## Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: **ALGORITHM ACTION STEPS**

Four critical times to assess, provide, and adjust diabetes self-management education and support

AT DIAGNOSIS

**ANNUAL** ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS

WHEN NEW **COMPLICATING FACTORS**INFLUENCE SELF-MANAGEMENT

WHEN TRANSITIONS IN CARE OCCUR

## PRIMARY CARE PROVIDER/ENDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS

- ☐ Answer questions and provide emotional support regarding diagnosis
- □ Provide overview of treatment and treatment goals
- □ Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- □ Identify and discuss resources for education and ongoing support
- ☐ Make referral for DSME/S and medical nutrition therapy (MNT)

- ☐ Assess all areas of self-management
- □ Review problem-solving skills
- □ Identify strengths and challenges of living with diabetes
- ☐ Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals
- Discuss impact of complications and successes with treatment and selfmanagement
- □ Develop diabetes transition plan
- □ Communicate transition plan to new health care team members
- □ Establish DSME/S regular follow-up care

## **DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS**

Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how:

- ☐ Medication choices, action, titration, side effects
- Monitoring blood glucose when to test, interpreting and using glucose pattern management for feedback
- □ Physical activity safety, short-term vs. long-term goals/recommendations
- ☐ Preventing, detecting, and treating acute and chronic complications
- □ Nutrition food plan, planning meals, purchasing food, preparing meals, portioning food
- ☐ Risk reduction smoking cessation, foot care
- □ Developing personal strategies to address psychosocial issues and concerns
- □ Developing personal strategies to promote health and behavior change

- □ Review and reinforce treatment goals and self-management needs
- □ Emphasize preventing complications and promoting quality of life
- □ Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes
- □ Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications
- □ Provide/refer for emotional support for diabetes-related distress and depression
- □ Develop and support personal strategies for behavior change and healthy coping
- Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new selfmanagement demands, and promote health and behavior change

- □ Identify needed adaptations in diabetes self-management
- □ Provide support for independent selfmanagement skills and self-efficacy
- □ Identify level of significant other involvement and facilitate education and support
- Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being
- Maximize quality of life and emotional support for the patient (and family members)
- □ Provide education for others now involved in care
- Establish communication and follow-up plans with the provider, family, and others





