription assistance program that offers free drug cards to all New Mexico residents. The program provides discounts on both brand and generic medications with an average savings of around 30%. The program has no restrictions to membership, no income requirements, no age limitations and there are no applications to fill out. Everyone is eligible to receive savings!

The New Mexico Drug Card was launched to help uninsured and underinsured residents afford their prescription medications. The program can also be used by people who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans. Additionally, people with prescription coverage can use the program to get a discount on prescription drugs that are not covered by insurance.

There are currently more than 56,000 pharmacy locations across the country participating in the program, including all major pharmacy chains. To locate participating pharmacies and search medication pricing, go to www.NMDrugcard.com. There you can also learn more about the program and print customized cards for your friends, family, employees, etc. No personal information is required to print a card and all prescriptions processed through the program are

completely confidential. There is also a new smart phone app, Free Rx iCard, available to make obtaining a card even more convenient.

If you have any questions or would like hard cards for your patients, contact Mike McCabe, Program Director for New Mexico Drug Card, by sending an email to mikem@NMdrugcard.com.



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 Staff Nurses, Student Nurses, Nurse Leaders, Encouraged to Submit!
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- *It is a model that engages nurses as well as multi-disciplinary partners to improve the quality and safety of patient care.
- *It increases the vitality and retention of nurses.
- *It engages and improves the patient's and family members' care experience.
- *And it improves the effectiveness of the entire care team.

Questions & Submissions:
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